JANUARY 7, 2021

COALITION FOR THE HOMELESS OF CENTRAL FLORIDA, INC.
18 N TERRY AVE
ORLANDO, FL 32801

DEAR ALLISON,


- 2019 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
- 2019 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION FORM
- 2019 SCHEDULE A - PUBLIC CHARITY STATUS AND PUBLIC SUPPORT
- 2019 SCHEDULE B - SCHEDULE OF CONTRIBUTORS
- 2019 SCHEDULE D - SUPPLEMENTAL FINANCIAL STATEMENTS
- 2019 SCHEDULE G - SUPPLEMENTAL INFO. REGARDING FUNDRAISING/GAMING
- 2019 SCHEDULE M - NONCASH CONTRIBUTIONS
- 2019 SCHEDULE O - SUPPLEMENTAL INFORMATION TO FORM 990 OR 990EZ

THE ORIGINAL OF EACH OF THE ABOVE MENTIONED RETURNS SHOULD BE DATED AND SIGNED IN ACCORDANCE WITH THE FOLLOWING INSTRUCTIONS INCLUDED WITH THE COPY OF THE RETURN. THIS COPY IS FOR YOUR USE AND SHOULD BE RETAINED FOR YOUR FILES.

THESE RETURN(S) WERE PREPARED FROM INFORMATION PROVIDED BY YOU OR YOUR REPRESENTATIVE. THE PREPARATION OF TAX RETURNS DOES NOT INCLUDE THE INDEPENDENT VERIFICATION OF INFORMATION USED. THEREFORE, WE RECOMMEND YOU REVIEW THE RETURN(S) BEFORE SIGNING TO ENSURE THERE ARE NO OMISSIONS OR MISSTATEMENTS. IF YOU NOTE ANYTHING WHICH MAY REQUIRE A CHANGE TO THE RETURN(S), PLEASE CONTACT US BEFORE FILING THEM.

WE APPRECIATE THIS OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS OR IF WE MAY BE OF FURTHER ASSISTANCE.

SINCERELY,

WITHUMSMITH+BROWN,PC

ENCLOSURES
COALITION FOR THE HOMELESS OF CENTRAL
FLORIDA, INC.
INSTRUCTIONS FOR FILING
FORM 8879-EO
IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990
FOR THE YEAR ENDED JUNE 30, 2020

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-EO TO:

WITHUMSMITH+BROWN,PC
200 S ORANGE AVE.,STE 1200
ORLANDO FL 32801-3400

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE MAY 17, 2021. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.
**Part I  Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<table>
<thead>
<tr>
<th>Line</th>
<th>Form</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Form 990 check here</td>
<td>Total revenue, if any (Form 990, Part VIII, column (A), line 12)</td>
<td>1b 6,722,865</td>
</tr>
<tr>
<td>2a</td>
<td>Form 990-EZ check here</td>
<td>Total revenue, if any (Form 990-EZ, line 9)</td>
<td>2b</td>
</tr>
<tr>
<td>3a</td>
<td>Form 1120-POL check here</td>
<td>Total tax (Form 1120-POL, line 22)</td>
<td>3b</td>
</tr>
<tr>
<td>4a</td>
<td>Form 990-PF check here</td>
<td>Tax based on investment income (Form 990-PF, Part VI, line 5)</td>
<td>4b</td>
</tr>
<tr>
<td>5a</td>
<td>Form 8868 check here</td>
<td>Balance Due (Form 8868, line 3c)</td>
<td>5b</td>
</tr>
</tbody>
</table>

**Part II  Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

<table>
<thead>
<tr>
<th></th>
<th>I authorize WITHUMSMITH+BROWN,PC to enter my PIN 19472 as my signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Officer's signature Date 12/31/2020</td>
</tr>
</tbody>
</table>

**Part III  Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

| ERO's EFIN/PIN | 22006222202 |

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

**ERO's signature**

---

**EROM Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**
Return of Organization Exempt From Income Tax

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

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

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

For the 2019 calendar year, or tax year beginning 07/01/2019, and ending 06/30/2020

B Name of organization: COALITION FOR THE HOMELESS OF CENTRAL FLORIDA, INC.

