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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 black lung benefit trust or private foundation)

OMB No. 1545-0047

2008Open to Public
Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization HOPE AND HELP CENTER OF CENTRAL FLORIDA, INC.		D Employer identification number 59-2872225
		Doing Business As		E Telephone number (407) 645-2577
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1935 WOODCREST DRIVE		
		City or town, state or country, and ZIP + 4 WINTER PARK, FL 32792		G Gross receipts \$ 4,377,744.
		F Name and address of principal officer: MARILYN CARIFI SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ N/A				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1988 M State of legal domicile: FL				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SAVE LIVES BY ELIMINATING THE SPREAD OF HIV/AIDS AND TO PROVIDE SUPPORT, EDUCATION, AND CARE FOR		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of employees (Part V, line 2a)	5	52
	6 Total number of volunteers (estimate if necessary)	6	210
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,818,875.	4,081,904.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	155,095.	176,121.
	11 Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e)	21,954.	9,034.
	12 Total revenue. Add lines 8 through 11. Must equal Part VIII, column (A), line 12	726.	1,328.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,996,650.	4,268,387.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		1,997,222.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,467,929.	1,507,121.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 285,260.		
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,505,324.	808,313.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,973,253.	4,312,656.
	19 Revenue less expenses. Subtract line 18 from line 12	23,397.	-44,269.
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	1,297,868.	1,164,122.
22 Net assets or fund balances. Subtract line 21 from line 20	270,413.	184,865.	
		1,027,455.	979,257.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer: <i>Marilyn Carifi</i> MARILYN CARIFI, EXECUTIVE DIRECTOR Type or print name and title		Date: 5-13-10	
Preparer's Use Only	Preparer's signature: <i>[Signature]</i>	Date: 5/11/10	Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4: SCHAFFER, TSCHOPP, WHITCOMB, ET AL 986 DOUGLAS AVENUE, SUITE 100 ALTAMONTE SPRINGS, FL 32714		EIN ▶ Phone no. ▶ (407) 875-2760	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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FLORIDA, INC.

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Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
IT IS THE MISSION OF HOPE AND HELP CENTER TO SAVE LIVES BY ELIMINATING
THE SPREAD OF HIV/AIDS AND TO PROVIDE SUPPORT, EDUCATION, AND CARE FOR
INDIVIDUALS LIVING WITH THE DISEASE IN THE CENTRAL FLORIDA COMMUNITY.
OUR VISION IS A WORLD WITHOUT AIDS. UNTIL THEN, WE WILL BECOME THE
- 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 2,174,153. including grants of \$) (Revenue \$ 82,324.)
AIDS INSURANCE CONTINUATION PROGRAM - HELPS CONSUMERS WITH THEIR
INSURANCE PREMIUMS FOR PRIVATE HEALTH PLANS FOR WHICH THEY MAY BE
ELIGIBLE. 452 PERSONS WERE SERVED DURING THE FISCAL YEAR.

4b (Code:) (Expenses \$ 553,743. including grants of \$) (Revenue \$ 88,700.)
CASE MANAGEMENT AND PEER SUPPORT - A RANGE OF CLIENT-CENTERED SERVICES
THAT LINK CLIENTS WITH HEALTH CARE, PSYCHOSOCIAL, AND OTHER SERVICES.
THE COORDINATION AND FOLLOW-UP OF MEDICAL TREATMENTS ARE COMPONENTS OF
THIS SERVICE. THESE SERVICES ENSURE TIMELY AND COORDINATED ACCESS TO
MEDICALLY APPROPRIATE LEVELS OF HEALTH AND SUPPORT SERVICES AND
CONTINUITY OF CARE, THROUGH ONGOING ASSESSMENT OF THE CLIENT'S AND
OTHER KEY FAMILY MEMBERS' NEEDS AND PERSONAL SUPPORT SYSTEMS. MEDICAL
CASE MANAGEMENT INCLUDES THE PROVISION OF TREATMENT ADHERENCE
COUNSELING TO ENSURE READINESS FOR AND ADHERENCE TO COMPLEX HIV/AIDS
TREATMENTS. KEY ACTIVITIES INCLUDE (1) INITIAL ASSESSMENT OF SERVICE
NEEDS; (2) DEVELOPMENT OF A COMPREHENSIVE, INDIVIDUALIZED SERVICE PLAN;
(3) COORDINATION OF SERVICES REQUIRED TO IMPLEMENT THE PLAN; (4) CLIENT

