Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning , and ending

HAMPTON ROADS ECUMENICAL LODGINGS & PROVISIONS, INC. 54-1209213

Net Asset / Fund Balance at Beginning of Year				449,747
Revenue				
Contributions		539,350		
Program service revenue		106,901		
Investment income		8,326		
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue	6,371			
Direct expenses				
Net income		6,371		
Other income		1,734		
Total revenue			662,682	
Expenses				
Program services		502,117		
Management and general		162,403		
Fundraising		10,526		
Total expenses			675,046	
Excess / (deficit)				-12,364
Changes				13,420
Net Asset / Fund Balance at End of Year				450,803

Reconciliation of Revenue

Total revenue per financial statements	699,004
Less:	
Unrealized gains	-1,582
Donated services	37,904
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	662,682

Reconciliation of Expenses

Total expenses per financial statements	716,299
Less:	
Donated services	37,904
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	675,046

Balance Sheet

	Beginning	Ending	Differences
Assets	562,092	527,336	
Liabilities	112,345	76,533	
Net assets	449,747	450,803	1,056

Miscellaneous Information

Amended return	
Return / extended due date	05/16/22
Failure to file penalty	

FOR INFORMATIONAL USE ONLY -NO FILING REQUIREMENT

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

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning , and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: HAMPTON ROADS ECUMENICAL LODGINGS & PROVISIONS, INC.

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): P. O. BOX 190

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: HAMPTON VA 23664

D Employer identification number: 54-1209213

E Telephone number: 757-727-1925

G Gross receipts$ 662,682

F Name and address of principal officer:
MATTHEW STEARN
1320 LASALLE AVENUE
HAMPTON VA 23669

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.HELPUSHELPU.ORG

H(c) Group exemption number ▶

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

L Year of formation: 1982

M State of legal domicile: VA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
H.E.L.P IS A NON-PROFIT, FAITH BASED ORGANIZATION COMMITTED TO MOBILIZING THE COMMUNITY TO EMPOWER HOMELESS INDIVIDUALS, FAMILIES, AND THOSE IN CRISIS STRIVE FOR SELF SUFFICIENCY.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	28
6 Total number of volunteers (estimate if necessary)	6	350
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

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	596,822	539,350
9 Program service revenue (Part VIII, line 2g)	108,452	106,901
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,326
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,118	8,105
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	710,392	662,682

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	264,571	346,690
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,526		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	247,904	328,356
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	512,475	675,046
19 Revenue less expenses. Subtract line 18 from line 12	197,917	-12,364

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	562,092	527,336
21 Total liabilities (Part X, line 26)	112,345	76,533
22 Net assets or fund balances. Subtract line 21 from line 20	449,747	450,803

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

▶ WARREN HICKS BOARD CHAIR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JENNIFER L. TODD	JENNIFER L. TODD	11/28/22		P00244182

Firm's name ▶ TODD & CO. CPA GROUP, LTD. Firm's EIN ▶ 46-5345518

Firm's address ▶ 6699 FOX CENTRE PARKWAY PMB 456 GLOUCESTER, VA 23061 Phone no. 757-926-4109

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

H.E.L.P IS A NON-PROFIT, FAITH BASED ORGANIZATION COMMITTED TO MOBILIZING THE COMMUNITY TO EMPOWER HOMELESS INDIVIDUALS, FAMILIES, AND THOSE IN CRISIS TO STRIVE FOR SELF-SUFFICIENCY.

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 $ 502,117 including grants of$) (Revenue $ 106,901)

H.E.L.P PROVIDES SHELTER, FOOD , FINANCIAL ASSISTANCE, AND MEDICAL CARE TO INDIVIDUALS IN NEED. H.E.L.P. RECOGNIZED THE VALUE OF DONATED SERVICES IN THE AMOUNT $1,904 AS PRO-BONO SERVICES FROM MEDICAL PROFESSIONALS IN THE H.E.L.P. FREE MEDICAL CLINIC AND FREE DENTAL CLINIC. THE ORGANIZATION ALSO RECOGNIZED THE USE OF DISCOUNTED LEASING OF FACILITIES USED IN ITS OPERATIONS IN THE AMOUNT OF $36,000. THE ORGANIZATION REPORTS THESE AMOUNTS IN THEIR AUDITED FINANCIAL STATEMENTS IN ACCORDANCE WITH U.S. GAAP REGULATIONS BUT IS PROHIBITED FROM REPORTING THESE INCOME AND EXPENSE ITEMS FOR TAX PURPOSES IN THIS 990.

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 ▶ 502,117

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	2		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	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
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	28		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* See instructions.				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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?	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 person, or mine operator engage in 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 X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13		
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?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

X Own website ☐ Another's website X 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 ▶

MATTHEW STEARN **1320 LASALLE AVENUE**

HAMPTON **VA 23669** **757-727-1925**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the 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) MATTHEW STEARN	40.00									
EXECUTIVE DIRECTOR	0.00	X						82,269	0	0
(2) STEPHEN BOND	0.00									
BOARD MEMBER	0.00	X						0	0	0
(3) GLENN CAIN	0.00									
SECRETARY	0.00	X		X				0	0	0
(4) DEBORAH CLARK	0.00									
BOARD MEMBER	0.00	X						0	0	0
(5) TIMOTHY CRUMMITT	0.00									
BOARD MEMBER	0.00	X						0	0	0
(6) CAROL GARDNER	0.00									
VICE CHAIR	0.00	X		X				0	0	0
(7) WARREN HICKS	0.00									
BOARD CHAIR	0.00	X		X				0	0	0
(8) MARY HOLLUP	0.00									
BOARD MEMBER	0.00	X						0	0	0
(9) ANNE KEATTES	0.00									
TREASURER	0.00	X		X				0	0	0
(10) SANDIE KONRAD	0.00									
BOARD MEMBER	0.00	X						0	0	0
(11) VICTORIA MITCHELL	0.00									
BOARD MEMBER	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) STEPHEN PARKER	0.00									
BOARD MEMBER	0.00	X						0	0	0
(13) TAMMY ROBBS	0.00									
BOARD MEMBER	0.00	X						0	0	0
1b Subtotal ▶								82,269		
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								82,269		

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

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

Section B. Independent Contractors

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

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

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 Revenue

Check 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				
	d Related organizations	1d				
	e Government grants (contributions)	1e	314,384			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	224,966			
	g Noncash contributions included in lines 1a-1f	1g	$ 44,831			
	h **Total.** Add lines 1a–1f		539,350			
Program Service Revenue		Business Code				
	2a PROGRAM FEES	624200	106,901	106,901		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		106,901			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,326			8,326
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental inc. or (loss) 6c					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a					
	b Less: cost or other basis and sales exps. 7b					
	c Gain or (loss) 7c					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a	6,371			
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events		6,371			6,371
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
	11a MISCELLANEOUS		1,734			1,734
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		1,734			
	12 **Total revenue.** See instructions		662,682	106,901	0	16,431