Address

Doing business as

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

18 N TERRY AVE

City or town, state or province, country, and ZIP or foreign postal code

ORLANDO, FL 32801

Telephone number

(407) 426-1252

Gross receipts

$9,439,244

If "No," check a box.

Yes X No

Are all substrates included?

Yes X No

I Tax-exempt status:

X 501(c)(3)

501(c)( ) (insert no.)

Are you a joint return for a parent?

Yes X No

J Website: www.centralfloridahomeless.org

K Form of organization:

X Corporation

Trust

Association

Other

L Year of formation: 1987

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE PURPOSE OF THE ORGANIZATION IS TO TRANSFORM THE LIVES OF HOMELESS MEN, WOMEN, AND CHILDREN BY PROVIDING CRUCIAL SERVICES TO END THEIR CRISIS OF HOMELESSNESS.

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 35.

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 34.

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 130.

6 Total number of volunteers (estimate if necessary) 6 3,128.

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.

7b Net unrelated business taxable income from Form 990-T, line 39 7b

Revenue

8 Contributions and grants (Part VIII, line 1a) 8 5,127,557. 6,335,517.

9 Program service revenue (Part VIII, line 2a) 9 175,082. 62,552.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 88,637. 27,984.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c) 11 434,011. 352,740.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 5,627,287. 6,722,865.

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 0.

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0. 0.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 4,022,400. 3,834,089.

16a Professional fundraising fees (Part IX, column (A), line 11) 16a 0. 0.

16b Total fundraising expenses (Part IX, column (D), line 25) 16b 450,937.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24) 17 2,912,550. 2,984,444.

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 6,534,950. 6,818,533.

19 Revenue less expenses. Subtract line 18 from line 12 19 -1,007,663. -55,668.

Net assets or fund balances. Subtract line 21 from line 20 22 11,355,558. 11,290,005.

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.

Signature of officer

ALLISON KRA LL

PRESIDENT/CEO

Date

12/31/2020

Print or type preparer's name

RAY D BASTIN CPA

Preparer's signature

RAY D BASTIN CPA

Date

01/07/2021

Check if self-employed

Yes X No

PTIN

P01972806

Firm's EIN

22-0207902

Firm's address

250 S ORANGE AVE., STE 1200 ORLANDO, FL 32801-3400

Phone no. 407-849-1569

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)
Part III  Statement of Program Service Accomplishments

1. Briefly describe the organization's mission:

THE PURPOSE OF THE ORGANIZATION IS TO TRANSFORM THE LIVES OF HOMELESS
MEN, WOMEN, AND CHILDREN BY PROVIDING CRUCIAL SERVICES TO END THEIR
CRISIS OF HOMELESSNESS.

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 X 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 X No

If "Yes," describe these changes on Schedule O.

4. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a. (Code: ) (Expenses $ 5,018,769. including grants of $ ) (Revenue $ )

ATTACHMENT 1

4b. (Code: ) (Expenses $ 600,726. including grants of $ ) (Revenue $ )

ATTACHMENT 2

4c. (Code: ) (Expenses $ 354,851. including grants of $ ) (Revenue $ )

REHOUSING SERVICES INCLUDES RAPID REHOUSING (RRH) AND BRIDGE
HOUSING (BH). RAPID REHOUSING IS A SUPPORTIVE HOUSING PROGRAM
INTENDED TO PROVIDE PERMANENT HOUSING FOR INDIVIDUALS AND
FAMILIES; CURRENTLY SERVES 53 FAMILIES WITH ROOM FOR GROWTH. RRH
IS AN IMPORTANT INTERVENTION TOOL DESIGNED TO QUICKLY CONNECT
PEOPLE TO HOUSING AND SERVICES THROUGH THREE CORE COMPONENTS:
HOUSING IDENTIFICATION, RENT AND MOVE IN ASSISTANCE, AND CASE
MANAGEMENT. BH PROVIDES A TRANSITIONAL PROGRAM FOR FAMILIES THAT
HAVE BEEN APPROVED FOR RRH FINANCIAL ASSISTANCE TO HELP PAY RENT
THAT ARE ALSO ATTACHED TO AN RRH CASE MANAGER; CURRENTLY SERVES
EIGHT FAMILIES IN OUR ON-SITE APARTMENTS WITH SPACE.