4c (Code:) (Expenses \$ 618,366. including grants of \$) (Revenue \$)
BEHAVIORAL HEALTH - THE GOAL OF THIS PROGRAM IS TO PROVIDE PSYCHOSOCIAL
EDUCATION, INCLUDING SUBSTANCE ABUSE AND HIV/AIDS EDUCATION TO
INDIVIDUALS AND GROUPS PRIMARILY WITHIN THE JUSTICE SYSTEM.
INDIVIDUALS IDENTIFIED WITH EITHER ONE OR BOTH OF THESE ISSUES ARE
THEN LINKED WITH CARE. HOPE AND HELP CENTER OF CENTRAL FLORIDA'S
APPLICATION TO SAMHSA FOR THE TARGETED CAPACITY EXPANSION PROGRAM FOR
SUBSTANCE ABUSE TREATMENT AND HIV/AIDS SERVICES PROPOSES TO PROVIDE
OUTREACH AND PRE-TREATMENT SERVICES IN SANFORD, FLORIDA TO MEN WHO
INJECT DRUGS, AS WELL AS DRUG USERS (INJECTING AND NON-INJECTING)
AMONG THE MSM POPULATION. THESE SERVICES WILL ALSO BE OFFERED TO MEN
AND WOMEN WHO HAVE BEEN RELEASED FROM PRISON AND JAILS WITHIN THE PAST
2 YEARS. HIV RAPID TESTING WILL ALSO BE PROVIDED IN AN AGGRESSIVE, BUT

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 447,331. including grants of \$) (Revenue \$ 5,097.)

4e Total program service expenses ▶ \$ 3,793,593. (Must equal Part IX, Line 25, column (B))

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966? N/A		
9b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10	Section 501(c)(7) organizations. Enter: N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
1a	Enter the number of voting members of the governing body	7	
1b	Enter the number of voting members that are independent	7	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or 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 in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

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

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
MARILYN CARIFI - (407)645-2577
1935 WOODCREST DRIVE, WINTER PARK, FL 32792

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

[illegible]

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								139,338.	0.	9,595.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	496,734.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	3481483.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	103,687.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		4,081,904.			
Program Service Revenue	2 a	<u>PROJECT AIDS CARE (MED</u>	<u>Business Code</u> 624100	88,700.	88,700.		
	b	<u>PROGRAM REVENUE - AICP</u>	900099	82,324.	82,324.		
	c	<u>TRAINING REVENUE</u>	900099	5,097.	5,097.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		176,121.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		9,034.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross Rents	(i) Real (ii) Personal				
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8 a		Gross income from fundraising events (not including \$ <u>496,734.</u> of contributions reported on line 1c). See Part IV, line 18					
a				109,357.			
b		Less: direct expenses		109,357.			
c		Net income or (loss) from fundraising events					
9 a		Gross income from gaming activities. See Part IV, line 19					
a							
b		Less: direct expenses					
c		Net income or (loss) from gaming activities					
10 a		Gross sales of inventory, less returns and allowances					
a							
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	<u>OTHER INCOME</u>	900099	1,328.	1,328.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		1,328.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		4,268,387.	177,449.	0.	9,034.	