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	321,032	271,901	40,440	8,691
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	25,658	21,283	3,701	674
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	9,660		9,660	
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.)				
12 Advertising and promotion	8,052		8,052	
13 Office expenses	6,388	2,746	3,642	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,741		3,741	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,537		12,537	
23 Insurance	31,553	3,740	27,813	
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 11g expenses on Schedule O.)				
a MISCELLANEOUS	77,275	72,352	4,493	430
b FACILITY RENT	46,512	46,512		
c CONTRACT LABOR	33,540		33,540	
d TELEPHONE & UTILITIES	29,660	25,808	3,852	
e All other expenses	69,438	57,775	10,932	731
25 **Total functional expenses.** Add lines 1 through 24e	675,046	502,117	162,403	10,526
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	23,911	1	73,277
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	277,459	3	108,579
	4	Accounts receivable, net	42,746	4	41,318
	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	55,179	7	45,302
	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: 531,430			
	b	Less: accumulated depreciation — 10b: 360,953	157,430	10c	170,477
	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	2,012	14	1,925
	15	Other assets. See Part IV, line 11	3,355	15	86,458
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	562,092	16	527,336
Liabilities	17	Accounts payable and accrued expenses	30,436	17	34,053
	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		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	81,909	25	42,480
	26	**Total liabilities.** Add lines 17 through 25	112,345	26	76,533
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** X **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	139,195	27	317,586
	28	Net assets with donor restrictions	310,552	28	133,217
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ **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	449,747	32	450,803
	33	Total liabilities and net assets/fund balances	562,092	33	527,336

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	662,682
2	Total expenses (must equal Part IX, column (A), line 25)	2	675,046
3	Revenue less expenses. Subtract line 2 from line 1	3	-12,364
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	449,747
5	Net unrealized gains (losses) on investments	5	-1,582
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	18,351
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-3,349
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	450,803

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		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: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	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.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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	3b		

Federal Statements

Form 990 - Federal General Footnote

Description
RETURN IS PREPARED FOR INFORMATIONAL PURPOSES ONLY - NOT REQUIRED TO BE FILED WITH IRS

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization	Employer identification number
HAMPTON ROADS ECUMENICAL LODGINGS & PROVISIONS, INC.	54-1209213

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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see 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** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2020 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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 . . . . . ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	246,558	260,217	322,921	596,822	539,350	1,965,868
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	152,321	88,461	123,548	108,452	106,901	579,683
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	398,879	348,678	446,469	705,274	646,251	2,545,551
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.)						2,545,551

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	398,879	348,678	446,469	705,274	646,251	2,545,551
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					8,326	8,326
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b					8,326	8,326
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	17,183	19,372	16,968	4,118	7,005	64,646
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.)	416,062	368,050	463,437	709,392	661,582	2,618,523

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	97.21 %
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	96.96 %

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
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).*	7		
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).*	8		
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.***	9a		
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.***	9b		
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.***	9c		
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.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ 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).*

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

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

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

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

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

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally 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	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	
6	Other distributions (*describe in* ***Part VI***). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	
9	Distributable amount for 2021 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2021**	**(iii) Distributable Amount for 2021**
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required–*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

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

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990 or Form 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2021

Name of the organization
HAMPTON ROADS ECUMENICAL LODGINGS & PROVISIONS, INC.

Employer identification number
54-1209213

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 foundation

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

General Rule

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

Special Rules

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

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

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

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

Name of organization
HAMPTON ROADS ECUMENICAL LODGINGS &

Employer identification number
54-1209213

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	UNITED WAY OF THE VIRGINIA PENINSULA 11820 FOUNTAIN WAY, SUITE 206 NEWPORT NEWS VA 23606	$ 53,364	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	ONE HOUR HEATING & AIR CONDITIONING 2680 PRODUCTION RD VIRGINIA BEACH VA 23454	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	VA ASSOCIATION OF FREE CLINICS 1801 LIBBIE AVENUE, STE 104 RICHMOND VA 23226	$ 56,585	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	SENTARA FOUNDATION-HAMPTON ROADS 6015 POPLAR HALL DRIVE, STE 308 NORFOLK VA 23502	$ 45,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	RESURRECTION LUTHERAN CHURCH 765 J. CLYDE MORRIS BLVD NEWPORT NEWS VA 23601	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	EMMANUEL LUTHERAN CHURCH 23 SEMPLE FARM ROAD HAMPTON VA 23666	$ 10,300	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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Employer identification number
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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	VA HOUSING DEVELOPMENT AUTHORITY 601 S. BELVIDERE STREET RICHMOND VA 23220	$ 20,172	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	GLORIA DEI LUTHERAN CHURCH 250 FOX HILL RD HAMPTON VA 23669	$ 10,701	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
9	BERNARDINE FRANCISCAN SISTERS FOUNDATION 2 BERNADINE DR NEWPORT NEWS VA 23602	$ 26,978	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	LANGLEY FEDERAL CREDIT UNION 175 FOX HILL RD HAMPTON VA 23661	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	ST JOHN'S EPISCOPAL 100 W QUEENS WAY HAMPTON VA 23669	$ 28,658	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	CITY OF HAMPTON - SERVICES 1320 LASALLE AVE #136 HAMPTON VA 23669	$ 78,095	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
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Employer identification number
54-1209213

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	CITY OF HAMPTON GRANTS 1 FRANKLIN STREET HAMPTON VA 23669	$ 16,939	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	EMERGENCY FOOD & SHELTER PROGRAM 701 NORTH FAIRFAX STREET ALEXANDRIA VA 22314	$ 16,103	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	CITY OF HAMPTON - VHSP FUNDS 1 FRANKLIN STREET HAMPTON VA 23669	$ 12,158	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	BACON STREET YOUTH & FAMILY SERVICES 247 MCLAWS CIRCLE WILLIAMSBURG VA 23185	$ 16,250	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	JAMES TORMEY & ANN DARLING TORMEY TR OLD POINT TRUST & FINANCIAL SERVICES 11780 JEFFERSON AVE, SUITE D NEWPORT NEWS VA 23606	$ 17,090	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18	STEVE PARKER 21 SPOTWOOD LANE NEWPORT NEWS VA 23606	$ 5,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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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
19	JEANETTE KEENAN & CHRISTINE NISKI 104 LEROY GRAFTON VA 23692	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20	GOOD NEWS FOUNDATION 753 THIMBLE SHOALS BLVD STE C NEWPORT NEWS VA 23606	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21	MCKINLEY CHARLES WALKER 4 E DAVIS RD HAMPTON VA 23666	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22	FOX HILL CENTRAL METHODIST CHURCH 501 BEACH ROAD HAMPTON VA 23664	$ 6,780	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23	FIRST UMC OF FOX HILL 1 SALT POND RD HAMPTON VA 23664	$ 5,240	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
HAMPTON ROADS ECUMENICAL LODGINGS &

Employer identification number
54-1209213

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	HOUSEHOLD GOODS	$ 350	12/31/21

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

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

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization
HAMPTON ROADS ECUMENICAL LODGINGS & PROVISIONS, INC.

Employer identification number
54-1209213

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $

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

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

b Assets included in Form 990, Part X ▶ $

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

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

- a ☐ Public exhibition
- 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

Part V Endowment Funds.

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

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

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

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

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

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

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		37,999		37,999
b Buildings		391,490	291,899	99,591
c Leasehold improvements				
d Equipment		89,254	62,020	27,234
e Other		12,687	7,034	5,653
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				170,477

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)	BENEFICIAL INTEREST IN ASSETS HELD	86,433
(2)	LT PORTION - EXTENDED WARRANTY	25
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶		86,458

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)	LOAN PAYABLE	42,480
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶		42,480

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

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

1	Total revenue, gains, and other support per audited financial statements			1	699,004
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-1,582		
b	Donated services and use of facilities	2b	37,904		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	36,322
3	Subtract line **2e** from line **1**			3	662,682
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	662,682

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	716,299
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	37,904		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	3,349		
e	Add lines **2a** through **2d**			2e	41,253
3	Subtract line **2e** from line **1**			3	675,046
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	675,046

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.

