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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

2010

Open to Public  
Inspection

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

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>HOPE AND HELP CENTER OF CENTRAL FLORIDA, INC.</b>  Doing Business As  Number and street (or P O box if mail is not delivered to street address) <b>1935 WOODCREST DRIVE</b>	D Employer identification number  <b>59-2872225</b>
	Room/suite	E Telephone number  <b>(407) 645-2577</b>
	City or town, state or country, and ZIP + 4 <b>WINTER PARK, FL 32792</b>	G Gross receipts \$ <b>5,606,281.</b>
	F Name and address of principal officer. <b>MARILYN CARIFI</b> <b>SAME AS C ABOVE</b>	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ► N/A	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of formation <b>1988</b>	M State of legal domicile <b>FL</b>

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO SAVE LIVES BY ELIMINATING THE SPREAD OF HIV/AIDS AND TO PROVIDE SUPPORT, EDUCATION, AND CARE FOR</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>54</b>
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>387</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
b Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	<b>4,140,490.</b>	<b>5,306,725.</b>
	9 Program service revenue (Part VIII, line 2g)	<b>180,865.</b>	<b>181,071.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>4,747.</b>	<b>2,100.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>4,429.</b>	<b>153.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>4,330,531.</b>	<b>5,490,049.</b>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,380,034.</b>	<b>2,946,759.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,395,399.</b>	<b>1,795,764.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	b Total fundraising expenses (Part IX, column (D), line 25) ► <b>221,448.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>644,957.</b>	<b>760,667.</b>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,420,390.</b>	<b>5,503,190.</b>	
19 Revenue less expenses. Subtract line 18 from line 12	<b>-89,859.</b>	<b>-13,141.</b>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>1,082,169.</b>	<b>End of Year</b> <b>1,210,726.</b>
	21 Total liabilities (Part X, line 26)	<b>187,963.</b>	<b>320,680.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>894,206.</b>	<b>890,046.</b>

## 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	► 	Date <b>1-3-12</b>			
	► <b>MARILYN CARIFI, EXECUTIVE DIRECTOR</b>				
Paid Preparer Use Only	Print/Type preparer's name <b>THOMAS R. TSCHOPP</b>	Preparer's signature 	Date <b>12-22-11</b>	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► <b>SCHAFER, TSCHOPP, WHITCOMB, ET AL</b>		Firm's EIN ►		
	Firm's address ► <b>986 DOUGLAS AVENUE, SUITE 100 ALTAMONTE SPRINGS, FL 32714</b>			Phone no <b>(407) 875-2760</b>	

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

 Yes  No

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED JAN 13 2012

HOPE AND HELP CENTER OF CENTRAL  
FLORIDA, INC.

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**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

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

4a (Code: \_\_\_\_\_) (Expenses \$ 3,094,846. including grants of \$ 2,946,759. ) (Revenue \$ 72,669. )  
HEALTH INSURANCE CONTINUATION PROGRAM:

THE AIDS INSURANCE CONTINUATION PROGRAM (AICP) IS A STATEWIDE PROGRAM FOR PERSONS WHO ARE DIAGNOSED WITH AIDS OR ARE HIV POSITIVE WITH SYMPTOMS AND WHO, BECAUSE OF THEIR ILLNESS, ARE UNABLE TO MAINTAIN THEIR PRIVATE HEALTH INSURANCE COVERAGE. THE PROGRAM MAKES DIRECT PAYMENTS (UP TO \$750/MONTH) TO EACH CLIENT'S EMPLOYER OR INSURANCE COMPANY FOR THE CONTINUATION OF MEDICAL, DENTAL, MENTAL HEALTH AND OPTICAL COVERAGE. THE AICP DOES NOT PAY FOR DISABILITY OR LIFE INSURANCE. 853 PERSONS WERE SERVED DURING THE FISCAL YEAR UNDER THE HEALTH INSURANCE CONTINUATION PROGRAM.