**HOPE AND HELP CENTER OF CENTRAL
FLORIDA, INC.**

Form 990 (2008)

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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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,997,222.	1,997,222.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	148,933.	104,953.	22,623.	21,357.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,048,023.	738,533.	159,233.	150,257.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	218,389.	153,899.	33,173.	31,317.
10 Payroll taxes	91,776.	64,675.	13,941.	13,160.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	273.	40.		233.
13 Office expenses	84,202.	42,724.	31,872.	9,606.
14 Information technology	20,805.	4,774.	15,984.	47.
15 Royalties				
16 Occupancy	80,771.	22,934.	43,429.	14,408.
17 Travel	26,460.	22,122.	1,701.	2,637.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,166.	7,744.	987.	3,435.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,374.		30,374.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>CONTRACTED SERVICES</u>	456,105.	453,620.	2,395.	90.
b <u>SUPPLIES</u>	48,278.	34,257.	11,671.	2,350.
c <u>MISCELLANEOUS BUSINESS</u>	28,109.	1,443.	16,389.	10,277.
d <u>PROFESSIONAL SERVICES</u>	13,628.	0.	13,628.	0.
e <u>BOOKS, SUBSCRIPTIONS AND</u>	4,067.	368.	1,948.	1,751.
f All other expenses	3,075.	144,285.	-165,545.	24,335.
25 Total functional expenses. Add lines 1 through 24f	4,312,656.	3,793,593.	233,803.	285,260.
26 Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**HOPE AND HELP CENTER OF CENTRAL
FLORIDA, INC.**

Form 990 (2008)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	715,196.	1	210,907.
	2 Savings and temporary cash investments	113,056.	2	347,117.
	3 Pledges and grants receivable, net	200,586.	3	244,839.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,723.	9	33,094.
	10a Land, buildings, and equipment: cost basis	574,875.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	276,435.		
		228,205.	10c	298,440.
	11 Investments - publicly traded securities	29,097.	11	25,168.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	3,005.	15	4,557.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,297,868.	16	1,164,122.	
Liabilities	17 Accounts payable and accrued expenses	177,063.	17	171,081.
	18 Grants payable		18	
	19 Deferred revenue	93,350.	19	13,784.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	270,413.	26	184,865.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,027,455.	27	979,257.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,027,455.	33	979,257.
	34 Total liabilities and net assets/fund balances	1,297,868.	34	1,164,122.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 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?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits?	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization **HOPE AND HELP CENTER OF CENTRAL
FLORIDA, INC.**

Employer identification number
59-2872225

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: (Please check only **one** organization.)

- 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.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

HOPE AND HELP CENTER OF CENTRAL

Schedule A (Form 990 or 990-EZ) 2008 FLORIDA, INC.

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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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1076735.	797,645.	3270745.	3818875.	4081904.	13045904.
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 - 3	1076735.	797,645.	3270745.	3818875.	4081904.	13045904.
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						13045904.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1076735.	797,645.	3270745.	3818875.	4081904.	13045904.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,867.	6,813.	21,382.	21,954.	9,034.	65,050.
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 IV.)	19,009.	24,003.	18,210.	726.	1,328.	63,276.
11 Total support. Add lines 7 through 10						13174230.
12 Gross receipts from related activities, etc. (see instructions)					12	1,720,167.

13 First five 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 2008 (line 6, column (f) divided by line 11, column (f))	14	99.03	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	98.36	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five 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 2008 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18		%

19a 33 1/3% support tests - 2008. 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 - 2007. 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 ► ☐

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization **HOPE AND HELP CENTER OF CENTRAL
FLORIDA, INC.**

Employer identification number
59-2872225

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-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 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 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items.

a Revenues included in 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 accession and other records, check any of the following that are a 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 programs
e ☐ Other _____

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

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table:

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to 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 Investment earnings or 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 year end balance held as:

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

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

- (i) unrelated organizations
(ii) related organizations

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		103,500.		103,500.
b Buildings		212,304.	124,371.	87,933.
c Leasehold improvements				
d Equipment		173,556.	139,237.	34,319.
e Other		85,515.	12,827.	72,688.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				298,440.

Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ►**Total.** (Col (b) should equal Form 990, Part X, col (B) line 13.) ►**Total.** (Column (b) should equal Form 990, Part X, col (B) line 15.)**Total.** (Column (b) should equal Form 990, Part X, col (B) line 25)

**HOPE AND HELP CENTER OF CENTRAL
FLORIDA, INC.**

Schedule D (Form 990) 2008

59-2872225 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,268,387.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,312,656.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-44,269.
4	Net unrealized gains (losses) on investments	4	-3,929.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-3,929.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-48,198.

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

1	Total revenue, gains, and other support per audited financial statements	1	4,299,487.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	31,100.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	31,100.
3	Subtract line 2e from line 1	3	4,268,387.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	4,268,387.

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

1	Total expenses and losses per audited financial statements	1	4,347,685.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	31,100.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	3,929.
e	Add lines 2a through 2d	2e	35,029.
3	Subtract line 2e from line 1	3	4,312,656.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	4,312,656.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED LOSSES FROM INVESTMENTS: 3929.

Department of the Treasury
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Open To Public Inspection

Employer identification number
59-2872225

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

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

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

☐ **Yes**☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

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

Schedule G (Form 990 or 990-EZ) 2008

HOPE AND HELP CENTER OF CENTRAL

Schedule G (Form 990 or 990-EZ) 2008

FLORIDA, INC.

59-2872225 Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 HEADDRESS - SEPTEMBER 20 (event type)	(b) Event #2 AIDS WALK (event type)	(c) Other Events 3 (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue				
1 Gross receipts	398,616.	132,018.	75,457.	606,091.
2 Less: Charitable contributions	291,959.	130,018.	74,757.	496,734.
3 Gross revenue (line 1 minus line 2)	106,657.	2,000.	700.	109,357.
Direct Expenses				
4 Cash prizes				
5 Non-cash prizes				
6 Rent/facility costs	106,657.			106,657.
7 Other direct expenses		2,000.	700.	2,700.
8 Direct expense summary. Add lines 4 through 7 in column (d)				(109,357.)
9 Net income summary. Combine lines 3 and 8 in column (d)				0.

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

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

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

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

b If "No," Explain:

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

b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

**HOPE AND HELP CENTER OF CENTRAL
FLORIDA, INC.**

Schedule G (Form 990 or 990-EZ) 2008

59-2872225 Page **3**

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility
b An outside facility

13a	%
13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

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

- c** If "Yes," enter name and address.

Name ► _____

Address ► _____

16 Gaming manager information.

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

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

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

Employer identification number
59-2872225

1111

☒ Yes ☐ No

Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Eom 990, Part IV, line 21, for any
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recipent that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

[illegible]

▲

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Schedule I (Form 990) 2008

HOPE AND HELP CENTER OF CENTRAL
FLORIDA, INC.

59-2872225

Schedule I (Form 990) 2008

Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
AIDS INSURANCE CONTINUATION PROGRAM - HELPS CONSUMERS WITH THEIR INSURANCE PREMIUMS FOR PRIVATE HEALTH PLANS FOR WHICH THEY MAY BE ELIGIBLE.	452	1,997,222.	0.	FMV	N/A
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information					

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION PAYS THE INSURANCE BILL OF THE

RECIPIENT TO A THIRD-PARTY. NO MONITORING IS REQUIRED.

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide
additional information for responses to specific questions for the
Form 990 or to provide any additional information.

