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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)**

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011**

**B** Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization
HOMELESS COALITION OF HILLSBOROUGH COUNTY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2105 N NEBRASKA AVE

City or town, state or country, and ZIP + 4
TAMPA, FL 33602

**D Employer identification number**
59-3651378

**E Telephone number**
(813) 223-6115

**G** Gross receipts $ 3,601,435

**F** Name and address of principal officer
RAYME NUCKLES
2105 NNEBRASKA AVE
TAMPA,FL 33602

**H(a)** Is this a group return for affiliates? ☐ Yes ☑ No

**H(b)** Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ homelessofhc org

**K** Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 2000 | **M** State of legal domicile FL

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities
TO AID IN BREAKING THE CYCLE OF HOMELESSNESS Functions of the Coalition include directing resources for preventing at-risk families and individuals from becoming homeless, planning for the devlopment of afforable housing with support services, and improving links between service providers to the homeless

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

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 15 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 15 |
| **5** | Total number of individuals employed in calendar year 2010 (Part V, line 2a) | **5** | 9 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 300 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 0 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | |

| | | Prior Year | Current Year |
|---|---|---|---|
| **8** | Contributions and grants (Part VIII, line 1h) | 1,910,965 | 3,578,105 |
| **9** | Program service revenue (Part VIII, line 2g) | 17,634 | 23,210 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 448 | 120 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,929,047 | 3,601,435 |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 1,030,105 | 2,682,674 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 579,365 | 599,499 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶29,745 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 276,094 | 232,998 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 1,885,564 | 3,515,171 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | 43,483 | 86,264 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 1,131,057 | 1,570,513 |
| **21** | Total liabilities (Part X, line 26) | 451,398 | 804,590 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 679,659 | 765,923 |

## 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**

****** | 2012-04-30
Signature of officer | Date

RAYME NUCKLES CEO
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check if self-employed | PTIN |
|---|---|---|---|---|
| RICK REEDER CPA | RICK REEDER CPA | 2012-05-14 | ☐ | |

Firm's name ▶ REEDER & ASSOCIATES PA | Firm's EIN ▶

Firm's address ▶ 3339 W BEARSS AVENUE
TAMPA, FL 33618 | Phone no ▶ (813) 908-5310

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

## Part III Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission

To bring together various entities, agencies, service organizations and individuals

**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 $ 1,763,217 including grants of $ ) (Revenue $ )

HOMELESS PREVENTION AND RAPID RE-HOUSING PROGRAM PROVIDES FINANCIAL HOUSING ASSISTANCE TO HOUSEHOLDS AT RISK OF BECOMING HOMELESS OR ARE CURRENTLY HOMELESS WHOSE INCOME IS AT OR BELOW 50 PERCENT OF AMI THE HPRP PROGRAM ASSISTED RESIDENTS OF HILLSBOROUGH COUNTY EITHER TO PREVENT THEM FROM BECOMING HOMELESS (PREVENTION) OR TO MOVE INTO PERMANENT HOUSING FROM THE STREETS, EMERGENCY SHELTERS AND TRANSITIONAL HOUSING (RAPID REHOUSING) FINANCIAL ASSISTANCE INCLUDED SECURITY DEPOSITS, RENT ARREARS, RENT, UTILITY DEPOSITS, UTILITY ARREARS, UTILITY, MOTEL NIGHTS, MOVING AND STORAGE EXPENSES ADDITIONAL, EACH HOUSEHOLD HAD ACCESS TO LEGAL SERVICES AND WERE PROVIDED A CASE MANAGER TO HELP THEM DEVELOP A PLAN TO SELF SUFFICIENCY BETWEEN JULY 1, 2010 AND JUNE 30, 2011 357 HOUSEHOLDS WERE ASSISTED WITH HPRP PREVENTION ASSISTANCE WAS PROVIDED TO 188 HOUSEHOLDS - 98 HOUSEHOLDS WITH CHILDREN, 90 WITHOUT CHILDREN - HELPING 242 ADULTS AND 214 CHILDREN REHOUSING ASSISTANCE WAS PROVIDED TO 169 HOUSEHOLDS - 47 HOUSEHOLDS WITH CHILDREN, 122 HOUSEHOLDS WITHOUT CHILDREN - HELPING 196 ADULTS AND 99 CHILDREN

**4b** (Code ) (Expenses $ 285,863 including grants of $ ) (Revenue $ )

UNITY INFORMATION NETWORK- WORKS TO PROVIDE RELIEF TO THE POOR THROUGH THE COLLECTION OF DATA ON HOMELESSNESS IN OUR COMMUNITY THIS DATA IS THEN USED IN PLANNING NEW PROGRAMS AND EXPANDING EXISTING PROGRAMS TO PROVIDE HOUSING AND SUPPORTIVE SERVICES TO HOMELESS FAMILIES AND INDIVIDUALS THE DATA IS INCLUDED IN APPLICATIONS FOR FUNDING THESE TYPES OF PROGRAMS AT ALL LEVELS OF GOVERNMENT AND PRIVATE ORGANIZATIONS