4b (Code: \_\_\_\_\_) (Expenses \$ 633,079. including grants of \$ \_\_\_\_\_) (Revenue \$ 105,100. )  
MEDICAL CASE MANAGEMENT AND PEER SUPPORT:

MEDICAL CASE MANAGERS PROVIDE A RANGE OF CLIENT-CENTERED SERVICES THAT LINK CLIENTS WITH HEALTH CARE, PHYSCHOSOCIAL, AND OTHER SERVICES. COORDINATION AND FOLLOW-UP OF MEDICAL TREATMENTS ARE COMPONENTS OF MEDICAL CASE MANAGEMENT. SERVICES ENSURE TIMELY, COORDINATED ACCESS TO MEDICALLY APPROPRIATE LEVELS OF HEALTH AND SUPPORT SERVICES AND CONTINUITY OF CARE THROUGH ONGOING ASSESSMENT OF CLIENTS' AND KEY FAMILY MEMBERS' NEEDS AND PERSONAL SUPPORT SYSTEMS. MEDICAL CASE MANAGEMENT INCLUDES TREATMENT ADHERENCE COUNSELING TO ENSURE READINESS FOR AND ADHERENCE TO COMPLEX HIV/AIDS REGIMENTS.

4c (Code. \_\_\_\_\_) (Expenses \$ 613,517. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
PREVENTION:

WOMEN INVOLVED IN LIFE LEARNING WITH OTHER WOMEN (WILLOW) INTERVENTION IS A SOCIAL-SKILLS BUILDING AND EDUCATIONAL INTERVENTION FOR ADULT WOMEN LIVING WITH HIV. IT CONSISTS OF 4 FOUR-HOUR SESSIONS, WHICH ARE DELIVERED BY TWO TRAINED ADULT FEMALE FACILLITATORS, ONE OF WHOM IS A WOMAN LIVING WITH HIV. THE SMALL GROUP SESSIONS CONSIST OF 8-10 WOMEN LIVING WITH HIV AND ARE CONDUCTED IN A COMMUNITY-BASED SETTING. AN ADAPTATION OF THE SISTA INTERVENTION, WILLOW EMPHASIZES GENDER PRIDE, INFORMS WOMEN HOW TO IDENTIFY AND MAINTAIN SUPPORTIVE SOCIAL NETWORKS, TEACHES COPING STRATEGIES TO REDUCE LIFE STRESSORS, EHNNANCES AWARENESS OF STD TRANSMISSION AND HIV REINFECTION RISK BEHAVIORS, TEACHES

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

(Expenses \$ 615,902. including grants of \$ \_\_\_\_\_) (Revenue \$ 3,455. )

4e Total program service expenses ► 4,957,344.

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**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
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>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5 N/A	
6 Did the organization maintain any donor advised funds or any similar funds or 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>	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? <i>If "Yes," complete Schedule D, Part II</i>	7 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>	8 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>	9 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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. <ul style="list-style-type: none"> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i></li> <li>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? <i>If "Yes," complete Schedule D, Part VII</i></li> <li>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? <i>If "Yes," complete Schedule D, Part VIII</i></li> <li>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? <i>If "Yes," complete Schedule D, Part IX</i></li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i></li> <li>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)? <i>If "Yes," complete Schedule D, Part X</i></li> </ul>	11a X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	11b X	
12b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	11c X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	11d X	
14a Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	11e 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, Parts II and IV</i>	12a 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, Parts III and IV</i>	12b 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? <i>If "Yes," complete Schedule G, Part I</i>	13 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? <i>If "Yes," complete Schedule G, Part II</i>	14a X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	14b X	
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	15 X	
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	16 X	
	17 X	
	18 X	
	19 X	
20a	20b X	

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**Part IV Checklist of Required Schedules (continued)**

	<b>Yes</b>	<b>No</b>
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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 25	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) and 501(c)(4) 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 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? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	X
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	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	33	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	34	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	X
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	37	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	38	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		