OMB No. 1545-0047

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Inspection

Name of the organization

HOPE AND HELP CENTER OF CENTRAL
FLORIDA, INC.Employer identification number
59-2872225

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INDIVIDUALS LIVING WITH THE DISEASE IN THE CENTRAL FLORIDA COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOREMOST VOICE AND PROVIDER OF HIV/AIDS PREVENTION, AWARENESS AND
TREATMENT.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE AFRICAN AMERICAN TESTING INITIATIVE, WHICH IS FUNDED BY CDC AND THE
FLORIDA DEPT. OF HEALTH, WILL FOCUS ON REACHING HIV-INFECTED PERSONS,
PRIMARILY NON-HISPANIC BLACKS, WHO ARE UNAWARE OF THEIR INFECTION. THE
PROJECT WILL PRIMARILY FOCUS ON RAPID TESTING IN CLINICAL SETTINGS,
E.G., HOSPITAL EMERGENCY DEPARTMENTS AND COMMUNITY HEALTH CENTERS SUCH
AS THE HOPE AND HELP CENTER OF CENTRAL FLORIDA.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

MPOWERMENT WAS A SOCIAL INTERVENTION TARGETING GAY AND BI-SEXUAL MEN
UNDER 30 AND WAS FUNDED BY CDC AND THE FLORIDA DEPT. OF HEALTH. THE
MPOWERMENT PROGRAM ENDED DECEMBER 31, 2008.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

MONITORING TO ASSESS THE EFFICACY OF THE PLAN; AND (5) PERIODIC
RE-EVALUATION AND ADAPTATION OF THE PLAN AS NECESSARY OVER THE LIFE OF
THE CLIENT. MEDICAL CASE MANAGEMENT INCLUDES FACE-TO-FACE CONTACT,
PHONE CONTACT, AND ANY OTHER FORMS OF COMMUNICATION. 11,420 HOURS WERE
PROVIDED TO 2,212 CONSUMERS DURING THE FISCAL YEAR.

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide
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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

CULTURALLY SENSITIVE MANNER. HOPE AND HELP CENTER IS PARTNERING WITH TURNING POINT OF CENTRAL FLORIDA WHO WILL PROVIDE COMPREHENSIVE OUTPATIENT TREATMENT, AND SEMINOLE COMMUNITY MENTAL HEALTH CENTER WHO WILL PROVIDE INTENSIVE RESIDENTIAL TREATMENT, PARTICULARLY FOR THOSE RESIDENTS WHO HAVE CO-OCCURRING SUBSTANCE ABUSE AND MENTAL HEALTH DISORDERS. PARTICIPANTS WILL BE REFERRED TO THE SUBSTANCE ABUSE TREATMENT PROGRAMS, THROUGH THE OUTREACH, PRE-TREATMENT AND CARE MANAGEMENT SERVICES PROVIDED BY HOPE AND HELP CENTER OF CENTRAL FLORIDA. FINALLY, THE HEALTH COUNCIL OF EAST CENTRAL FLORIDA WILL PROVIDE CRITICAL QUALITY MANAGEMENT AND EVALUATION COMPONENTS FOR THIS PROGRAM.

WE NOTE WITH ALARM THAT AS OF DECEMBER 31, 2005 THERE ARE 666 INDIVIDUALS LIVING IN SEMINOLE COUNTY WHO ARE HIV-POSITIVE AND AWARE OF THEIR HIV SERO-STATUS. MORE THAN 75% OF THESE INDIVIDUALS RESIDE IN THE TWO SANFORD ZIP CODES 32771 AND 32773, OUR TARGET LOCATIONS. WITHIN SEMINOLE COUNTY, THERE ARE AN ESTIMATED 222 ADDITIONAL INDIVIDUALS WHO ARE POSITIVE BUT ARE CURRENTLY UNAWARE OF THEIR HIV POSITIVE STATUS. AFRICAN AMERICAN AND HISPANIC RESIDENTS OF SANFORD ARE AT THE HIGHEST RISK OF HIV INFECTION. WE ALSO NOTE THAT THE POVERTY RATES IN THESE TWO ZIP CODES THAT DEFINE SANFORD ARE AMONG THE HIGHEST IN THE STATE OF FLORIDA.