**4c** (Code ) (Expenses $ 518,437 including grants of $ 480,938 ) (Revenue $ )

HOMELESS HOUSING ASSISTANCE PROJECT IN THE ECO OAKS DEVELOPMENT - THE COALITION ASSISTED TAMPA CROSSROADS IN OBTAINING STATE FUNDING TO SUPPORT THE DEVELOPMENT OF A PERMANENT HOUSING PROJECT FOR EIGHTEEN VETERAN FAMILIES

**4d** Other program services (Describe in Schedule O ) **See also Additional Data for Description**
(Expenses $ 801,066 including grants of $ ) (Revenue $ 23,210 )

**4e** **Total program service expenses** ▶ $ 3,368,583

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? | 2 | | No |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | Yes | |
| 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? *If "Yes," complete Schedule C, Part III* | 5 | | |
| 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? *If "Yes," complete Schedule D, Part I* | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 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? *If "Yes," complete Schedule D, Part IV* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | No |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.* | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.* | 11b | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.* | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.* | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.* | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.* | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII* | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional* | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| 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? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | No |
| 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 U S ? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | No |
| 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 U S ? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)* | 17 | | No |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | No |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20a | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20b | | |

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

| | | | | |
|---|---|---|---|---|
| **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** | Yes | |
| **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** | Yes | |
| **23** | Did the organization answer "Yes" to Part VII, Section A, questions 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** | | No |
| **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–24d and complete Schedule K. If "No," go to line 25* | **24a** | | No |
| **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** | | No |
| **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** | | No |
| **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** | | No |
| **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** | | No |
| **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) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | | No |
| **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* | **28c** | | No |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | | No |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | No |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **32** | | No |
| **33** | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | **33** | | No |
| **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* | **34** | | No |
| **35** | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | **35** | | No |
| **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* ☐ **Yes** ☑ **No** | | | |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | **36** | | |
| **37** | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | **37** | | No |
| **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 | **38** | Yes | |

## 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 | 57 | | |
| b | 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 | Yes | |
| 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 | 9 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2b | Yes | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . . . | | 3a | | No |
| 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 | | No |
| 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 | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . | | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . . | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? . . . . . | | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | | 7a | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . | | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . | | 7h | | |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | | 8 | | No |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| a | Did the organization make any taxable distributions under section 4966? . . . . . | | 9a | | No |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . | | 9b | | No |
| 10 | **Section 501(c)(7) organizations.** Enter | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 . . . | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter | | | | |
| a | Gross income from members or shareholders . . . . . | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . . | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O | | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | | 14a | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . | | 14b | | |

**Part VI** **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . . . | 1a | 15 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . . . . | 1b | 15 | | |
| 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 | | No |
| 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 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | | 5 | | No |
| 6 | Does the organization have members or stockholders? . . . . . | | 6 | Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . . | | 7a | Yes | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . | | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| a | The governing body? . . . . . | | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | | 8b | Yes | |
| 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 . . . . . | | 9 | | No |

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

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Does the organization have local chapters, branches, or affiliates? . . . . . | 10a | | No |
| 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? . . . . | 10b | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . . | | | |
| 12a | Does the organization have a written conflict of interest policy? *If "No," go to line 13* . . . . . | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . | 12b | Yes | |
| 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 | Yes | |
| 13 | Does the organization have a written whistleblower policy? . . . . . | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? . . . . . | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official . . . . . | 15a | Yes | |
| b | Other officers or key employees of the organization . . . . . | 15b | Yes | |
| | 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 | | No |
| 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 | | |

## Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

RAYME NUCKLES
2105 N NEBRASKA
TAMPA,FL 33602
(813)223-6115

## 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, and **current** key employees 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, or trustee

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (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 | | | |
| (1) PATRICIA LANGFORD President | 2 00 | X | | X | | | | 0 | 0 | 0 |
| (2) CANDY OLSON Vice President | 2 00 | X | | X | | | | 0 | 0 | 0 |
| (3) GERALD HONEYWELL Board Member | 2 00 | X | | | | | | 0 | 0 | 0 |
| (4) CHRISTINE BURDICK Secretary | 2 00 | X | | X | | | | 0 | 0 | 0 |
| (5) RAYME NUCKLES Exec Director | 40 00 | | | X | | | | 118,668 | 0 | 18,358 |
| (6) LINDA WALKER Board Member | 2 00 | X | | | | | | 0 | 0 | 0 |
| (7) GREG BROOKS Board Member | 2 00 | X | | | | | | 0 | 0 | 0 |
| (8) LISA DEVITTO Board Member | 2 00 | X | | | | | | 0 | 0 | 0 |
| (9) PATRICIA GORZKA Board Member | 2 00 | X | | | | | | 0 | 0 | 0 |
| (10) KYLE O'DONNELL Board Member | 2 00 | X | | | | | | 0 | 0 | 0 |
| (11) VICKI WALKER Board Member | 2 00 | X | | | | | | 0 | 0 | 0 |
| (12) JULIANNE A HOLT Board Member | 2 00 | X | | | | | | 0 | 0 | 0 |
| (13) STEVE VICK Board Member | 2 00 | X | | | | | | 0 | 0 | 0 |
| (14) JOAN BOLES Past President | 2 00 | X | | | | | | 0 | 0 | 0 |
| (15) DAVID ROGOFF Board Member | 2 00 | X | | | | | | 0 | 0 | 0 |
| (16) JASON CARTER Treasurer | 2 00 | X | | X | | | | 0 | 0 | 0 |
| | | | | | | | | | | |