Yes  No

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8
1b	Enter the number of Forms W-2G included in 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	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	2a	54
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6a	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6b	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7b	
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?	7c	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7f	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <span style="float: right;">N/A</span>	9b	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	N/A	
a	Did the organization make any taxable distributions under section 4966?	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	<b>Section 501(c)(7) organizations.</b> Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12a	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12b	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13a	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13b	
a	Is the organization licensed to issue qualified health plans in more than one state?	13c	
<i>Note.</i> See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	14a	X
c	Enter the amount of reserves on hand	14b	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	Form 990 (2010)	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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**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 in Schedule O. See instructions

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

Line	Question	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7
1b	Enter the number of voting members included in line 1a, above, who are independent	1b	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?	2	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?	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	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	X
a	The governing body?	8b	X
b	Each committee with authority to act on behalf of the governing body?	9	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 in Schedule O		

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

Line	Question	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	10b	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does 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?	15a	X
a	The organization's CEO, Executive Director, or top management official	15b	X
b	Other officers or key employees of the organization		
If "Yes" to line 15a or 15b, describe the process in 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," 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?	16b	X

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed ►FL
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	<input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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	

HOPE AND HELP CENTER OF CENTRAL  
FLORIDA, INC.

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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 neither the organization nor any related organization compensated any current officer, director, trustee, or former such person.

HOPE AND HELP CENTER OF CENTRAL  
FLORIDA, INC.

## Form 990 (2010)

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

**1b Sub-total**

130,018. 0. 15,854.

**c Total from continuation sheets to Part VII, Section A**

0. 0. 0.

**d Total (add lines 1b and 1c)**

130,018. 0. 15,854.

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

Q

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		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.

4 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.

5 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**

HOPE AND HELP CENTER OF CENTRAL  
FLORIDA, INC.

## Form 990 (2010)

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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
<b>Contributions, gifts, grants and other similar amounts</b>					
1 a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c	540,143.			
d Related organizations	1d				
e Government grants (contributions)	1e	4620104.			
f All other contributions, gifts, grants, and similar amounts not included above	1f	146,478.			
g Noncash contributions included in lines 1a-1f \$					
<b>h Total. Add lines 1a-1f</b>		5306725.			
<b>Program Service Revenue</b>					
2 a PROJECT AIDS CARE (MED	Business Code				
b AICP PROGRAM FEES EARN	624100	105,100.	105,100.		
c TRAINING REVENUE	900099	72,669.	72,669.		
d	900099	3,302.	3,302.		
e					
f All other program service revenue					
<b>g Total. Add lines 2a-2f</b>		181,071.			
<b>3 Investment income (including dividends, interest, and other similar amounts)</b>		2,100.			2,100.
<b>4 Income from investment of tax-exempt bond proceeds</b>					
<b>5 Royalties</b>					
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 \$ 540,143. of contributions reported on line 1c) See Part IV, line 18	a	116232.			
b Less: direct expenses	b	116232.			
c Net income or (loss) from fundraising events			0.		
9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
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	b				
c Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>	Business Code				
11 a OTHER INCOME	900099	153.	153.		
b					
c					
d All other revenue					
<b>e Total. Add lines 11a-11d</b>		153.			
<b>12 Total revenue. See instructions</b>		5490049.	181,224.	0.	2,100.

HOPE AND HELP CENTER OF CENTRAL  
FLORIDA, INC.