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

(Expenses $ including grants of $ ) (Revenue $ )

4e. Total program service expenses

$ 5,974,346.
**Part IV** Checklist of Required Schedules

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If &quot;Yes,&quot; complete Schedule A.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2. Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If &quot;Yes,&quot; complete Schedule C, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule C, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule C, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If &quot;Yes,&quot; complete Schedule D, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule D, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If &quot;Yes,&quot; complete Schedule D, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>9. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If &quot;Yes,&quot; complete Schedule D, Part IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>10. Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If &quot;Yes,&quot; complete Schedule D, Part V</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11. If the organization's answer to any of the following questions is &quot;Yes,&quot; then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If &quot;Yes,&quot; complete Schedule D, Part VI</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule D, Part VII</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule D, Part VIII</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule D, Part IX</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e. Did the organization report an amount for other liabilities in Part X, line 25? If &quot;Yes,&quot; complete Schedule D, Part X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule D, Part X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11a. Did the organization obtain separate, independent audited financial statements for the tax year? If &quot;Yes,&quot; complete Schedule D, Parts XI and XII</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Was the organization included in consolidated, independent audited financial statements for the tax year? If &quot;Yes,&quot; and if the organization answered &quot;No&quot; to line 12a, then completing Schedule D, Parts XI and XII is optional</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12a. Is the organization a school described in section 170(b)(1)(A)(ii)? If &quot;Yes,&quot; complete Schedule E</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>a. Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b. Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If &quot;Yes,&quot; complete Schedule F, Parts I and IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>13. Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If &quot;Yes,&quot; complete Schedule F, Parts II and IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>14. Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If &quot;Yes,&quot; complete Schedule F, Parts III and IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>15. 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 &quot;Yes,&quot; complete Schedule G, Part I (see instructions)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>16. Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If &quot;Yes,&quot; complete Schedule G, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>17. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If &quot;Yes,&quot; complete Schedule G, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>18. Did the organization operate one or more hospital facilities? If &quot;Yes,&quot; complete Schedule H</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>19. Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If &quot;Yes,&quot; complete Schedule I, Parts I and II</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
### Part IV Checklist of Required Schedules (continued)

| 22 | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? | Yes | No |
| 23 | Did the organization answer “Yes” to Part VII, Section A, line 3, 4, or 5 about compensation of the organization’s current and former officers, directors, trustees, key employees, and highest compensated employees? | Yes | 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? | Yes | No |
| 24b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | Yes | No |
| 24c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | Yes | No |
| 24d | Did the organization act as an “on behalf of” issuer for bonds outstanding at any time during the year? | Yes | No |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? | Yes | No |
| 25b | 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? | Yes | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? | Yes | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? | Yes | 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): | Yes | No |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? | Yes | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? | Yes | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | Yes | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? | Yes | 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? | Yes | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? | Yes | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | Yes | No |
| 35b | If “Yes” to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? | Yes | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | Yes | No |
| 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? | Yes | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | Yes | No |

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

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

| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | Yes | No |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | Yes | No |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | Yes | No |
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  

2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  

Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  

3a Did the organization have unrelated business gross income of $1,000 or more during the year?  

3b If "Yes," has it filed a Form 990-T for this year?  If "No" to line 3b, provide an explanation on Schedule O  

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  

4b If "Yes," enter the name of the foreign country.  

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  

5b c Did the organization notify the organization that it was or is a party to a prohibited tax shelter transaction?  

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  

6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  

7 Organizations that may receive deductible contributions under section 170(c).  

7a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?  

7b c Did the organization notify the donor of the value of the goods or services provided?  

7d d If "Yes," indicate the number of Forms 8282 filed during the year.  

7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  

7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  

7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  

7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  

9 Sponsoring organizations maintaining donor advised funds.  

9a c Did the sponsoring organization make any taxable distributions under section 4966?  