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (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 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| **1b** **Sub-Total** | | | | | | | | | | |
| **c** **Total from continuation sheets to Part VII, Section A** | | | | | | | | | | |
| **d** **Total (add lines 1b and 1c)** | | | | | | | | 118,668 | | 18,358 |

**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 ▶ 1

| | | | Yes | No |
|---|---|---|---|---|
| **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* | **3** | | No |
| **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** | | No |
| **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** | | No |

## 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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| ROSSI CONSTRUCTION<br>PO BOX 89024<br>TAMPA, FL 33689 | construction | 140,266 |
| | | |
| | | |
| | | |
| | | |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 1

**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 | 1a Federated campaigns . . 1a | | | | | |
| | b Membership dues . . . . 1b | 14,450 | | | | |
| | c Fundraising events . . . . 1c | | | | | |
| | d Related organizations . . . 1d | | | | | |
| | e Government grants (contributions) 1e | 3,325,453 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above 1f | 238,202 | | | | |
| | g Noncash contributions included in lines 1a-1f $ | 1,000 | | | | |
| | h **Total.** Add lines 1a-1f . . . . . ▶ | | 3,578,105 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a Grant writing | 900099 | 23,210 | | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g **Total.** Add lines 2a–2f . . . . . ▶ | | 23,210 | | | |
| | 3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶ | | 120 | | | 120 |
| | 4 Income from investment of tax-exempt bond proceeds . . ▶ | | | | | |
| | 5 Royalties . . . . . ▶ | | | | | |
| | | (i) Real | (ii) Personal | | | |
| | 6a Gross Rents | | | | | |
| | b Less rental expenses | | | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) . . . . . ▶ | | | | | |
| | | (i) Securities | (ii) Other | | | |
| | 7a Gross amount from sales of assets other than inventory | | | | | |
| | b Less cost or other basis and sales expenses | | | | | |
| | c Gain or (loss) | | | | | |
| | d Net gain or (loss) . . . . . ▶ | | | | | |
| Other Revenue | 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a | | | | | |
| | b Less direct expenses . . . b | | | | | |
| | c Net income or (loss) from fundraising events . . ▶ | | | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 . a | | | | | |
| | b Less direct expenses . . . . . b | | | | | |
| | c Net income or (loss) from gaming activities . . . ▶ | | | | | |
| | 10a 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 . . ▶ | | | | | |
| | Miscellaneous Revenue | Business Code | | | | |
| | 11a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue . . . . | | | | | |
| | e **Total.** Add lines 11a–11d . . . . . ▶ | | | | | |
| | 12 **Total revenue.** See Instructions . . . ▶ | | 3,601,435 | 23,210 | | 120 |

## 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 | 961,287 | 961,287 | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | 1,721,387 | 1,721,387 | | |
| 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 | 102,400 | 81,920 | 10,240 | 10,240 |
| 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 | 362,279 | 323,502 | 33,679 | 5,098 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 31,577 | 27,472 | 3,158 | 947 |
| 9 | Other employee benefits | 67,309 | 58,805 | 6,187 | 2,317 |
| 10 | Payroll taxes | 35,934 | 31,352 | 3,396 | 1,186 |
| a | Fees for services (non-employees) Management | | | | |
| b | Legal | | | | |
| c | Accounting | 6,400 | 2,718 | 3,682 | 0 |
| d | Lobbying | | | | |
| e | Professional fundraising services *See Part IV, line 17* | | | | |
| f | Investment management fees | | | | |
| g | Other | 7,188 | 0 | 7,188 | 0 |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 61,151 | 36,691 | 24,460 | 0 |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 16,450 | 0 | 10,693 | 5,757 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 15,176 | 10,000 | 1,176 | 4,000 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 20,375 | 10,188 | 10,187 | 0 |
| 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 | Other program | 38,954 | 38,954 | 0 | 0 |
| b | supplies | 6,993 | 4,196 | 2,797 | 0 |
| c | Website program | 53,264 | 53,264 | 0 | 0 |
| d | printing | 7,047 | 6,847 | 0 | 200 |
| e | | | | | |
| f | All other expenses | | | | |
| 25 | **Total functional expenses.** Add lines 1 through 24f | 3,515,171 | 3,368,583 | 116,843 | 29,745 |
| 26 | **Joint costs.** Check here ▶ ☐ 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 | | | | |