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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	2,946,759.	2,946,759.		
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	145,872.	109,300.	23,139.	13,433.
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	1,260,327.	935,175.	207,664.	117,488.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	274,751.	223,226.	28,499.	23,026.
10 Payroll taxes	114,814.	87,052.	17,693.	10,069.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17	13,679.		13,679.	
f Investment management fees				
g Other	349,466.	348,566.		900.
12 Advertising and promotion	782.			782.
13 Office expenses	96,320.	44,337.	31,686.	20,297.
14 Information technology	21,037.	10,680.	5,253.	5,104.
15 Royalties				
16 Occupancy	65,456.	23,701.	39,305.	2,450.
17 Travel	29,524.	27,245.	1,390.	889.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	27,634.	26,949.		685.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,708.		35,708.	
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a SUPPLIES EXPENSE	100,112.	68,057.	13,523.	18,532.
b MISCELLANEOUS BUSINESS	13,263.	2,011.	10,680.	572.
c VEHICLE REPAIRS	4,854.	4,854.	0.	0.
d BOOKS, SUBSCRIPTIONS AN	1,434.	262.	996.	176.
e STAFF, TRAINING AND DEV	1,398.	161.	1,169.	68.
f All other expenses		99,009.	-105,986.	6,977.
25 Total functional expenses. Add lines 1 through 24f	5,503,190.	4,957,344.	324,398.	221,448.
26 Joint costs. Check here ► <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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.**

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	58,245.	1	127,188.
	2 Savings and temporary cash investments	440,448.	2	495,118.
	3 Pledges and grants receivable, net	277,729.	3	252,845.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	41,822.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 588,463.		
	b Less: accumulated depreciation	10b 338,004.	10c 271,559.	250,459.
	11 Investments - publicly traded securities	29,926.	11	38,907.
	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	4,262.	15	4,387.
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>1,082,169.</b>	<b>16</b>	<b>1,210,726.</b>
Liabilities	17 Accounts payable and accrued expenses	187,963.	17	292,556.
	18 Grants payable		18	
	19 Deferred revenue	0.	19	28,124.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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 to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>187,963.</b>	<b>26</b>	<b>320,680.</b>
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	894,206.	27	852,829.
	28 Temporarily restricted net assets	0.	28	37,217.
	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	894,206.	33	890,046.
	<b>34 Total liabilities and net assets/fund balances</b>	<b>1,082,169.</b>	<b>34</b>	<b>1,210,726.</b>

Form 990 (2010)

HOPE AND HELP CENTER OF CENTRAL  
FLORIDA, INC.

Form 990 (2010)

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,490,049.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,503,190.
3	Revenue less expenses. Subtract line 2 from line 1	3	-13,141.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	894,206.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	8,981.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	890,046.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	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?	2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:		
	<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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 in Schedule O and describe any steps taken to undergo such audits.	3b	X

Form 990 (2010)

**SCHEDULE A**  
(Form 990 or 990-EZ)

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. ► See separate instructions.

OMB No 1545-0047

**2010**

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: (For lines 1 through 11, 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.)  
 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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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 supported organization(s).

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

Schedule A (Form 990 or 990-EZ) 2010

## HOPE AND HELP CENTER OF CENTRAL

Schedule A (Form 990 or 990-EZ) 2010 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 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,270,745.	3,818,875.	4,081,904.	4,140,490.	5,306,725.	20,618,739.
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	3,270,745.	3,818,875.	4,081,904.	4,140,490.	5,306,725.	20,618,739.
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						20,618,739.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3,270,745.	3,818,875.	4,081,904.	4,140,490.	5,306,725.	20,618,739.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,382.	21,954.	9,034.	4,747.	2,100.	59,217.
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)	18,210.	726.	1,328.	4,429.	153.	24,846.
11 Total support. Add lines 7 through 10						20,702,802.
12 Gross receipts from related activities, etc. (see instructions)					12	1,418,615.
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						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.59	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.31	%
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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) 2010

**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 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2010.** 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 - 2009.** 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**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2010**  
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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" 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 education)	<input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.		
a Total number of conservation easements		<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements		2a
c Number of conservation easements on a certified historic structure included in (a)		2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register		2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►		2d
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►		
7 Amount of expenses incurred in monitoring, inspecting, 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 (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 XIV, the text of the footnote to its financial statements that describes these items.	► \$ _____
b If the organization elected, as permitted under SFAS 116 (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) 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 (ASC 958) relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

HOPE AND HELP CENTER OF CENTRAL  
FLORIDA, INC.