THE PRIMARY GOAL IS "TO SLOW THE SPREAD OF HIV AMONG AFRICAN AMERICAN MEN AND HISPANIC MEN AND THEIR PARTNERS WHO LIVE IN SANFORD, AS WELL AS

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide
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AMONG BOTH MEN AND WOMEN WHO HAVE RECENTLY BEEN INCARCERATED, THROUGH
SUSTAINED AND FOCUSED OUTREACH, TREATMENT, EDUCATION AND PREVENTION
ACTIVITIES, AND AS IMPORTANTLY, LINKAGES TO MEDICAL CLINICS". OTHER
KEY GOALS INCLUDE "INCREASING THE NUMBER OF PARTICIPANTS AND THEIR
PARTNERS WHO ARE AWARE OF THEIR HIV SERO-STATUS" AND "LINKING THESE
INDIVIDUALS WITH SUBSTANCE ABUSE PROBLEMS TO SUBSTANCE ABUSE TREATMENT
SERVICES". IT IS THE GOAL OF THIS PROJECT TO SERVE APPROXIMATELY 500
INDIVIDUALS PER YEAR FOR EACH YEAR OF THE SAMHSA GRANT.

THESE ORGANIZATIONS ARE COMMITTED TO PROVIDING THESE CRITICALLY NEEDED
SERVICES TO ACHIEVE THE ABOVE-MENTIONED GOALS, AND ARE EQUALLY
COMMITTED TO WORKING TOGETHER, IN ORDER TO OPTIMIZE OUTCOMES, AND TO
EXPAND THESE SERVICES TO NEIGHBORING COMMUNITIES. THEY ARE ALSO
COMMITTED TO DIFFUSING "BEST PRACTICES" CULLED FROM THE SUCCESSFUL
IMPLEMENTATION AND EVALUATION OF THE PROGRAM TO OTHER CRITICALLY NEEDED
POPULATIONS THROUGHOUT THE UNITED STATES. HOPE AND HOPE CENTER OF
CENTRAL FLORIDA AND ITS PARTNERING AGENCIES HAVE THE REQUISITE
ADMINISTRATIVE AND CLINICAL SKILLS AND EXPERIENCE TO ADDRESS THE NEEDS
OF THE TARGET POPULATIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PREVENTION - PROVIDES EDUCATION ABOUT SEXUALLY TRANSMITTED DISEASES AND
THEIR PREVENTION, INCLUDING HIV/AIDS TESTING, WHICH INCLUDES RAPID
TESTING, COUNSELING AND HEALTH FAIRS. PREVENTION TARGETS MINORITY
COMMUNITIES AT RISK FOR CONTRACTING HIV/AIDS, INCLUDING BUT NOT LIMITED
TO JUVENILE JUSTICE, INCARCERATED INDIVIDUALS, HOMELESS PERSONS, AND

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide
additional information for responses to specific questions for the
Form 990 or to provide any additional information.

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Name of the organization

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FLORIDA, INC.Employer identification number
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SEX WORKERS. CDC INTERVENTIONS INCLUDE MPOWERMENT, AFRICAN AMERICAN TESTING INITIATIVE AND SISTA. MPOWERMENT IS A SOCIAL INTERVENTION TARGETING GAY AND BI-SEXUAL MEN UNDER 30. THE MPOWERMENT PROGRAM ENDED DECEMBER 31, 2008. THE AFRICAN AMERICAN TESTING INITIATIVE WILL FOCUS ON REACHING HIV-INFECTED PERSONS, PRIMARILY NON-HISPANIC BLACKS, WHO ARE UNAWARE OF THEIR INFECTION. THE PROJECT WILL PRIMARILY FOCUS ON RAPID TESTING IN CLINICAL SETTINGS, E.G., HOSPITAL EMERGENCY DEPARTMENTS AND COMMUNITY HEALTH CENTERS SUCH AS HOPE AND HELP CENTER OF CENTRAL FLORIDA. SISTA OR SISTERS INFORMING SISTERS ON TOPICS ABOUT AIDS TARGETS AFRICAN AMERICAN WOMEN CONCERNING CONDOM NEGOTIATION AND EMPOWERMENT IN THEIR LIVES. APPROXIMATELY 11,200 INDIVIDUALS WERE SERVED DURING THE FISCAL YEAR.