## Part X Balance Sheet

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest-bearing | | 37,225 | 1 | 169,320 |
| | 2 | Savings and temporary cash investments | | 119,823 | 2 | 406,037 |
| | 3 | Pledges and grants receivable, net | | 497,127 | 3 | 369,315 |
| | 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) Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 9 | |
| | 10a | Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* | 10a 725,290 | | | |
| | b | Less accumulated depreciation | 10b 114,032 | 476,882 | 10c | 611,258 |
| | 11 | Investments—publicly traded securities | | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 15 | 14,583 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 1,131,057 | 16 | 1,570,513 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 105,041 | 17 | 93,779 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 40,000 | 19 | 320,061 |
| | 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 | | 306,357 | 25 | 390,750 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 451,398 | 26 | 804,590 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 679,659 | 27 | 765,923 |
| | 28 | Temporarily restricted net assets | | | 28 | |
| | 29 | Permanently restricted net assets | | | 29 | |
| | | **Organizations that do not follow SFAS 117, check here ▶ ☐ 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 | | 679,659 | 33 | 765,923 |
| | 34 | Total liabilities and net assets/fund balances | | 1,131,057 | 34 | 1,570,513 |

## Part XI Reconcilliation 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 | 3,601,435 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) . . . . . | 2 | 3,515,171 |
| 3 | Revenue less expenses Subtract line 2 from line 1 . . . . | 3 | 86,264 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . | 4 | 679,659 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) . . . . | 5 | |
| 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 | 765,923 |

## 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 ☐ Cash ☑ Accrual ☐ 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 | | No |
| b | Were the organization's financial statements audited by an independent accountant? . . . . . | 2b | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . . . | 2c | Yes | |
| 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 ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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 | Yes | |
| 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 | Yes | |

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# SCHEDULE A (Form 990 or 990EZ)

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
HOMELESS COALITION OF HILLSBOROUGH COUNTY INC

**Employer identification number**
59-3651378

## 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?

| | Yes | No |
|---|---|---|
| **(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 the supported organization? **11g(i)** | | |
| **(ii)** a family member of a person described in (i) above? **11g(ii)** | | |
| **(iii)** a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)** | | |

**h** Provide the following information about the supported organization(s)

| (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? Yes | (iv) No | (v) Did you notify the organization in col (i) of your support? Yes | (v) No | (vi) Is the organization in col (i) organized in the U S ? Yes | (vi) No | (vii) Amount of support |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Total** | | | | | | | | | |

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

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 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 ") | 1,951,477 | 2,203,651 | 1,762,953 | 1,928,599 | 3,600,315 | 11,446,995 |
| 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 | 38,000 | 38,000 | 40,125 | 40,125 | 41,125 | 197,375 |
| 4 **Total.** Add lines 1 through 3 | 1,989,477 | 2,241,651 | 1,803,078 | 1,968,724 | 3,641,440 | 11,644,370 |
| 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 | | | | | | 11,644,370 |

## 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 | 1,989,477 | 2,241,651 | 1,803,078 | 1,968,724 | 3,641,440 | 11,644,370 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | 427 | 448 | 120 | 995 |
| 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 ) | | | | | | |
| 11 **Total support** (Add lines 7 through 10) | | | | | | 11,645,365 |

12 Gross receipts from related activities, etc (See instructions ) **12**

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

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) | **14** | 99 990 % |
| 15 Public Support Percentage for 2009 Schedule A, Part II, line 14 | **15** | 99 990 % |

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 ▶☑

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—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 ▶☐

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 ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

**Part III** **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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 | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public Support** (Subtract line 7c from line 6 ) | | | | | | 0 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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 section501(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 | 0 % |
| 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 | 0 % |
| 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 ▶☐

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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# SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

## Political Campaign and Lobbying Activities

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

| Name of the organization | Employer identification number |
|---|---|
| HOMELESS COALITION OF HILLSBOROUGH COUNTY INC | 59-3651378 |

## Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

## Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

## Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| **(a)** Name | **(b)** Address | **(c)** EIN | **(d)** Amount paid from filing organization's funds If none, enter -0- | **(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Part II-A** **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing Organization's Totals | (b) Affiliated Group Totals |
|---|---|---|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | |
| d Other exempt purpose expenditures | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | |

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|---|
| Not over $500,000 | 20% of the amount on line 1e |
| Over $500,000 but not over $1,000,000 | $100,000 plus 15% of the excess over $500,000 |
| Over $1,000,000 but not over $1,500,000 | $175,000 plus 10% of the excess over $1,000,000 |
| Over $1,500,000 but not over $17,000,000 | $225,000 plus 5% of the excess over $1,500,000 |
| Over $17,000,000 | $1,000,000 |