9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  

10 Section 501(c)(7) organizations. Enter:  

10a Initiation fees and capital contributions included on Part VIII, line 12.  

10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  

11 Section 501(c)(12) organizations. Enter:  

11a Gross income from members or shareholders.  

11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  

12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  

13 Section 501(c)(29) qualified nonprofit health insurance issuers.  

13a 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.  

13b c Enter the amount of reserves on hand.  

14a Did the organization receive any payments for indoor tanning services during the tax year?  

14b c If "Yes," has it filed a Form 720 to report these payments?  If "No," provide an explanation on Schedule O.  

15 Is the organization subject to the section 4966 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?  

15 c If "Yes," see instructions and file Form 4720, Schedule N.  

16 Is the organization an educational institution subject to the section 4966 excise tax on net investment income?  

16 c If "Yes," complete Form 4720, Schedule O.
Form 990 (2019) 59-2814255

Part VI  Governance, Management, and Disclosure  For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.  

Section A. Governing Body and Management  

1a  Enter the number of voting members of the governing body at the end of the tax year.  

1b  Enter the number of voting members included on line 1a, above, who are independent.  

2  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  

3  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  

4  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  

5  Did the organization become aware during the year of a significant diversion of the organization's assets?  

6  Did the organization have members or stockholders?  

7a  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  

7b  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  

8  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  

a  The governing body?  

b  Each committee with authority to act on behalf of the governing body?  

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?  

Section B. Policies  

10a  Did the organization have local chapters, branches, or affiliates?  

b  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  

11a  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  

b  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  

12a  Did the organization have a written conflict of interest policy?  

b  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  

12c  Did the organization regularly and consistently monitor and enforce compliance with the policy?  

13  Did the organization have a written whistleblower policy?  

14  Did the organization have a written document retention and destruction policy?  

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  

b  Other officers or key employees of the organization  

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  

16a  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  

b  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  

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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) is only) available for public inspection. Indicate how you made these available. Check all that apply.  

☐ Own website  ☑ Another's website  ☐ Upon request  ☐ Other (explain on Schedule O)  

19  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  

20  State the name, address, and telephone number of the person who possesses the organization's books and records.
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLISON KRALL PRESIDENT/CEO</td>
<td>40.00</td>
<td>X X</td>
<td>106,484.</td>
<td>0.</td>
<td>23,998.</td>
</tr>
<tr>
<td>CHRISTOPHER C. BROCKMAN</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IMMEDIATE PAST CHAIR</td>
<td>2.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MINDY BRENAY</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STEVEN ALEXANDER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BROOKE R. BONNET</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRAD BUTTERSTEIN</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JIM FRITZ</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HORACE BARNES JR.</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AARON HILL</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHRISTINE S. KEFAUVER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BEN LALIKOS</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIZA C BONET</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEAGAN MARTIN</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
## Part VII  Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

### (A) Name and title
- **15**  SEAN MCLAUGHLIN  
  Director 0. X 0. 0. 0. 0.
- **16**  DR. AMY DONLEY  
  Director 0. X 0. 0. 0. 0.
- **17**  LOU NIMKOFF  
  Director 0. X 0. 0. 0. 0.
- **18**  JACQUELINE CHURCHILL  
  Treasurer 0. X X 0. 0. 0.
- **19**  GAY GEIGER AIA  
  Director 0. X 0. 0. 0. 0.
- **20**  JOHN RIVERS  
  Director 0. X 0. 0. 0. 0.
- **21**  PATRICK J HEWITT  
  Director 0. X 0. 0. 0. 0.
- **22**  PAUL ELLIS  
  Director 0. X 0. 0. 0. 0.
- **23**  JANE TEBBE-SHEMELYA  
  Chair 0. X X 0. 0. 0.
- **24**  RICHARD C. WAHL  
  Vice Chair 0. X X 0. 0. 0.
- **25**  BRIAN T. WILSON  
  Director 0. X 0. 0. 0. 0.