Schedule D (Form 990) 2010

59-2872225 Page 2

**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 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 Escrow and Custodial Arrangements.** Complete if the 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

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.

	Amount
1c	
1d	
1e	
1f	

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

1a Beginning of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

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

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.

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

**Part VI 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) Accumulated depreciation	(d) Book value
1a Land		103,500.		103,500.
b Buildings		217,377.	137,718.	79,659.
c Leasehold improvements				
d Equipment		182,071.	153,253.	28,818.
e Other		85,515.	47,033.	38,482.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))			►	250,459.

Schedule D (Form 990) 2010

HOPE AND HELP CENTER OF CENTRAL  
FLORIDA, INC.

Schedule D (Form 990) 2010

59-2872225 Page 3

**Part VII Investments - Other Securities.** 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)		
(I)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ►

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ►

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

2. FIN 48 (ASC 740)

032053

12-20-10

HOPE AND HELP CENTER OF CENTRAL  
FLORIDA, INC.

Schedule D (Form 990) 2010

59-2872225 Page 4

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

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,490,049.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	5,503,190.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	-13,141.
4 Net unrealized gains (losses) on investments	4	8,981.
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 through 8	9	8,981.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-4,160.

**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	5,527,830.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	8,981.
b Donated services and use of facilities	2b	28,800.
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	37,781.
3 Subtract line 2e from line 1	3	5,490,049.
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 must equal Form 990, Part I, line 12)	5	5,490,049.

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

1 Total expenses and losses per audited financial statements	1	5,531,990.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	28,800.
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	28,800.
3 Subtract line 2e from line 1	3	5,503,190.
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 must equal Form 990, Part I, line 18)	5	5,503,190.

**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, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE CENTER IS EXEMPT FROM FEDERAL INCOME TAX UNDER**

PROVISION OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION,  
THE CENTER HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A  
PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE CODE.  
CONSEQUENTLY, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE  
ACCOMPANYING FINANCIAL STATEMENTS.

THE CENTER HAS ADOPTED PROVISIONS OF THE INCOME TAX TOPIC OF THE ASC.

HOPE AND HELP CENTER OF CENTRAL  
FLORIDA, INC.

Schedule D (Form 990) 2010

59-2872225 Page 5

**Part XIV** Supplemental Information (continued)

THESE PROVISIONS CLARIFY THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS  
AND PRESCRIBE GUIDANCE RELATED TO THE FINANCIAL STATEMENT RECOGNITION AND  
MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX  
RETURN. THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION IS ONLY RECOGNIZED  
IN THE STATEMENT OF FINANCIAL POSITION IF THE TAX POSITION IS MORE LIKELY  
THAN NOT TO BE SUSTAINED UPON AN EXAMINATION, BASED ON THE TECHNICAL  
MERITS OF THE POSITION. INTEREST AND PENALTIES, IF ANY, ARE INCLUDED IN  
EXPENSES IN THE STATEMENT OF ACTIVITIES. AS OF JUNE 30, 2011, THE CENTER  
HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE  
IN THE FINANCIAL STATEMENTS.

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization	HOPE AND HELP CENTER OF CENTRAL FLORIDA, INC.	Employer identification number	59-2872225
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**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this section.

## Part I

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

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

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

**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.

**Total**

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

HOPE AND HELP CENTER OF CENTRAL  
FLORIDA, INC.

59-2872225 Page 2

Schedule G (Form 990 or 990-EZ) 2010

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

	(a) Event #1 HEADDRESS BALL - 2010	(b) Event #2 AIDS WALK	(c) Other events 3	(d) Total events (add col. (a) through col (c))
Revenue	(event type)	(event type)	(total number)	
1 Gross receipts	348,118.	163,777.	144,480.	656,375.
2 Less: Charitable contributions	234,406.	161,887.	143,850.	540,143.
3 Gross income (line 1 minus line 2)	113,712.	1,890.	630.	116,232.
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary. Add lines 4 through 9 in column (d)	113,712.	1,890.	630.	116,232.
11 Net income summary. Combine line 3, column (d), and line 10				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 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				► ( )
8 Net gaming income summary. Combine line 1, column d, and line 7				►

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?  Yes  No  
b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

HOPE AND HELP CENTER OF CENTRAL  
FLORIDA, INC.