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

BOOK / TAX DEPRECIATION DIFFERENCE $ 3,349

Part XIII Supplemental Information *(continued)*

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0074

2021

Open To Public Inspection

Name of the organization

PROVISIONS, INC.

Employer identification number

54-1209213

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		38,648	FAIR MARKET VALUE
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				
20	Drugs and medical supplies	X	1	6,183	WHOLESALE COST
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	

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	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.			

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

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **HAMPTON ROADS ECUMENICAL LODGINGS & PROVISIONS, INC.**

Employer identification number **54-1209213**

DOING BUSINESS AS - ADDITIONAL NAMES

H.E.L.P. INC.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

EXECUTIVE DIRECTOR AND FINANCIAL COMMITTEE BOARD MEMBERS REVIEW THE 990. THE 990 IS NOT REQUIRED TO BE FILED WITH THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ALL STAFF, BOARD MEMBERS AND VOLUNTEERS RECEIVE A COPY OF THE POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

PRIOR TO PRESENTING THE COMPENSATION PACKAGE TO THE EXECUTIVE DIRECTOR, THE BOARD REVIEWS THE COMPARABLE PACKAGES IN THE AREA.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVIALIABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE.

FORM 990, PART X - ADDITIONAL INFORMATION

OTHER ASSETS - H.E.L.P. HAS ESTABLISHED A PERMANENT ORGANIZATIONAL NON-ENDOWED FUND AT THE PENINSULA COMMUNITY FOUNDATION (PCF) KNOW AS THE HELP FUND. THE FUND IS ADMINISTERED, MANAGED AND INVESTED BY PCF AND THE EARNINGS BENEFIT H.E.L.P. BENEFICAL INTEREST IN ASSETS HELD BY OTHERS IS REPORTED AT FAIR MARKET VALUE OF $86,433 AT DECEMBER 31, 2021.

Name of the organization: HAMPTON ROADS ECUMENICAL LODGINGS &

Employer identification number: 54-1209213

FORM 990, PART IX, LINE 24E - OTHER EXPENSES

DESCRIPTION	TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
FOOD DISTRIBUTIONS	$ 25,316	$ 0	$ 0
BAD DEBTS	$ 0	$ 7,520	$ 0
PHARMECEUTICALS	$ 6,796	$ 0	$ 0
DENTAL SUPPLIES/LAB FEES	$ 5,924	$ 0	$ 0
MEDICAL SUPPLIES & WASTE	$ 5,576	$ 0	$ 0
DUES & SUBSCRIPTIONS	$ 4,259	$ 875	$ 0
FINANCIAL ASSISTANCE	$ 4,956	$ 0	$ 0
REPAIRS & MAINTENANCE	$ 2,748	$ 1,164	$ 0
TRANSPORTATION	$ 1,468	$ 205	$ 0
REAL ESTATE TAXES	$ 0	$ 648	$ 0
FUNDRAISING PROGRAMS	$ 0	$ 0	$ 631
POSTAGE & SUPPLIES			

Name of the organization: HAMPTON ROADS ECUMENICAL LODGINGS &

Employer identification number: 54-1209213

	$ 0	$ 520	$ 0
BANK SERVICE FEES			
	$ 410	$ 0	$ 0
FUND ADMINISTRATION FEES			
	$ 322	$ 0	$ 0
PROGRAM REGISTRATION			
	$ 0	$ 0	$ 100
TOTAL			
	$ 57,775	$ 10,932	$ 731

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

BOOK / TAX DEPRECIATION DIFFERENCE	$ -3,349

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
▶ **Attach to your tax return.**
▶ **Go to *www.irs.gov/Form4562* for instructions and the latest information.**

OMB No. 1545-0172
2021
Attachment Sequence No. **179**

Name(s) shown on return: **HAMPTON ROADS ECUMENICAL LODGINGS & PROVISIONS, INC.**

Identifying number: 54-1209213

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,315

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	9,525
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		2,500	5.0	HY	200DB	500
c	7-year property		765	7.0	HY	200DB	109
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	12,449
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

HAMPTON ROADS ECUMENICAL LODGINGS &54-1209213

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.**)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions						**25**		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2021 tax year (see instructions):					
43 Amortization of costs that began before your 2021 tax year				**43**	86
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	86

Year Ended: December 31, 2021 54-1209213

Hampton Roads Ecumenical Lodgings &
PROVISIONS, INC.
P. O. Box 190
Hampton, VA 23664

Electing out of Bonus Depreciation Allowance for All Eligible Depreciable Property

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible depreciable property placed in service during the tax year.