**1b Sub-total** 106,484. 0. 23,998.

**c Total from continuation sheets to Part VII, Section A** 0. 0. 0.

**d Total (add lines 1b and 1c)** 106,484. 0. 23,998.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 1

**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 X

**4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual.**  4 X

**5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.**  5 X

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 0.
### Part VII  Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(26) BRIAN KING</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(27) ERIN TRABEL YOUNGS</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(28) MARITZA MARTINEZ</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(29) KRIS M LEWIS</td>
<td>2.00</td>
<td>SECRETARY</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(30) TOM MCGAFFIC</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(31) LYNN SAND</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(32) LONNIE BELL</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(33) TOM SALTMARSH</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(34) JONATHAN SCHMIDT</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(35) JAMES TOSCANO</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

1b Sub-total ........................................................................................................................................ 0.0 0.0 0.0  

c Total from continuation sheets to Part VII, Section A ........................................................................ 0.0 0.0 0.0  

d Total (add lines 1b and 1c) .............................................................................................................. 0.0 0.0 0.0  

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>X</td>
</tr>
</tbody>
</table>

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  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>X</td>
</tr>
</tbody>
</table>

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  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>X</td>
</tr>
</tbody>
</table>

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  

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3558LU 765H</td>
<td>9045349</td>
</tr>
</tbody>
</table>
### Part VIII

**Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII: [ ]

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federated campaigns</td>
<td>6,325.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership dues</td>
<td></td>
<td>1b</td>
<td></td>
</tr>
<tr>
<td>Fundraising events</td>
<td></td>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>Related organizations</td>
<td></td>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>Government grants (contributions)</td>
<td>2,517,554.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td>1f</td>
<td>3,811,638.</td>
</tr>
<tr>
<td>Noncash contributions included in lines 1a-1f</td>
<td></td>
<td>1g</td>
<td>$1,336,591.</td>
</tr>
<tr>
<td>Total, Add lines 1a-1f</td>
<td></td>
<td></td>
<td>6,335,517.</td>
</tr>
</tbody>
</table>

**Contributions, Gifts, Grants and Other Similar Amounts**

<table>
<thead>
<tr>
<th>Business Code</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>900099</td>
<td>Resident Services</td>
<td>62,592.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>62,592.</td>
</tr>
</tbody>
</table>

**Program Service Revenue**

<table>
<thead>
<tr>
<th>Business Code</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>62,592.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other Revenue**

<table>
<thead>
<tr>
<th>Business Code</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>-118,534.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Miscellaneous Revenue**

<table>
<thead>
<tr>
<th>Business Code</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>6,722,865.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90,550.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part IX  Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>106,484</td>
<td>53,242</td>
<td>53,242</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>2,569,036</td>
<td>2,185,346</td>
<td>86,976</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>844,974</td>
<td>741,837</td>
<td>57,572</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>313,595</td>
<td>249,139</td>
<td>39,281</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (nonemployees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>24,412</td>
<td>24,412</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)</td>
<td>40,926</td>
<td>28,294</td>
<td>12,632</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>1,984</td>
<td>1,025</td>
<td>959</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>464,554</td>
<td>375,552</td>
<td>40,052</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>27,727</td>
<td>22,851</td>
<td>4,876</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>554,776</td>
<td>550,320</td>
<td>4,456</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>34,081</td>
<td>11,091</td>
<td>10,117</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>12,886</td>
<td>9,232</td>
<td>461</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>288,540</td>
<td>281,232</td>
<td>7,308</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>85,845</td>
<td>74,686</td>
<td>11,159</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>FOOD</td>
<td>1,168,562</td>
<td>1,168,562</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>MAINTENANCE</td>
<td>118,211</td>
<td>112,167</td>
<td>6,044</td>
</tr>
<tr>
<td>c</td>
<td>GUEST SERVICES AND SUPPLIES</td>
<td>161,940</td>
<td>161,940</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>6,818,533</td>
<td>5,974,346</td>
<td>393,250</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part X Balance Sheet

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>230,624</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments.</td>
<td>3,170,545</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>792,795</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>4,918</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use.</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>69,843</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>11,443,541</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>8,077,299</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>0</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>0</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td>0</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>0</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>839,501</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 33)</td>
<td>13,185,525</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses.</td>
<td>301,813</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>0</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>1,485,724</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities.</td>
<td>0</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D.</td>
<td>0</td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td>0</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>0</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties.</td>
<td>0</td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.</td>
<td>42,430</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>1,829,967</td>
</tr>
</tbody>
</table>

Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Net assets without donor restrictions</td>
</tr>
<tr>
<td>28</td>
<td>Net assets with donor restrictions</td>
</tr>
</tbody>
</table>

Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>Capital stock or trust principal, or current funds</td>
</tr>
<tr>
<td>30</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund.</td>
</tr>
<tr>
<td>31</td>
<td>Retained earnings, endowment, accumulated income, or other funds.</td>
</tr>
<tr>
<td>32</td>
<td>Total net assets or fund balances</td>
</tr>
<tr>
<td>33</td>
<td>Total liabilities and net assets/fund balances</td>
</tr>
</tbody>
</table>
### Part XI  Reconciliation of Net Assets

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12): 6,722,865.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25): 6,818,533.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1: -95,668.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)): 11,355,558.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments: 30,115.</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities: 0.</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses: 0.</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments: 0.</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain on Schedule O): 0.</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)): 11,290,005.</td>
</tr>
</tbody>
</table>

### Part XII  Financial Statements and Reporting

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: Cash [X] Accrual [ ] Other [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes [ ] No [X]</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?: [X]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes [X] No [ ]</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?: [X]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes [X] No [ ]</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes,&quot; did the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?: [X]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes [X] No [ ]</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?: [X]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes [X] No [ ]</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits: [X]</td>
<td></td>
</tr>
</tbody>
</table>
Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Name of the organization: COALITION FOR THE HOMELESS OF CENTRAL FLORIDA, INC.
Employer identification number: 59-2814255

Part I  Reason for Public Charity Status (All organizations must complete this part. See instructions.)

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
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. An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
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)(vii). (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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f. Enter the number of supported organizations: ________________________________

g. Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total
--- | --- | --- | --- | --- | --- | ---
1. Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 5,497,011 | 4,921,690 | 4,750,465 | 5,127,557 | 6,335,517 | 26,632,240
2. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0
3. The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0
4. **Total. Add lines 1 through 3** | 5,497,011 | 4,921,690 | 4,750,465 | 5,127,557 | 6,335,517 | 26,632,240
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) | | | | | | 1,103,944
6. **Public support. Subtract line 5 from line 4** | | | | | | 25,528,296

#### Section B. Total Support

**Calendar year (or fiscal year beginning in)** | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total
--- | --- | --- | --- | --- | --- | ---
7. Amounts from line 4 | 5,497,011 | 4,921,690 | 4,750,465 | 5,127,557 | 6,335,517 | 26,632,240
8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 54,449 | -3,443 | 37,065 | 220,024 | 90,550 | 398,645
9. Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0
10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | 0
11. **Total support. Add lines 7 through 10** | | | | | | 27,030,885
12. Gross receipts from related activities, etc. (see instructions) | | | | | | 806,987
13. **First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here** | | | | | | □

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

14. Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | | | | | | 94.44%
15. Public support percentage from 2018 Schedule A, Part II, line 14 | | | | | | 91.09%
16a. **33 1/3% support test - 2019.** 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 | | | | | | □
17a. **10%-facts-and-circumstances test - 2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | | | | □
18. **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | □

---

**COALITION FOR THE HOMELESS OF CENTRAL**

59-2814255

Schedule A (Form 990 or 990-EZ) 2019

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

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

### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from line 6.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 |
| Public support percentage for 2018 Schedule A, Part III, line 15 | 16 |

### Section D. Computation of Investment Income Percentage

| Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 |
| Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 |
| 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. | |
| 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. | |
| Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. | |
Part IV  
Supporting Organizations

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

Section A. All Supporting Organizations

1. Are all of the organization’s supported organizations listed by name in the organization’s governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.

3c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.

4b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

4c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action: (iii) the authority under the organization’s organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

5b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization’s organizing document?

5c. Substitutions only. Was the substitution the result of an event beyond the organization’s control?

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If "Yes," provide detail in Part VI.