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

## 4-Year Averaging Period Under Section 501(h)
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)**

### Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
|---|---|---|---|---|---|
| 2a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots non-taxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

## Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|---|
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | Yes | | 314 |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 531 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? If "Yes," describe in Part IV | Yes | | 2,209 |
| j | Total lines 1c through 1i | | | 3,054 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

## Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of $2,000 or less? | 2 | | |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3 | | |

## Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

| | | | |
|---|---|---|---|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).** | | |
| a | Current year | 2a | |
| b | Carryover from last year | 2b | |
| c | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

## Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt II-B Line 1i | | advocacy costs |

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**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**
HOMELESS COALITION OF HILLSBOROUGH COUNTY INC

**Employer identification number**
59-3651378

## 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? ☐ Yes ☐ 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 for any other purpose conferring impermissible private benefit ☐ Yes ☐ 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)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ 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 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 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

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

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

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

## Part V Endowment Funds. Complete if the 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

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | |
| (ii) related organizations | 3a(ii) | | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

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) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | 52,704 | | 52,704 |
| b Buildings | | 502,286 | | 502,286 |
| c Leasehold improvements | | | | |
| d Equipment | | 170,300 | 114,032 | 56,268 |
| e Other | | | | |
| **Total.** Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 611,258 |

**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 | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should 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 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should 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 |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶ | |

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

| 1 (a) Description of Liability | (b) Amount |
|---|---|
| Federal Income Taxes | |
| contingent note payable | 390,750 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 25 )* ▶ | 390,750 |

**2.** 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 (ASC740)

## 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 | 3,601,435 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 3,515,171 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 86,264 |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 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 | |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 86,264 |

## 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 | 3,641,560 |
| 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 | 40,125 | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 40,125 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 3,601,435 |
| 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 | |
| 5 | Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12 ) | | | 5 | 3,601,435 |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 3,555,296 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | 40,125 | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 40,125 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 3,515,171 |
| 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 | |
| 5 | Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18 ) | | | 5 | 3,515,171 |

## 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 Also complete this part to provide any additional information

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt X | | THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS, IF ANY, IN ACCORDANCE WITH FASB ACCOUNTING STANDARDS CODIFICATION SECTION 740 IN ACCORDANCE WITH THESE PROFESSIONAL STANDARDS, THE ORGANIZATION RECOGNIZES TAX POSITIONS ONLY TO THE EXTENT THAT MANAGEMENT BELIEVES IT IS "MORE LIKELY THAN NOT" THAT ITS TAX POSITIONS WILL BE SUSTAINED UPON IRS EXAMINATION MANAGEMENT BELIEVES THAT IT HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS FO |
| Pt X | | ORGANIZATION'S FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT JUNE 30, 2011 THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS THE ORGANIZATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR FISCAL YEARS ENDING PRIOR TO JUNE 30, 2008 |

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**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments and Individuals in the United States

**Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.**
**▶ Attach to Form 990**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization
HOMELESS COALITION OF HILLSBOROUGH COUNTY INC

**Employer identification number**
59-3651378

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

## Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) TAMPA FAMILY HEALTH CENTER1502 E FOWLER AVE TAMPA,FL 33682 | 59-2420282 | | 81,537 | | FMV | 0 | medical screening |
| (2) MENTAL HEALTH CARE 2015 N CENTRAL AVE TAMPA,FL 33602 | 59-0747306 | | 204,421 | | FMV | 0 | case mgmt/mental health assistance |
| (3) METROPOLITAN MINISTRIES2002 N FLORIDA AVE TAMPA,FL 33602 | 59-1477007 | | 39,576 | | FMV | 0 | Case Management |
| (4) METROPOLITAN CHARITIES INC3710 3RD AVE NORTH ST PETERSBURG,FL 33713 | 59-3153947 | | 7,827 | | FMV | 0 | HIV/AIDS screeing |
| (5) THE SALVATION ARMY 1603 N FLORIDA AVE TAMPA,FL 33602 | 58-0660607 | | 31,961 | | FMV | 0 | case management |
| (6) POSITIVE SPINPO BOX 310065 TAMPA,FL 33680 | 80-0167391 | | 23,594 | | FMV | 0 | case mgmt |
| (7) TAMPA CROSSROADS INC5118 N NEBRASKA AVE TAMPA,FL 33603 | 59-1743719 | | 31,296 | | FMV | 0 | case management |
| (8) ACTS INC4612 NORTH 56TH ST TAMPA,FL 33610 | 59-1860626 | | 17,018 | | FMV | 0 | case management |
| (9) FRANCIS HOUSE INC 4713 N FLORIDA AVE TAMPA,FL 33603 | 59-2999948 | | 29,256 | | FMV | 0 | case management |
| (10) MARY & MARTHA HOUSEPO BOX 1251 RUSKIN,FL 33570 | 59-2788323 | | 8,688 | | FMV | 0 | case management |
| (11) VOLUNTEERS OF AMERICA FLORIDAPO BOX 82969 TAMPA,FL 33682 | 58-1856992 | | 5,175 | | FMV | 0 | case management |
| (12) TAMPA CROSSROADS INC5118 N NEBRASKA AVE TAMPA,FL 33603 | 59-1743719 | | 480,938 | | FMV | 0 | permanent housing develop |