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
5-year GDS Property:												
118	2004 Chevrolet Short Bus	1/25/21	2,500				2,500	5	HY	200DB	0	500
			2,500				2,500				0	500
7-year GDS Property:												
124	AUTOCLAVE STEAM STERILIZER	7/28/21	765				765	7	HY	200DB	0	109
			765				765				0	109
Prior MACRS:												
1	HELP CENTER BUILDING	3/01/97	40,879				40,879	39	MM	S/L	24,938	1,048
3	448 THORNETTE ST	8/01/94	71,995				71,995	27	MM	S/L	69,050	2,618
5	3 DENTAL CHAIRS	7/01/07	6,000				6,000	7	HY	200DB	6,000	0
8	DESK	7/01/07	600				600	7	HY	200DB	600	0
9	2 COMPUTERS	7/01/07	2,000				2,000	7	HY	200DB	2,000	0
11	WAITING ROOM/HALL	7/01/07	2,000				2,000	7	HY	200DB	2,000	0
13	2 SMALL DESKS	7/01/07	200				200	7	HY	200DB	200	0
14	OFFICE FILE CABINET	7/01/07	300				300	7	HY	200DB	300	0
15	BOOK SHELVES	7/01/07	100				100	7	HY	200DB	100	0
17	3 CLOCKS	7/01/07	100				100	7	HY	200DB	100	0
18	PRINTER	7/01/07	100				100	7	HY	200DB	100	0
19	LEAD APRONS	7/01/07	500				500	7	HY	200DB	500	0
20	WOOD CABINETS	7/01/07	250				250	7	HY	200DB	250	0
21	LAMPS	7/01/07	200				200	7	HY	200DB	200	0
22	MEDICAL CABINETS	7/01/07	600				600	7	HY	200DB	600	0
23	2 BLOOD PRESSURE	7/01/07	100				100	7	HY	200DB	100	0
24	DENTAL INSTRUMENTS	7/01/07	5,000				5,000	7	HY	200DB	5,000	0
25	PROCESSING MACHINE	7/01/07	3,200				3,200	7	HY	200DB	3,200	0
26	2 AUTO ENCLAVES	7/01/07	8,000				8,000	7	HY	200DB	8,000	0
27	XRAY LIGHT VIEWER	7/01/07	200				200	7	HY	200DB	200	0
28	4 SMALL VIEWERS	7/01/07	450				450	7	HY	200DB	450	0
29	OFFICE CHAIRS	7/01/07	200				200	7	HY	200DB	200	0
30	3 CURLING LIGHTS	7/01/07	1,200				1,200	7	HY	200DB	1,200	0
31	ULTRASONIC CLEAN	7/01/07	900				900	7	HY	200DB	900	0
32	MANUAL PROCESSOR	7/01/07	300				300	7	HY	200DB	300	0
33	MICROWAVE	7/01/07	80				80	7	HY	200DB	80	0
38	HEARTSTART DEFIBROLATOR	12/31/05	1,637				1,637	7	HY	200DB	1,637	0
41	DELL COMPUTER - SH	9/14/05	669				669	5	HY	200DB	669	0
42	DELL COMPUTER - PH	6/13/05	554				554	5	HY	200DB	554	0
43	STORAGE CABINETS	12/05/03	651			X	325	5	HY	200DB	651	0
44	HELP CTR IMPROVEMENTS	3/01/97	27,753				27,753	39	MM	S/L	16,930	712
45	HELP CTR IMPROVEMENTS	3/01/98	61,253				61,253	39	MM	S/L	35,796	1,571
46	HELP CTR ROOM	11/19/99	6,465				6,465	39	MM	S/L	3,502	166
47	HELP HOUSE FAM	6/15/00	29,808				29,808	27	MM	S/L	22,266	1,084
48	BUCKROE SIDING	11/01/05	10,708				10,708	39	MM	S/L	4,153	274
55	4 SMOKE DET 448 THORNETTE	4/06/11	400				400	5	HY	200DB	400	0
56	448 THORN REFRIGERATOR	8/16/11	200				200	5	HY	200DB	200	0
57	DRYER FOR SHELTER	8/16/11	54				54	5	HY	200DB	54	0
58	DRYER FOR HELP HOUSE	9/22/11	83				83	5	HY	200DB	83	0
59	HELP HOUSE REFRIGERATOR	9/22/11	167				167	5	HY	200DB	167	0
60	DAY CENTER TABLES/CHAIRS	11/08/11	90				90	7	HY	200DB	90	0
63	AED BATTERY & ELECTRODE PADS	5/16/11	234			X	0	5	HY	200DB	234	0
64	VIDEO CAMERA	5/24/11	241			X	0	5	HY	200DB	241	0
70	TENT FOR EVENTS	9/26/11	241			X	0	7	HY	200DB	241	0
73	CASSETTE SLEEVE W/SCREENS	2/08/11	316			X	0	7	HY	200DB	316	0
74	TITAN 3 W/OU SWIV TITAN 2	2/10/11	860			X	0	7	HY	200DB	860	0
75	TITAN SWIVEL MOTOR 2 LINE	2/14/11	169			X	0	7	HY	200DB	169	0
76	2 door computer cabinet	5/29/12	428			X	214	7	MQ	200DB	428	0
77	Dryer - Pine Chapel	6/08/12	314			X	157	7	MQ	200DB	314	0
78	TV (Medical Clinic)	11/24/12	365			X	182	7	MQ	200DB	365	0
80	Lawnmower	4/24/12	239			X	119	5	MQ	200DB	239	0
81	Weedeater	4/24/12	85			X	43	5	MQ	200DB	85	0
83	Camera	5/19/12	1,034			X	517	5	MQ	200DB	1,034	0
85	Handtruck	5/25/12	52			X	26	7	MQ	200DB	52	0
86	Cell phone and equipment	8/07/12	357			X	179	7	MQ	200DB	357	0
89	Day Center Leasehold Improvements	11/15/12	12,678			X	6,339	39	MM	S/L	7,660	162
95	HVAC Unit - Buckroe	5/26/15	4,550				4,550	27	MM	S/L	931	165

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
96	Admin Computer - LaSalle	3/24/15	553			X	276	5	HY	200DB	553	0
97	Washer & Dryer - Day Center	8/13/15	2,122			X	1,061	7	HY	200DB	1,980	95
98	Lawnmower Transitional Housing	9/01/16	169				169	5	HY	200DB	159	10
99	Lawnmower Day Center	9/01/16	169				169	5	HY	200DB	159	10
100	X-Ray Machine Kodak Pano	9/12/16	15,000				15,000	7	HY	200DB	11,653	1,339
101	A/C Unit - Transitional Housing	8/17/16	350				350	5	HY	200DB	330	20
102	Cabinetry & Counter Tops - Medical Clinic	2/20/18	1,850				1,850	39	MM	S/L	136	48
103	Cabinetry & Counter Tops - Dental Clinic	2/20/18	1,850				1,850	39	MM	S/L	136	48
106	Big Tex Trailer	1/30/19	4,035			X	0	5	HY	200DB	4,035	0
108	Buckroe - AC Unit 2	6/20/19	4,275				4,275	27	MM	S/L	240	155
109	1997 Chevrolet Pickup	8/23/19	2,600			X	0	5	HY	200DB	2,600	0
112	3 COMPRESSORS 1 of 2	7/01/07	1,333				1,333	7	HY	200DB	1,333	0
113	3 COMPRESSORS 2 of 2	7/01/07	1,333				1,333	7	HY	200DB	1,333	0
114	125 ANW Sleeping Mats	1/23/19	6,839			X	0	5	HY	200DB	6,839	0
115	Lockers - Thornette	10/12/20	399			X	0	7	MQ	200DB	399	0
116	Camera System	11/02/20	1,532			X	0	7	MQ	200DB	1,532	0
			352,518				325,612				260,663	9,525
ACRS:												
2	HELP HOUSE FAM	5/06/85	100,616				100,616	18	MM	PRE	100,616	0
	Total ACRS Depreciation		100,616				100,616				100,616	0
Other Depreciation:												
49	HELP CTR LAND	3/01/97	10,000				10,000	0	--	Land	0	0
50	HELP HOUSE FAM LAND	5/06/85	10,000				10,000	0	--	Land	0	0
51	448 THORNETTE LAND	8/01/94	17,999				17,999	0	--	Land	0	0
90	80,000 BTU Gas Furnace 448 Thornette	4/01/13	2,300				2,300	40	MO	S/L	446	57
91	SCALER BOBCAT PRO	10/01/14	986				986	7	MO	S/L	881	105
94	DAY CENTER COMPUTER (OFFICE DE	2/14/13	550				550	10	MO	S/L	435	55
104	Heat Pump - HELP House	2/28/18	4,000				4,000	39	MO	S/L	291	102
105	Dental Suction Pump	12/31/18	2,397				2,397	5	MO	S/L	959	479
107	Gas Stove - Day Center	5/23/19	100				100	5	MO	S/L	32	20
110	Stove - Thornette St	9/26/19	100				100	5	MO	S/L	25	20
111	50" TV - Day Center	9/01/19	300				300	5	MO	S/L	80	60
117	Autoclave Sterilizer Vacuum	11/30/20	715				715	5	MO	S/L	12	143
119	448 Thornette - Windows	1/11/21	10,510				10,510	39	MO	S/L	0	269
120	Security Camera System - 1930 E Pembroke	6/01/21	4,649				4,649	5	MO	S/L	0	542
121	MacBook Pro 13in - Marketing Computer	6/15/21	1,378				1,378	5	MO	S/L	0	161
122	Digital X-Ray Center	8/30/21	9,045				9,045	10	MO	S/L	0	302
	Total Other Depreciation		75,029				75,029				3,161	2,315
	Total ACRS and Other Depreciation		175,645				175,645				103,777	2,315
Amortization:												
92	CLOSING COSTS 329 BUCKROE	5/16/14	2,586				2,586	30	MO	Amort	575	86
			2,586				2,586				575	86
	Grand Totals		534,014				507,108				365,015	12,535
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		534,014				507,108				365,015	12,535