59-2872225 Page 3

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

b An outside facility

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

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

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**SCHEDULE O**  
(Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

**2010**  
Open to Public  
Inspection

Name of the organization	HOPE AND HELP CENTER OF CENTRAL FLORIDA, INC.	Employer identification number 59-2872225
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**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 CENTERS FOR DISEASE CONTROL & PREVENTION PROVIDED FUNDING FOR THREE  
NEW PROGRAMS THIS PAST FISCAL YEAR. THE FIRST PROGRAM CALLED PROJECT

START IS AN INDIVIDUAL-LEVEL, MULTI-SESSION INTERVENTION FOR PEOPLE  
BEING RELEASED FROM A CORRECTIONAL FACILITY AND RETURNING TO THE  
COMMUNITY. IT IS BASED ON THE CONCEPTUAL FRAMEWORK OF INCREMENTAL RISK  
REDUCTION, AND FOCUSES ON INCREASING CLIENTS' AWARENESS OF THEIR HIV,

STI AND HEPATITIS RISK BEHAVIORS AFTER RELEASE AND PROVIDING THEM WITH

TOOLS AND RESOURCES TO REDUCE THEIR RISK. THE SECOND PROGRAM CALLED

THE POPULAR OPINION LEADER (POL) IS A COMMUNITY-LEVEL INTERVENTION

INVOLVING IDENTIFYING, ENLISTING, AND TRAINING KEY OPINION LEADERS TO

ENCOURAGE SAFER SEXUAL NORMS AND BEHAVIORS WITHIN THEIR SOCIAL NETWORKS

THROUGH RISK-REDUCTION CONVERSATIONS. THE THIRD PROGRAM CALLED

COUNSELING, TESTING AND REFERRAL (CTR) IS AN INTERVENTION THAT IS

LOOKING TO ATTRACT THOSE WHO ARE AT THE HIGHEST RISK OF CONTRACTING

HIV. BY ENCOURAGING THEIR PARTICIPATION IN OUR PROGRAMS AND GETTING

TESTED, ULTIMATELY THEY WILL LEARN WAYS TO REMAIN HIV NEGATIVE OR

PREVENT THE SPREAD OF THEIR INFECTION IF THEY ARE POSITIVE.

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

Employer identification number  
59-2872225FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PROJECT AIDS CARE (PAC) IS A MEDICAID WAIVER PROGRAM. EACH CLIENT HAS A CASE MANAGER WHO TRACKS THE CLIENT THROUGHOUT THE SYSTEM, ASSESSES NEEDS, DEVELOPS A PLAN OF CARE, ACTS AS AN ADVOCATE, AND COORDINATES SERVICES. THE CASE MANAGER WILL FIND SERVICE PROVIDERS AND WILL INSURE THAT THE SERVICES MATCH THE CLIENT'S NEEDS. THE CLIENT MUST BE ABLE TO RECEIVE CARE AT HOME FOR NO MORE THAN THE STATE OF FLORIDA WOULD NORMALLY SPEND, ON AVERAGE, FOR INSTITUTIONAL CARE. THE CASE MANAGER CONTINUALLY EVALUATES THE SAFETY OF THE HOME ENVIRONMENT.