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ _____

3 Enter total number of other organizations . . . . . ▶ _____

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 |
|---|---|---|---|---|---|
| (1) HPRP | 357 | 1,314,815 | | fmv | n/a |
| (2) Shelter Care Plus | 35 | 267,196 | | fmv | n/a |
| (3) VHPD - Veterans Homeless Prevention | 42 | 41,334 | | fmv | n/a |
| (4) Up & Out | 20 | 61,165 | | fmv | n/a |
| (5) HIV/AIDS Leasing Project | 4 | 26,877 | | fmv | n/a |
| (6) Challenge Grant | 163 | 10,000 | | 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.

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt I Line 2 | | A sub grant recipient is monitored according to the contract |
| Pt I Line 2 | | with the lead agency |
| Pt III Line (b) | | Recipients is defined as families |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135047732 |
|---|---|---|

**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 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**
HOMELESS COALITION OF HILLSBOROUGH COUNTY INC

**Employer identification number**
59-3651378

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt VI-B, Line 15 | | The Chief Executive Officer's salary and benefits is reviewed by the Executive Board using |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Pt VI-B, Line 15 | | an effective system for feedback on performance and goal setting |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt VI-B, Line 15 | | The Executive and Finance committees' use comparability data to include |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt VI-B, Line 15 | | competent salary survey, documented telephone calls about similiar |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt VI-B, Line 15 | | positions for nonprofit organizations and similar positions in Hillsborough County |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt VI-B, Line 11a | | The Form 990 is reviewed by the Finance Committee to include the Treasurer |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt VI-A, Line 6 | | The Coalition is a broad base of community partners who work to meet |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt VI-A, Line 6 | | the needs of the homeless population with collaborative services |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt VI-B, Line 12c | | Annually, the board completes quetionnaires about their independence |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt VI-B, Line 12c | | and the Chief Executive Officer reviews for conflicts |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt VI-C, Line 19 | | Upon request |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | One of only five communities in the country, the Homeless Coalition was selected |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | TO RECEIVE THE VETERANS HOMELESSNESS PREVENTION DEMONSTRATION PROJECT (VHPD) |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | TO PROVIDE FINANCIAL HOUSING ASSISTANCE TO PREVENT VETERAN HOUSEHOLDS FROM BECOMING HOMELESS, |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | AS WELL AS TO HELP NEWLY HOMELESS VETERAN HOUSEHOLDS OBTAIN PERMANENT HOUSING |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | Understanding that the James A  Haley Veterans Hospital's catchment area extended |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | beyond Hillsborough County, the Coalition requested , and was allowed, to include all |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | COUNTIES SERVED BY THE HOSPITAL - HERNANDO, PASCO AND POLK COUNTIES, |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Pt III, Line 2 | | along with Hillsborough |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | Based on the success of the HPRP implementation, VHPD is a partnership with the |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | AGENCY FOR COMMUNITY TREATMENT SERVICES (ACTS), HILLSBOROUGH COUNTY VETERANS |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | AFFAIRS AND TAMPA CROSSROADS A VHPD COORDINATOR, LOCATED WITHIN THE |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | the local VA Healthcare for Homeless Veterans office, screens and refers veterans |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | who meet the minimum eligibility requirements to the appropriate partner agency |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | While the project targets getting this assistance to veterans returning from Iraq |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | AND AFGHANISTAN, FEMALE VETERANS, VETERANS WITH CHILDREN, AND NATIONAL GUARD |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990, Part III, Line 4d | | VETERANS HOMELESSNESS PREVENTION DEMONSTRATION PROJECT-DESCRIBED IN PART III 2 801066 0 23210 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | AND RESERVISTS, VETERANS FROM ALL WARS MAY BE ELIGIBLE. VETERAN HOUSEHOLDS MUST HAVE AN INCOME |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Pt III, Line 2 | | less than 50 percent of area median income, be at imminent risk of |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | losing their housing or literally homeless for less than 90 days, |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | AND AGREE TO WORK WITH A CASE MANAGER TO DEVELOP AND WORK |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | on a plan for future housing stability |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | Starting in April 2011, by the end of our fiscal year (June 30, 2011) 42 veteran |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | HOUSEHOLDS - WITH 57 ADULTS AND 27 CHILDREN - WERE ASSISTED WITH CASE MANAGEMENT, |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | FINANCIAL ASSISTANCE FOR HOUSING ALONG WITH CASE MANAGEMENT AND/OR CONNECTIONS TO |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | employment services, medical and mental health care, and other needed |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | supportive services  This includes 24 in Hillsborough, 2 in Hernando, 12 in Pasco and 4 in Polk |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | The three-year VHPD project was a new initiative by the U S Department of Housing and |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | AND URBAN DEVELOPMENT(HUD), THE U S DEPARTMENT OF VETERANS' AFFAIRS (VA), AND THE |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | U S DEPARTMENT OF LABOR (DOL) FUNDING FOR VHPD WAS PROVIDED BY HUD, THE VA |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | PROVIDED FUNDING FOR VA SUPPORT STAFF FOR THE PROGRAM AND DOL LEVERAGED DOLLARS |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt III, Line 2 | | to assist with employment services |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Pt VI-A, Line 7a | | Members elect board