AMT Asset Report
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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
5-year GDS Property:												
118	2004 Chevrolet Short Bus	1/25/21	2,500				2,500	5	HY	200DB	0	500
			2,500				2,500				0	500
7-year GDS Property:												
124	AUTOCLAVE STEAM STERILIZER	7/28/21	765				765	7	HY	150DB	0	82
			765				765				0	82
Residential Real Property:												
119	448 Thornette - Windows	1/11/21	10,510				10,510	27	MM	S/L	0	366
			10,510				10,510				0	366
Prior MACRS:												
1	HELP CENTER BUILDING	3/01/97	40,879				40,879	40	MM	S/L	24,314	1,022
3	448 THORNETTE ST	8/01/94	71,995				71,995	40	MM	S/L	47,472	1,800
5	3 DENTAL CHAIRS	7/01/07	6,000				6,000	7	HY	150DB	6,000	0
8	DESK	7/01/07	600				600	7	HY	150DB	600	0
9	2 COMPUTERS	7/01/07	2,000				2,000	7	HY	150DB	2,000	0
11	WAITING ROOM/HALL	7/01/07	2,000				2,000	7	HY	150DB	2,000	0
13	2 SMALL DESKS	7/01/07	200				200	7	HY	150DB	200	0
14	OFFICE FILE CABINET	7/01/07	300				300	7	HY	150DB	300	0
15	BOOK SHELVES	7/01/07	100				100	7	HY	150DB	100	0
17	3 CLOCKS	7/01/07	100				100	7	HY	150DB	100	0
18	PRINTER	7/01/07	100				100	7	HY	150DB	100	0
19	LEAD APRONS	7/01/07	500				500	7	HY	150DB	500	0
20	WOOD CABINETS	7/01/07	250				250	7	HY	150DB	250	0
21	LAMPS	7/01/07	200				200	7	HY	150DB	200	0
22	MEDICAL CABINETS	7/01/07	600				600	7	HY	150DB	600	0
23	2 BLOOD PRESSURE	7/01/07	100				100	7	HY	150DB	100	0
24	DENTAL INSTRUMENTS	7/01/07	5,000				5,000	7	HY	150DB	5,000	0
25	PROCESSING MACHINE	7/01/07	3,200				3,200	7	HY	150DB	3,200	0
26	2 AUTO ENCLAVES	7/01/07	8,000				8,000	7	HY	150DB	8,000	0
27	XRAY LIGHT VIEWER	7/01/07	200				200	7	HY	150DB	200	0
28	4 SMALL VIEWERS	7/01/07	450				450	7	HY	150DB	450	0
29	OFFICE CHAIRS	7/01/07	200				200	7	HY	150DB	200	0
30	3 CURLING LIGHTS	7/01/07	1,200				1,200	7	HY	150DB	1,200	0
31	ULTRASONIC CLEAN	7/01/07	900				900	7	HY	150DB	900	0
32	MANUAL PROCESSOR	7/01/07	300				300	7	HY	150DB	300	0
33	MICROWAVE	7/01/07	80				80	7	HY	150DB	80	0
38	HEARTSTART DEFIBROLATOR	12/31/05	1,637				1,637	7	HY	150DB	1,637	0
41	DELL COMPUTER - SH	9/14/05	669				669	5	HY	150DB	669	0
42	DELL COMPUTER - PH	6/13/05	554				554	5	HY	150DB	554	0
43	STORAGE CABINETS	12/05/03	651			X	325	5	HY	200DB	651	0
44	HELP CTR IMPROVEMENTS	3/01/97	27,753				27,753	40	MM	S/L	16,507	694
45	HELP CTR IMPROVEMENTS	3/01/98	61,253				61,253	40	MM	S/L	34,902	1,531
46	HELP CTR ROOM	11/19/99	6,465				6,465	39	MM	S/L	3,502	166
47	HELP HOUSE FAM	6/15/00	29,808				29,808	27	MM	S/L	22,266	1,084
48	BUCKROE SIDING	11/01/05	10,708				10,708	39	MM	S/L	4,153	274
55	4 SMOKE DET 448 THORNETTE	4/06/11	400				400	5	HY	150DB	400	0
56	448 THORN REFRIGERATOR	8/16/11	200				200	5	HY	150DB	200	0
57	DRYER FOR SHELTER	8/16/11	54				54	5	HY	150DB	54	0
58	DRYER FOR HELP HOUSE	9/22/11	83				83	5	HY	150DB	83	0
59	HELP HOUSE REFRIGERATOR	9/22/11	167				167	5	HY	150DB	167	0
60	DAY CENTER TABLES/CHAIRS	11/08/11	90				90	7	HY	150DB	90	0
63	AED BATTERY & ELECTRODE PADS	5/16/11	234			X	0	5	HY	200DB	234	0
64	VIDEO CAMERA	5/24/11	241			X	0	5	HY	200DB	241	0
70	TENT FOR EVENTS	9/26/11	241			X	0	7	HY	200DB	241	0
73	CASSETTE SLEEVE W/SCREENS	2/08/11	316			X	0	7	HY	200DB	316	0
74	TITAN 3 W/OU SWIV TITAN 2	2/10/11	860			X	0	7	HY	200DB	860	0
75	TITAN SWIVEL MOTOR 2 LINE	2/14/11	169			X	0	7	HY	200DB	169	0
76	2 door computer cabinet	5/29/12	428			X	214	7	MQ	200DB	428	0
77	Dryer - Pine Chapel	6/08/12	314			X	157	7	MQ	200DB	314	0
78	TV (Medical Clinic)	11/24/12	365			X	182	7	MQ	200DB	365	0
80	Lawnmower	4/24/12	239			X	119	5	MQ	200DB	239	0