NON-MEDICAL CASE MANAGERS PROVIDE ADVICE AND ASSISTANCE IN OBTAINING MEDICAL, SOCIAL, COMMUNITY, LEGAL, FINANCIAL, AND OTHER NEEDED SERVICES. NON-MEDICAL CASE MANAGEMENT DOES NOT INVOLVE COORDINATION AND FOLLOW-UP OF MEDICAL TREATMENTS, AS MEDICAL CASE MANAGEMENT DOES. IN THE ORLANDO EMA, NON-MEDICAL CASE MANAGERS PRIMARILY PROVIDE ELIGIBILITY DETERMINATION.

PEER MENTORS ASSIST CLIENTS WITH (1) NAVIGATING THE CARE SYSTEM, (2) EDUCATION ABOUT THE DISEASE, (3) ADVOCACY, AND (4) TREATEMENT ADHERENCE.

8,198 HOURS WERE PROVIDED TO 1,414 CLIENTS DURING THE FISCAL YEAR FOR MEDICAL CASE MANAGEMENT. 3,630 HOURS WERE PROVIDED TO 669 CLIENTS DURING THE FISCAL YEAR FOR PEER SUPPORT.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNICATION SKILLS FOR NEGOTIATING SAFE SEX, REINFORCES PROPER AND CONSISTENT CONDOM USE, DISTINGUISHES BETWEEN HEALTHY AND UNHEALTHY

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

Employer identification number  
59-2872225

RELATIONSHIPS, AND DEFINES TYPES OF ABUSIVE RELATIONSHIPS AND THEIR EFFECT ON A WOMAN'S ABILITY TO NEGOTIATE SAFER SEX PRACTICES.

THE SISTERS INFORMING SISTERS ON TOPICS ABOUT AIDS (SISTA) IS A GROUP-LEVEL, GENDER, AND CULTURALLY RELEVANT INTERVENTION DESIGNED TO INCREASE CONDOM USE WITH AFRICAN AMERICAN WOMEN. FIVE PEER-LED GROUP SESSIONS ARE CONDUCTED THAT FOCUS ON ETHNIC AND GENDER PRIDE, HIV KNOWLEDGE, AND SKILLS TRAINING CENTERED AROUND SEXUAL RISK REDUCTION BEHAVIORS AND DECISION MAKING. THE INTERVENTION IS BASED ON SOCIAL LEARNING THEORY AS WELL AS THE THEORY OF GENDER AND POWER.

THE YOUTH EDUCATION DEPARTMENT PROVIDES HIV EDUCATION, COUNSELING, TESTING, AND LINKAGES TO YOUTHS LIVING IN CENTRAL FLORIDA WHO ARE AT HIGH-RISK FOR CONTRACTING OR TRANSMITTING HIV. HOPE AND HELP CENTER OF CENTRAL FLORIDA, INC. FOCUSES ON YOUTHS IN JUVENILE DETENTION FACILITIES, HALF-WAY HOUSES, ORANGE COUNTY PUBLIC SCHOOLS, AND LOCAL COLLEGES AND UNIVERSITIES.

THE EXTENDED TESTING INITIATIVE PROVIDES HIV COUNSELING, TESTING, AND LINKAGES TO AT LEAST 250 MINORITIES LIVING IN ORANGE AND OSCEOLA COUNTIES EVERY MONTH. THE TESTING FOR THIS INITIATIVE TAKES PLACE PRIMARILY WITHIN MEDICAL SETTINGS.

THE CENTERS FOR DISEASE CONTROL & PREVENTION PROVIDED FUNDING FOR THREE NEW PROGRAMS THIS PAST FISCAL YEAR. THE FIRST PROGRAM CALLED PROJECT START IS AN INDIVIDUAL-LEVEL, MULTI-SESSION INTERVENTION FOR PEOPLE BEING RELEASED FROM A CORRECTIONAL FACILITY AND RETURNING TO THE COMMUNITY. IT IS BASED ON THE CONCEPTUAL FRAMEWORK OF INCREMENTAL RISK