at the annual meeting |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4a | | This program provides financial assistance for housing and case management to |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4a | | homeless families and individuals who are homeless, including those living doubled |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4a | | up with friends and family as well as households who are at risk of becoming |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4a | | homeless HPRP, through financial assistance of rent assistance, payment of rental |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4a | | arrears, security deposits, utility arrears payments, utility deposits and utility |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4a | | payment assistance, stabilizes a family or individual's housing in order to allow them |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4a | | the opportunity to work on other issues that have prevented them from being able to |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4a | | obtain and maintain permanent stable housing  The program is a collaborative effort |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4a | | with 14 partners - 13 partners are homeless service agencies that work directly with these |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4a | | households to assist them in developing and working a self sufficiency plan aimed to |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4a | | move them to the goal of being able to maintain stable housing These partners are Camelot |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4a | | Community Care, Catholic Charities, Gulf Coast Community Care, Mary and Martha House, |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4a | | Francis House, Mental Health Care, Metropolitan Ministries, Positive SPIN, The Salvation Army, Tampa |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4a | | Crossroads,Veterans Affairs and Tampa Housing Authority  Additionally, Bay Area Legal Services is |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4a | | an HPRP partner to provide legal assistance when needed to address fair housing |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4a | | violations, pending evictions and other housing related legal issues |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4a | | Funded through the American Recovery and Resiliency Act of 2009, (ARRA) |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4a | | The Homeless Coalition administers the program on behalf of the State of Florida and |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4a | | the City of Tampa(both the prevention and rapid rehousing programs), |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4a | | and Hillsborough County(rehousing program) |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4b | | UNITY helps ensure continuity of care through client |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4b | | information sharing and collection of valuable data needed to document the needs of |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4b | | our homeless neighbors including unmet needs |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4b | | Thirty one organizations actively entered data for 141 programs into the UNITY |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4b | | system Training was provided to 101 users The training topics |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4b | | included system upgrade changes, basic training for users, |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4b | | and specific training for programs such as Emergency Food |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4b | | and Shelter Grant program (EFSP), HPRP, VHPD and Homeless Early |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4b | | Childhood Program (HEC) This year UNITY recorded 14,049 new |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4b | | people accessing 152,514 services including food, clothing, |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4b | | financial assistance for rent, utilities, deposits, child |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4b | | care, emergency shelter and transitional housing stays, case |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4b | | management and holiday assistance |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | Outreach for Life the mobile medical van partnership with Tampa Family |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | HEALTH CENTERS, METROPOLITAN CHARITIES AND MENTAL HEALTH CARE, PROVIDED MEDICAL, |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | MENTAL HEALTH AND HIV/AIDS SCREENINGS TO 934 HOMELESS PEOPLE, AND THE OPPORTUNITY |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | TO CONNECT WITH HEALTHCARE PROGRAMS LIKE THE HILLSBOROUGH COUNTY HEATH PLAN |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | HUD Homeless Assistance Grant (a k.a Continuum of Care Grant) coordinated |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | AND SUBMITTED THE ANNUAL GRANT TO RENEW FUNDING FOR 21 HOUSING |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | and shelter programs at nine agencies, and a 'bonus' project to provide |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | rent and utility assistance, and case management to 16 chronically homeless |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | PERSONS, WITH PRIORITY TO HOMELESS VETERANS, WHO HAVE A DOCUMENTED DISABILITY |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | ALL PROJECTS WERE RENEWED AND THE BONUS PROJECT AWARDED FOR A TOTAL GRANT AWARD OF $5,015,502 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | Shelter Plus Care (S+C) administrative responsibility for this program which |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | PROVIDES 35 HOMELESS INDIVIDUALS AND FAMILIES WITH RENT AND UTILITY ASSISTANCE |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | BASED ON THEIR INCOME IN PARTNERSHIP WITH THE PLANT CITY HOUSING AUTHORITY, MENTAL |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | Health Care and Francis House |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | Supportive Housing Program for Persons Affected by HIV/AIDS |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | PROVIDES RENT AND UTILITY ASSISTANCE TO FOUR HOUSEHOLDS AFFECTED BY HIV/AIDS |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | Up and Out provided homeless households, including 15 families and |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | AND SIX INDIVIDUALS, WITH A RENTAL STIPEND, CASE MANAGEMENT WAS |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | PROVIDED BY PARTNERS METROPOLITAN MINISTRIES, SALVATION