AMT Asset Report
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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
81	Weedeater	4/24/12	85			X	43	5	MQ	200DB	85	0
83	Camera	5/19/12	1,034			X	517	5	MQ	200DB	1,034	0
85	Handtruck	5/25/12	52			X	26	7	MQ	200DB	52	0
86	Cell phone and equipment	8/07/12	357			X	179	7	MQ	200DB	357	0
89	Day Center Leasehold Improvements	11/15/12	12,678			X	6,339	39	MM	S/L	7,660	162
90	80,000 BTU Gas Furnace 448 Thornette	4/01/13	2,300				2,300	27	MM	S/L	645	83
91	SCALER BOBCAT PRO	10/01/14	986			X	493	7	MQ	200DB	949	37
94	DAY CENTER COMPUTER (OFFICE DE	2/14/13	550			X	275	5	HY	200DB	550	0
95	HVAC Unit - Buckroe	5/26/15	4,550				4,550	27	MM	S/L	931	165
96	Admin Computer - LaSalle	3/24/15	553			X	276	5	HY	200DB	553	0
97	Washer & Dryer - Day Center	8/13/15	2,122			X	1,061	7	HY	200DB	1,980	95
98	Lawnmower Transitional Housing	9/01/16	169				169	5	HY	200DB	159	10
99	Lawnmower Day Center	9/01/16	169				169	5	HY	200DB	159	10
100	X-Ray Machine Kodak Pano	9/12/16	15,000				15,000	7	HY	200DB	11,653	1,339
101	A/C Unit - Transitional Housing	8/17/16	350				350	5	HY	200DB	330	20
102	Cabinetry & Counter Tops - Medical Clinic	2/20/18	1,850				1,850	39	MM	S/L	136	48
103	Cabinetry & Counter Tops - Dental Clinic	2/20/18	1,850				1,850	39	MM	S/L	136	48
106	Big Tex Trailer	1/30/19	4,035			X	0	5	HY	200DB	4,035	0
108	Buckroe - AC Unit 2	6/20/19	4,275				4,275	27	MM	S/L	240	155
109	1997 Chevrolet Pickup	8/23/19	2,600			X	0	5	HY	200DB	2,600	0
112	3 COMPRESSORS 1 of 2	7/01/07	1,333				1,333	7	HY	150DB	1,333	0
113	3 COMPRESSORS 2 of 2	7/01/07	1,333				1,333	7	HY	150DB	1,333	0
114	125 ANW Sleeping Mats	1/23/19	6,839			X	0	5	HY	200DB	6,839	0
115	Lockers - Thornette	10/12/20	399			X	0	7	MQ	200DB	399	0
116	Camera System	11/02/20	1,532			X	0	7	MQ	200DB	1,532	0
			356,354				328,680				239,288	8,743
ACRS:												
2	HELP HOUSE FAM	5/06/85	100,616				100,616	18	MM	S/L	100,616	0
	Total ACRS Depreciation		100,616				100,616				100,616	0
Other Depreciation:												
49	HELP CTR LAND	3/01/97	0				0	0	HY		0	0
50	HELP HOUSE FAM LAND	5/06/85	0				0	0	HY		0	0
51	448 THORNETTE LAND	8/01/94	0				0	0	HY		0	0
104	Heat Pump - HELP House	2/28/18	0				0	0	HY		0	0
105	Dental Suction Pump	12/31/18	0				0	0	HY		0	0
107	Gas Stove - Day Center	5/23/19	0				0	0	HY		0	0
110	Stove - Thornette St	9/26/19	0				0	0	HY		0	0
111	50" TV - Day Center	9/01/19	0				0	0	HY		0	0
117	Autoclave Sterilizer Vacuum	11/30/20	0				0	0	HY		0	0
120	Security Camera System - 1930 E Pembroke	6/01/21	0				0	0	HY		0	0
121	MacBook Pro 13in - Marketing Computer	6/15/21	0				0	0	HY		0	0
122	Digital X-Ray Center	8/30/21	0				0	0	HY		0	0
	Total Other Depreciation		0				0				0	0
	Total ACRS and Other Depreciation		100,616				100,616				100,616	0
	Grand Totals		470,745				443,071				339,904	9,691
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		470,745				443,071				339,904	9,691

Bonus Depreciation Report
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Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
43	STORAGE CABINETS	12/05/03	651		0	0	326	325
63	AED BATTERY & ELECTRODE PADS	5/16/11	234		0	0	234	0
64	VIDEO CAMERA	5/24/11	241		0	0	241	0
70	TENT FOR EVENTS	9/26/11	241		0	0	241	0
73	CASSETTE SLEEVE W/SCREENS	2/08/11	316		0	0	316	0
74	TITAN 3 W/OU SWIV TITAN 2	2/10/11	860		0	0	860	0
75	TITAN SWIVEL MOTOR 2 LINE	2/14/11	169		0	0	169	0
76	2 door computer cabinet	5/29/12	428		0	0	214	214
77	Dryer - Pine Chapel	6/08/12	314		0	0	157	157
78	TV (Medical Clinic)	11/24/12	365		0	0	183	182
80	Lawnmower	4/24/12	239		0	0	120	119
81	Weedeater	4/24/12	85		0	0	42	43
83	Camera	5/19/12	1,034		0	0	517	517
85	Handtruck	5/25/12	52		0	0	26	26
86	Cell phone and equipment	8/07/12	357		0	0	178	179
89	Day Center Leasehold Improvements	11/15/12	12,678		0	0	6,339	6,339
96	Admin Computer - LaSalle	3/24/15	553		0	0	277	276
97	Washer & Dryer - Day Center	8/13/15	2,122		0	0	1,061	1,061
102	Cabinetry & Counter Tops - Medical Clinic	2/20/18	1,850		0	0	0	1,850
106	Big Tex Trailer	1/30/19	4,035		0	0	4,035	0
109	1997 Chevrolet Pickup	8/23/19	2,600	100	0	0	2,600	0
114	125 ANW Sleeping Mats	1/23/19	6,839		0	0	6,839	0
115	Lockers - Thornette	10/12/20	399		0	0	399	0
116	Camera System	11/02/20	1,532		0	0	1,532	0
119	448 Thornette - Windows	1/11/21	10,510		0	0	0	10,510
	Grand Total		48,704		0	0	26,906	21,798

MACRS Adjustments:

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
Page 1	1	1	HELP CENTER BUILDING	1,048	1,022	26
Page 1	1	3	448 THORNETTE ST	2,618	1,800	818
Page 1	1	5	3 DENTAL CHAIRS	0	0	0
Page 1	1	8	DESK	0	0	0
Page 1	1	9	2 COMPUTERS	0	0	0
Page 1	1	11	WAITING ROOM/HALL	0	0	0
Page 1	1	13	2 SMALL DESKS	0	0	0
Page 1	1	14	OFFICE FILE CABINET	0	0	0
Page 1	1	15	BOOK SHELVES	0	0	0
Page 1	1	17	3 CLOCKS	0	0	0
Page 1	1	18	PRINTER	0	0	0
Page 1	1	19	LEAD APRONS	0	0	0
Page 1	1	20	WOOD CABINETS	0	0	0
Page 1	1	21	LAMPS	0	0	0
Page 1	1	22	MEDICAL CABINETS	0	0	0
Page 1	1	23	2 BLOOD PRESSURE	0	0	0
Page 1	1	24	DENTAL INSTRUMENTS	0	0	0
Page 1	1	25	PROCESSING MACHINE	0	0	0
Page 1	1	26	2 AUTO ENCLAVES	0	0	0
Page 1	1	27	XRAY LIGHT VIEWER	0	0	0
Page 1	1	28	4 SMALL VIEWERS	0	0	0
Page 1	1	29	OFFICE CHAIRS	0	0	0
Page 1	1	30	3 CURLING LIGHTS	0	0	0
Page 1	1	31	ULTRASONIC CLEAN	0	0	0
Page 1	1	32	MANUAL PROCESSOR	0	0	0
Page 1	1	33	MICROWAVE	0	0	0
Page 1	1	38	HEARTSTART DEFIBROLATOR	0	0	0
Page 1	1	41	DELL COMPUTER - SH	0	0	0
Page 1	1	42	DELL COMPUTER - PH	0	0	0
Page 1	1	43	STORAGE CABINETS	0	0	0
Page 1	1	44	HELP CTR IMPROVEMENTS	712	694	18
Page 1	1	45	HELP CTR IMPROVEMENTS	1,571	1,531	40
Page 1	1	46	HELP CTR ROOM	166	166	0
Page 1	1	47	HELP HOUSE FAM	1,084	1,084	0
Page 1	1	48	BUCKROE SIDING	274	274	0
Page 1	1	55	4 SMOKE DET 448 THORNETTE	0	0	0
Page 1	1	56	448 THORN REFRIGERATOR	0	0	0
Page 1	1	57	DRYER FOR SHELTER	0	0	0
Page 1	1	58	DRYER FOR HELP HOUSE	0	0	0
Page 1	1	59	HELP HOUSE REFRIGERATOR	0	0	0
Page 1	1	60	DAY CENTER TABLES/CHAIRS	0	0	0
Page 1	1	63	AED BATTERY & ELECTRODE PADS	0	0	0
Page 1	1	64	VIDEO CAMERA	0	0	0
Page 1	1	70	TENT FOR EVENTS	0	0	0
Page 1	1	73	CASSETTE SLEEVE W/SCREENS	0	0	0
Page 1	1	74	TITAN 3 W/OU SWIV TITAN 2	0	0	0
Page 1	1	75	TITAN SWIVEL MOTOR 2 LINE	0	0	0
Page 1	1	76	2 door computer cabinet	0	0	0
Page 1	1	77	Dryer - Pine Chapel	0	0	0
Page 1	1	78	TV (Medical Clinic)	0	0	0
Page 1	1	80	Lawnmower	0	0	0
Page 1	1	81	Weedeater	0	0	0
Page 1	1	83	Camera	0	0	0
Page 1	1	85	Handtruck	0	0	0
Page 1	1	86	Cell phone and equipment	0	0	0
Page 1	1	89	Day Center Leasehold Improvements	162	162	0
Page 1	1	95	HVAC Unit - Buckroe	165	165	0
Page 1	1	96	Admin Computer - LaSalle	0	0	0
Page 1	1	97	Washer & Dryer - Day Center	95	95	0
Page 1	1	98	Lawnmower Transitional Housing	10	10	0
Page 1	1	99	Lawnmower Day Center	10	10	0
Page 1	1	100	X-Ray Machine Kodak Pano	1,339	1,339	0
Page 1	1	101	A/C Unit - Transitional Housing	20	20	0
Page 1	1	102	Cabinetry & Counter Tops - Medical Clinic	48	48	0
Page 1	1	103	Cabinetry & Counter Tops - Dental Clinic	48	48	0
Page 1	1	106	Big Tex Trailer	0	0	0

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
Page 1	1	108	Buckroe - AC Unit 2	155	155	0
Page 1	1	109	1997 Chevrolet Pickup	0	0	0
Page 1	1	112	3 COMPRESSORS 1 of 2	0	0	0
Page 1	1	113	3 COMPRESSORS 2 of 2	0	0	0
Page 1	1	114	125 ANW Sleeping Mats	0	0	0
Page 1	1	115	Lockers - Thornette	0	0	0
Page 1	1	116	Camera System	0	0	0
Page 1	1	118	2004 Chevrolet Short Bus	500	500	0
Page 1	1	124	AUTOCLAVE STEAM STERILIZER	109	82	27
				10,134	9,205	929

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	HELP CENTER BUILDING	3/01/97	40,879	1,048	1,022
3	448 THORNETTE ST	8/01/94	71,995	327	1,800
5	3 DENTAL CHAIRS	7/01/07	6,000	0	0
8	DESK	7/01/07	600	0	0
9	2 COMPUTERS	7/01/07	2,000	0	0
11	WAITING ROOM/HALL	7/01/07	2,000	0	0
13	2 SMALL DESKS	7/01/07	200	0	0
14	OFFICE FILE CABINET	7/01/07	300	0	0
15	BOOK SHELVES	7/01/07	100	0	0
17	3 CLOCKS	7/01/07	100	0	0
18	PRINTER	7/01/07	100	0	0
19	LEAD APRONS	7/01/07	500	0	0
20	WOOD CABINETS	7/01/07	250	0	0
21	LAMPS	7/01/07	200	0	0
22	MEDICAL CABINETS	7/01/07	600	0	0
23	2 BLOOD PRESSURE	7/01/07	100	0	0
24	DENTAL INSTRUMENTS	7/01/07	5,000	0	0
25	PROCESSING MACHINE	7/01/07	3,200	0	0
26	2 AUTO ENCLAVES	7/01/07	8,000	0	0
27	XRAY LIGHT VIEWER	7/01/07	200	0	0
28	4 SMALL VIEWERS	7/01/07	450	0	0
29	OFFICE CHAIRS	7/01/07	200	0	0
30	3 CURLING LIGHTS	7/01/07	1,200	0	0
31	ULTRASONIC CLEAN	7/01/07	900	0	0
32	MANUAL PROCESSOR	7/01/07	300	0	0
33	MICROWAVE	7/01/07	80	0	0
38	HEARTSTART DEFIBROLATOR	12/31/05	1,637	0	0
41	DELL COMPUTER - SH	9/14/05	669	0	0
42	DELL COMPUTER - PH	6/13/05	554	0	0
43	STORAGE CABINETS	12/05/03	651	0	0
44	HELP CTR IMPROVEMENTS	3/01/97	27,753	712	694
45	HELP CTR IMPROVEMENTS	3/01/98	61,253	1,571	1,531
46	HELP CTR ROOM	11/19/99	6,465	165	165
47	HELP HOUSE FAM	6/15/00	29,808	1,084	1,084
48	BUCKROE SIDING	11/01/05	10,708	275	275
55	4 SMOKE DET 448 THORNETTE	4/06/11	400	0	0
56	448 THORN REFRIGERATOR	8/16/11	200	0	0
57	DRYER FOR SHELTER	8/16/11	54	0	0
58	DRYER FOR HELP HOUSE	9/22/11	83	0	0
59	HELP HOUSE REFRIGERATOR	9/22/11	167	0	0
60	DAY CENTER TABLES/CHAIRS	11/08/11	90	0	0
63	AED BATTERY & ELECTRODE PADS	5/16/11	234	0	0
64	VIDEO CAMERA	5/24/11	241	0	0
70	TENT FOR EVENTS	9/26/11	241	0	0
73	CASSETTE SLEEVE W/SCREENS	2/08/11	316	0	0
74	TITAN 3 W/OU SWIV TITAN 2	2/10/11	860	0	0
75	TITAN SWIVEL MOTOR 2 LINE	2/14/11	169	0	0
76	2 door computer cabinet	5/29/12	428	0	0
77	Dryer - Pine Chapel	6/08/12	314	0	0
78	TV (Medical Clinic)	11/24/12	365	0	0
80	Lawnmower	4/24/12	239	0	0
81	Weedeater	4/24/12	85	0	0
83	Camera	5/19/12	1,034	0	0
85	Handtruck	5/25/12	52	0	0
86	Cell phone and equipment	8/07/12	357	0	0
89	Day Center Leasehold Improvements	11/15/12	12,678	163	163
95	HVAC Unit - Buckroe	5/26/15	4,550	166	166
96	Admin Computer - LaSalle	3/24/15	553	0	0
97	Washer & Dryer - Day Center	8/13/15	2,122	47	47
98	Lawnmower Transitional Housing	9/01/16	169	0	0
99	Lawnmower Day Center	9/01/16	169	0	0
100	X-Ray Machine Kodak Pano	9/12/16	15,000	1,339	1,339
101	A/C Unit - Transitional Housing	8/17/16	350	0	0
102	Cabinetry & Counter Tops - Medical Clinic	2/20/18	1,850	47	47
103	Cabinetry & Counter Tops - Dental Clinic	2/20/18	1,850	47	47
106	Big Tex Trailer	1/30/19	4,035	0	0
108	Buckroe - AC Unit 2	6/20/19	4,275	156	156