PHARMACY - PROVIDES ELIGIBILITY SCREENING FOR PHARMACY SERVICES AT BIOSCRIP PHARMACY FOR CONSUMERS WHO REQUIRE FINANCIAL SUPPORT TO OBTAIN THEIR MEDICATION. 1,020 PERSONS WERE SERVED DURING THE FISCAL YEAR.

FOOD PANTRY AND MISCELLANEOUS CLIENT SERVICES - TO ACQUIRE AND DISTRIBUTE FOOD AND PERSONAL HYGIENE ITEMS TO PERSONS AND FAMILIES AFFECTED BY HIV/AIDS. 358 BAGS OF FOOD WERE DISTRIBUTED DURING THE FISCAL YEAR.

EXPENSES \$ 447331. INCLUDING GRANTS OF \$ 0. REVENUE \$ 5097.

FORM 990, PART VI, SECTION A, LINE 10: A DRAFT OF THE 990 IS EMAILED TO THE BOARD OF DIRECTORS, EXECUTIVE DIRECTOR AND THE FINANCE DIRECTOR FOR REVIEW BEFORE IT IS FILED. IF ANY CHANGES ARE NECESSARY, THE CPA FIRM THAT

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

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Open to Public
Inspection

Name of the organization

HOPE AND HELP CENTER OF CENTRAL
FLORIDA, INC.

Employer identification number
59-2872225

PREPARED THE 990 WILL MAKE THE NECESSARY CHANGES AND PROVIDE THE EXECUTIVE
DIRECTOR WITH THE FINAL RETURN TO BE SIGNED AND MAILED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ADHERENCE TO THE CONFLICT OF
INTEREST POLICY IS REVIEWED ANNUALLY WITH BOTH THE BOARD OF DIRECTORS AND
THE STAFF. THE BOARD OF DIRECTOS AND THE STAFF MEMBERS MUST SIGN A
CONFLICT OF INTERST FORM ANNUALLY. THESE TASKS ARE THE RESPONSIBILITY OF
THE AGENCY'S COMPLIANCE DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS IS
RESPONSIBLE FOR THE HIRING, EVALUATION, COMPENSATION, AND FIRING OF THE
EXECUTIVE DIRECTOR. COMPENSATION IS COMPARED TO A SALARY SURVEY COMPLETED
BY THE ROLLINS COLLEGE PHILANTHROPY CENTER.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT
OF INTEREST POLICY AND THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC
UPON REQUEST AND A COPY CAN BE FOUND ON DONOR'S EDGE AND GUIDESTAR
WEBSITES.

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

OMB No. 1545-1709

▶ File a separate application for each return.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.****Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization HOPE AND HELP CENTER OF CENTRAL FLORIDA, INC.	Employer identification number 59-2872225
	Number, street, and room or suite no. If a P.O. box, see instructions. 1935 WOODCREST DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WINTER PARK, FL 32792	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

MARILYN CARIFI• The books are in the care of ▶ **1935 WOODCREST DRIVE - WINTER PARK, FL 32792**Telephone No. ▶ **(407) 645-2577**

FAX No. ▶

• If the organization does not have an office or place of business in the United States, check this box ☐• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:▶ ☐ calendar year _____ or▶ ☒ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2008)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization		Employer identification number
	HOPE AND HELP CENTER OF CENTRAL FLORIDA, INC.		59-2872225
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	1935 WOODCREST DRIVE		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	WINTER PARK, FL 32792		

Check type of return to be filed (File a separate application for each return):

- | | | | | | |
|--|--------------------------------------|---|--------------------------------------|------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 6069 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

MARILYN CARIFI

- The books are in the care of **1935 WOODCREST DRIVE - WINTER PARK, FL 32792**
Telephone No. **(407) 645-2577** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **MAY 15, 2010**.
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED IN ORDER TO FILE A MORE COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **2/9/10**