ARMY, WOMEN'S RESOURCE CENTER |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | and Mental Health Care to assist households in reaching self-sufficiency |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | PROGRAM EXPANDED FROM 15 TO 20 HOUSEHOLDS |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | Eco Oaks assisted Tampa Crossroads in obtaining state funding to support the |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | DEVELOPMENT OF THEIR PERMANENT HOUSING PROJECT FOR 18 VETERAN FAMILIES |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | Housing Inventory Chart updated the community's list of emergency shelter, |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | TRANSITIONAL SHELTER AND PERMANENT SUPPORTIVE HOUSING BEDS/UNITS |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | dedicated to housing homeless persons as required by HUD |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | 2011 Stand Down and Homeless Health Fair a one-day event provided |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | PROVIDED MORE THAN 500 HOMELESS VETERANS AND CIVILIANS ACCESS TO INFORMATION ABOUT |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | services in a single location, get food, physical and mental health |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | screenings, haircuts, needed hygiene items and time out of the hot |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | FLORIDA SUN FORTY SERVICE PROVIDERS PARTICIPATED AND 200 PEOPLE |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | volunteered Organized in partnership with the local U S VA and Hillsborough |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | County Veterans Affairs |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | Lazy Days Youth Development Center participated in the planning |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | AND COORDINATION OF THIS NEW PROJECT FOR UNACCOMPANIED HOMELESS YOUTH |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | and currently serve on their advisory board |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | Emergency Food and Shelter Program (EFSP) continued to serve |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | ON THE BOARD TO REVIEW APPLICATIONS AND OUTCOMES FOR THIS PROGRAM COORDINATED |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | by the United Way of Tampa Bay to provide funding for food and |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | shelter Additionally coordinates EFSP providers' usage of the UNITY |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | Information Network |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | Challenge Grant provided 581 households with case management |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | AND 163 HOUSEHOLDS WORKING TOWARDS HOUSING STABILITY AND EMPLOYMENT |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | included bus passes, rent and utility assistance, and food staples |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | Hillsborough County Jail Diversion Partners Signed a memorandum |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | OF UNDERSTANDING TO IDENTIFY VETERANS IN THE CRIMINAL JUSTICE SYSTEM THAT CAN BE |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | appropriately diverted to treatment and support services to enable |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | them to live successfully in the community |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | 2011 Homeless Count in Hillsborough County Coordination - Required to be held biennially |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | in every community in the nation, the homeless count in Hillsborough County |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | was held on January 27, 2011 and coordinated by the Coalition |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | THE HOMELESS COUNT SEEKS TO COUNT EVERY HOMELESS MAN, WOMAN AND CHILD |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | in the county in a single 24-hour period |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | In addition to the usual street count, the Coalition formed a partnership with News |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | CHANNEL 8 AND THE TAMPA TRIBUNE TO SET UP THE "8 ON YOUR SIDE HOMELESS HOTLINE" |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | FOR THE DAY OF THE COUNT HILLSBOROUGH COUNTY WAS THE ONLY COUNTY IN THE STATE TO UTILIZE A CALL IN CENTER TO |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | REACH HOUSEHOLDS LIVING DOUBLED UP - MOST WHO WOULD NEVER BE |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | counted on the streets or in the shelters  More than 1,100 people called  Most |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | WERE HOMELESS, OTHERS WERE TRYING TO FIND HELP FOR PEOPLE THEY KNEW OR |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | wanted information on how to get involved |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | More than 300 volunteers canvassed the streets and answered phones over the 19 hour effort |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | FOR THE FIRST TIME, VOLUNTEERS FROM THE GENERAL COMMUNITY OUTNUMBERED |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | volunteers from homeless service providers |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | Released during a news conference on May 5, the count results |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | REVEALED 17,775 MEN, WOMEN AND CHILDREN WERE FOUND TO BE HOMELESS - 7,336 |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | were literally living on the streets and in shelters, 10,419 living doubled |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| Part III, line 4d | | with friends/family to avoid being on the street |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part III, line 4d | | Volunteers and staff spent a combined 2,250 hours to organize, conduct and analyze the count data |

## Additional Data

**Software ID:** 10000104
**Software Version:**
**EIN:** 59-3651378
**Name:** HOMELESS COALITION OF HILLSBOROUGH COUNTY INC

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

**4d. Other program services**

(Code ) (Expenses $ 801,066 including grants of $ ) (Revenue $ 23,210 )

Veterans Homelessness Prevention Demonstration Project-described in Part III 2 City of Tampa Outreach reached 520 homeless persons living in Tampa city limits, City of Tampa Outreach reached 520 homeless persons living in Tampa city limits, City of Tampa Outreach reached 520 homeless persons living in Tampa city limits, City of Tampa Outreach reached 520 homeless persons living in Tampa city limits, City of Tampa Outreach reached 520 homeless persons living in Tampa city limits,