Asset	Description	Date In Service	Cost	Tax	AMT
109	1997 Chevrolet Pickup	8/23/19	2,600	0	0
112	3 COMPRESSORS 1 of 2	7/01/07	1,333	0	0
113	3 COMPRESSORS 2 of 2	7/01/07	1,333	0	0
114	125 ANW Sleeping Mats	1/23/19	6,839	0	0
115	Lockers - Thornette	10/12/20	399	0	0
116	Camera System	11/02/20	1,532	0	0
118	2004 Chevrolet Short Bus	1/25/21	2,500	800	800
123	3D DENTAL SCANNER	1/06/22	17,778	17,778	17,778
124	AUTOCLAVE STEAM STERILIZER	7/28/21	765	188	146
			373,561	25,913	27,260
ACRS:					
2	HELP HOUSE FAM	5/06/85	100,616	0	0
	Total ACRS Depreciation		100,616	0	0
Other Depreciation:					
49	HELP CTR LAND	3/01/97	10,000	0	0
50	HELP HOUSE FAM LAND	5/06/85	10,000	0	0
51	448 THORNETTE LAND	8/01/94	17,999	0	0
90	80,000 BTU Gas Furnace 448 Thornette	4/01/13	2,300	58	84
91	SCALER BOBCAT PRO	10/01/14	986	0	0
94	DAY CENTER COMPUTER (OFFICE DEPOT	2/14/13	550	55	0
104	Heat Pump - HELP House	2/28/18	4,000	103	0
105	Dental Suction Pump	12/31/18	2,397	480	0
107	Gas Stove - Day Center	5/23/19	100	20	0
110	Stove - Thornette St	9/26/19	100	20	0
111	50" TV - Day Center	9/01/19	300	60	0
117	Autoclave Sterilizer Vacuum	11/30/20	715	143	0
119	448 Thornette - Windows	1/11/21	10,510	270	382
120	Security Camera System - 1930 E Pembroke	6/01/21	4,649	930	0
121	MacBook Pro 13in - Marketing Computer	6/15/21	1,378	275	0
122	Digital X-Ray Center	8/30/21	9,045	904	0
	Total Other Depreciation		75,029	3,318	466
	Total ACRS and Other Depreciation		175,645	3,318	466
Amortization:					
92	CLOSING COSTS 329 BUCKROE	5/16/14	2,586	86	0
			2,586	86	0
	Grand Totals		551,792	29,317	27,726

Form **990**

Two Year Comparison Report

For calendar year 2021, or tax year beginning , ending

2020 & 2021

Name

HAMPTON ROADS ECUMENICAL LODGINGS & PROVISIONS, INC.

Taxpayer Identification Number

54-1209213

			2020	2021	Differences
Revenue	1. Contributions, gifts, grants	1.	208,743	224,966	16,223
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	388,079	314,384	-73,695
	4. Program service revenue	4.	108,452	106,901	-1,551
	5. Investment income	5.		8,326	8,326
	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.	5,118	6,371	1,253
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.		1,734	1,734
	12. **Total revenue.** Add lines 1 through 11	12.	710,392	662,682	-47,710
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.	264,571	346,690	82,119
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	9,200	9,660	460
	19. Occupancy, rent, utilities, and maintenance	19.			
	20. Depreciation and Depletion	20.	14,748	12,537	-2,211
	21. Other expenses	21.	223,956	306,159	82,203
	22. **Total expenses.** Add lines 13 through 21	22.	512,475	675,046	162,571
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	197,917	-12,364	-210,281
Other Information	24. Total exempt revenue	24.	710,392	662,682	-47,710
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	113,570	123,332	9,762
	27. Total assets	27.	562,092	527,336	-34,756
	28. Total liabilities	28.	112,345	76,533	-35,812
	29. Retained earnings	29.	449,747	450,803	1,056
	30. Number of voting members of governing body	30.	11	13	
	31. Number of independent voting members of governing body	31.	11	13	
	32. Number of employees	32.	18	28	
	33. Number of volunteers	33.	1500	350	

Form **990**

Tax Return History

2021

Name: **HAMPTON ROADS ECUMENICAL LODGINGS & PROVISIONS, INC.**

Employer Identification Number: **54-1209213**

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants			322,921	596,822	539,350	
Membership dues						
Program service revenue			123,548	108,452	106,901	
Capital gain or loss			25,603			
Investment income					8,326	
Fundraising revenue (income/loss)			17,968	5,118	6,371	
Gaming revenue (income/loss)						
Other revenue					1,734	
Total revenue			490,040	710,392	662,682	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation			217,709	264,571	346,690	
Professional fees			18,400	9,200	9,660	
Occupancy costs						
Depreciation and depletion			15,211	14,748	12,537	
Other expenses			243,281	223,956	306,159	
Total expenses			494,601	512,475	675,046	
Excess or (Deficit)			-4,561	197,917	-12,364	
Total exempt revenue			490,040	710,392	662,682	
Total unrelated revenue						
Total excludable revenue			167,119	113,570	123,332	
Total Assets			330,432	562,092	527,336	
Total Liabilities			78,608	112,345	76,533	
Net Fund Balances			251,824	449,747	450,803	

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
FOOD DISTRIBUTIONS	$ 25,316	$ 25,316	$	$
BAD DEBTS	7,520		7,520	
PHARMECEUTICALS	6,796	6,796		
DENTAL SUPPLIES/LAB FEES	5,924	5,924		
MEDICAL SUPPLIES & WASTE	5,576	5,576		
DUES & SUBSCRIPTIONS	5,134	4,259	875	
FINANCIAL ASSISTANCE	4,956	4,956		
REPAIRS & MAINTENANCE	3,912	2,748	1,164	
TRANSPORTATION	1,673	1,468	205	
REAL ESTATE TAXES	648		648	
FUNDRAISING PROGRAMS	631			631
POSTAGE & SUPPLIES	520		520	
BANK SERVICE FEES	410	410		
FUND ADMINISTRATION FEES	322	322		
PROGRAM REGISTRATION	100			100
TOTAL	$ 69,438	$ 57,775	$ 10,932	$ 731

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
GRANTS	$ 107,410
GRANTS	172,874
PPP FORGIVENESS	34,100
OTHER CONTRIBUTION	180,135
CLOTHING & HOUSEHOLD GOODS	38,648
MEDICAL SUPPLIES	6,183
TOTAL	$ 539,350

Schedule A, Part III, Line 2(e)

Description	Amount
PROGRAM FEES	$ 106,901
TOTAL	$ 106,901

Schedule A, Part III, Line 10a(e)

Description	Amount
INVESTMENT INCOME	$ 8,326
TOTAL	$ 8,326

Schedule A, Part III, Line 11

Description	Amount
MISCELLANEOUS	$ 1,734
COMMUNITY 5K	276
GIVE LOCAL 757	5,995
LESS: DEDUCTIONS	-1,000
TOTAL	$ 7,005