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

9b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

9c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

10b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
Part IV Supporting Organizations (continued)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section B. Type I Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section C. Type II Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section D. All Type III Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section E. Type III Functionally Integrated Supporting Organizations

1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   a. The organization satisfied the Activities Test. Complete line 2 below.
   b. The organization is the parent of each of its supported organizations. Complete line 3 below.
   c. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2. Activities Test. Answer (a) and (b) below.
   a. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
   b. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3. Parent of Supported Organizations. Answer (a) and (b) below.
   a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
   b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI).

#### Section A - Adjusted Net Income

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

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Aggregate fair market value of all non-exempt-use assets (see instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>for short tax year or assets held for part of year):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Average monthly value of securities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Average monthly cash balances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fair market value of other non-exempt-use assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Total (add lines 1a, 1b, and 1c)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Acquisition indebtedness applicable to non-exempt-use assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Subtract line 2 from line 1d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Multiply line 5 by .035.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Recoveries of prior-year distributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Minimum Asset Amount (add line 7 to line 6)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th>Description</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Adjusted net income for prior year (from Section A, line 8, Column A)</td>
<td></td>
</tr>
<tr>
<td>2 Enter 85% of line 1.</td>
<td></td>
</tr>
<tr>
<td>3 Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
<td></td>
</tr>
<tr>
<td>4 Enter greater of line 2 or line 3.</td>
<td></td>
</tr>
<tr>
<td>5 Income tax imposed in prior year</td>
<td></td>
</tr>
<tr>
<td>6 Distributable Amount. Subtract line 5 from line 4, unless subject to</td>
<td></td>
</tr>
<tr>
<td>emergency temporary reduction (see instructions).</td>
<td></td>
</tr>
</tbody>
</table>

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

#### Section D - Distributions

<table>
<thead>
<tr>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td><strong>Total annual distributions.</strong> Add lines 1 through 6.</td>
</tr>
<tr>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>Distributable amount for 2019 from Section C, line 6</td>
</tr>
<tr>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>Excess Distributions</th>
<th>Underdistributions Pre-2019</th>
<th>Distributable Amount for 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distributable amount for 2019 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excess distributions carryover, if any, to 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a From 2014 . . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b From 2015 . . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c From 2016 . . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d From 2017 . . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e From 2018 . . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f <strong>Total</strong> of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Applied to 2019 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Carryover from 2014 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distributions for 2019 from Section D, line 7: $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Applied to 2019 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remaining underdistributions for years prior to 2019, if any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Excess distributions carryover to 2020.</strong> Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Excess from 2015 . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Excess from 2016 . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Excess from 2017 . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Excess from 2018 . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Excess from 2019 . . . .</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Schedule A (Form 990 or 990-EZ) 2019
### Supplemental Information

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

### Schedule A, Part II - Excess Contributions

(Not open to public inspection)

<table>
<thead>
<tr>
<th>Contributor Name</th>
<th>Total Contribution</th>
<th>Less 2% of Line 11(f)</th>
<th>Excess Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEART OF FLORIDA UNITED WAY, INC.</td>
<td>1,241,700.</td>
<td>540,618.</td>
<td>701,082.</td>
</tr>
<tr>
<td>STATE OF FLORIDA DEPARTMENT OF FINANCIAL S</td>
<td>943,480.</td>
<td>540,618.</td>
<td>402,862.</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2,185,180.</strong></td>
<td><strong>1,103,944.</strong></td>
<td></td>
</tr>
</tbody>
</table>

**ATTACHMENT 1**
Schedule B
(2019)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

Name of the organization
COALITION FOR THE HOMELESS OF CENTRAL FLORIDA, INC.