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

Employer identification number  
59-2872225

REDUCTION, AND FOCUSES ON INCREASING CLIENTS' AWARENESS OF THEIR HIV, STI AND HEPATITIS RISK BEHAVIORS AFTER RELEASE AND PROVIDING THEM WITH TOOLS AND RESOURCES TO REDUCE THEIR RISK. THE SECOND PROGRAM CALLED THE POPULAR OPINION LEADER (POL) IS A COMMUNITY-LEVEL INTERVENTION INVOLVING IDENTIFYING, ENLISTING, AND TRAINING KEY OPINION LEADERS TO ENCOURAGE SAFER SEXUAL NORMS AND BEHAVIORS WITHIN THEIR SOCIAL NETWORKS THROUGH RISK-REDUCTION CONVERSATIONS. THE THIRD PROGRAM CALLED COUNSELING, TESTING AND REFERRAL (CTR) IS AN INTERVENTION THAT IS LOOKING TO ATTRACT THOSE WHO ARE AT THE HIGHEST RISK OF CONTRACTING HIV. BY ENCOURAGING THEIR PARTICIPATION IN OUR PROGRAMS AND GETTING TESTED, ULTIMATELY THEY WILL LEARN WAYS TO REMAIN HIV NEGATIVE OR PREVENT THE SPREAD OF THEIR INFECTION IF THEY ARE POSITIVE.

3,836 PERSONS WERE SERVED DURING THE FISCAL YEAR FOR PREVENTION.

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

BEHAVIORAL HEALTH SERVICES:

THE SHOUT PROJECT IS A SUBSTANCE ABUSE, MENTAL HEALTH, AND HIV OUTREACH, EDUCATION, TESTING, COUNSELING, AND LINKAGE PROGRAM FOR INDIVIDUALS LIVING IN SANFORD, FLORIDA. THE PROJECT ENCOMPASSES HIV TESTING, INTENSIVE OUT-PATIENT AND RESIDENTIAL SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT. PARTICIPANTS IN THE PROGRAM WHO TEST POSITIVE FOR HIV ARE IMMEDIATELY LINKED WITH THE MEDICAL CASE MANAGER WHO ASSIST THEM WITH THEIR MEDICAL AND SOCIAL SERVICE NEEDS. 114 PERSONS WERE SERVED DURING THE FISCAL YEAR FOR BEHAVIORAL SERVICES. PROGRAM EXPENSES FOR BEHAVIORAL HEALTH SERVICES WERE \$489,674 DURING THE FISCAL YEAR.

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

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59-2872225PHARMACY:

PROVIDES ELIGIBILITY SCREENING FOR PHARMACY SERVICES AT BIOSCRIP PHARMACY FOR CONSUMERS WHO REQUIRE FINANCIAL SUPPORT TO OBTAIN THEIR MEDICATION. 1,918 PERSONS WERE SERVED DURING THE FISCAL YEAR FOR PHARMACY. PROGRAM EXPENSES FOR PHARMACY WERE \$114,881 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. 399 BAGS OF FOOD AND PERSONAL HYGEINE ITEMS WERE DISTRIBUTED DURING THE FISCAL YEAR. PROGRAM EXPENSES FOR FOOD PANTRY AND MISCELLANEOUS CLIENT SERVICES WERE \$11,347 DURING THE FISCAL YEAR.

EXPENSES \$ 615,902. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,455.

FORM 990, PART VI, SECTION B, LINE 11: 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 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 DIRECTORS AND THE STAFF MEMBERS MUST SIGN A CONFLICT OF INTEREST FORM ANNUALLY. THESE TASKS ARE THE RESPONSIBILITY OF

Name of the organization	HOPE AND HELP CENTER OF CENTRAL FLORIDA, INC.
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Employer identification number	59-2872225
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THE AGENCY'S COMPLIANCE DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 15A: 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.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 8,981.

Application for Extension of Time To File an  
Exempt Organization Return

► 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
- 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.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**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.

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	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MARIPLYN 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2012, 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, 2010, and ending JUN 30, 2011.

2 If the tax year entered in line 1 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	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**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 Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)