Employer identification number
59-2814255

Organization type (check one):

<table>
<thead>
<tr>
<th>Filers of:</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or 990-EZ</td>
<td>501(c)(3) (enter number) organization</td>
</tr>
<tr>
<td></td>
<td>4947(a)(1) nonexempt charitable trust not treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>527 political organization</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>501(c)(3) exempt private foundation</td>
</tr>
<tr>
<td></td>
<td>4947(a)(1) nonexempt charitable trust treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>501(c)(3) taxable private foundation</td>
</tr>
</tbody>
</table>

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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

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

(see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>UNITED HEALTH FOUNDATION</td>
<td>$500,000</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>9900 BREN ROAD EAST</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>MINNETONKA, MN 55343</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>2</td>
<td>CITY OF ORLANDO</td>
<td>$799,800</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>400 S. ORANGE AVENUE</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>ORLANDO, FL 32801</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>3</td>
<td>FEMA</td>
<td>$165,000</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>3003 CHAMBLEE-TUCKER ROAD</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>ATLANTA, GA 30341</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>4</td>
<td>FLORIDA VICTIMS OF CRIMA ACT</td>
<td>$238,705</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>OFFICE OF THE ATTORNEY GENERAL PL-01</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>TALLAHASSEE, FL 32399</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>5</td>
<td>ORANGE COUNTY GOVERNMENT</td>
<td>$1,178,504</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>201 S. ROSALIND AVENUE</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>ORLANDO, FL 32801</td>
<td></td>
<td>Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)

Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization: COALITION FOR THE HOMELESS OF CENTRAL FLORIDA, INC.

Employer identification number: 59-2814255
## Part I
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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?</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

1. Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (for example, recreation or education)
- Protection of natural habitat
- Preservation of open space
- Preservation of a historically important land area
- Preservation of a certified historic structure

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Total number of conservation easements</td>
</tr>
<tr>
<td>2b</td>
<td>Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>2c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>2d</td>
<td>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
</tr>
</tbody>
</table>

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

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

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

## Part III
Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

1b. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

   (ii) Assets included in Form 990, Part X.

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

   a. Revenue included on Form 990, Part VIII, line 1.

   b. Assets included in Form 990, Part X.
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
   a Public exhibition  
   b Scholarly research  
   c Preservation for future generations
   d Loan or exchange program  
   e Other

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

5a During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  ⭕ Yes  ☐ No

Part IV  Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  ⭕ Yes  ☐ No

1b If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c Beginning balance</td>
<td></td>
</tr>
<tr>
<td>1d Additions during the year</td>
<td></td>
</tr>
<tr>
<td>1e Distributions during the year</td>
<td></td>
</tr>
<tr>
<td>1f Ending balance</td>
<td>1f</td>
</tr>
</tbody>
</table>

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

2b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  ⭕ Yes  ☐ No

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

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Beginning of year balance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Net investment earnings, gains, and losses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Grants or scholarships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Other expenditures for facilities and programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1f Administrative expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g End of year balance</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a Board designated or quasi-endowment  ➤ %
   b Permanent endowment  ➤ %
   c Term endowment  ➤ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   (i) Unrelated organizations  ⭕ Yes  ☐ No
   (ii) Related organizations  ⭕ Yes  ☐ No

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

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

Part VI  Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>1,288,105.</td>
<td></td>
<td></td>
<td>7,923,337.</td>
</tr>
<tr>
<td>1b Buildings</td>
<td>9,322,742.</td>
<td>2,812,854.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Leasehold improvements</td>
<td>293,894.</td>
<td>288,672.</td>
<td></td>
<td>5,222.</td>
</tr>
<tr>
<td>1d Equipment</td>
<td>264,067.</td>
<td>223,610.</td>
<td></td>
<td>40,457.</td>
</tr>
<tr>
<td>1e Other</td>
<td>274,733.</td>
<td>195,068.</td>
<td></td>
<td>79,665.</td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c).  ⭕ Yes  ☐ No
**Part VII  Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
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<tr>
<td>(A)</td>
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<td>(H)</td>
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</tbody>
</table>

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

**Part VIII  Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
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</thead>
<tbody>
<tr>
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<td>(9)</td>
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</tbody>
</table>

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

**Part IX  Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) OTHER</td>
<td>480.</td>
</tr>
<tr>
<td>(2) DEPOSITS</td>
<td>1,935.</td>
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<tr>
<td>(3) INTEREST IN COMMUNITY</td>
<td>802,055.</td>
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<tr>
<td>(4)</td>
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<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
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<tr>
<td>(8)</td>
<td></td>
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<td>(9)</td>
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</tbody>
</table>

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.) 804,470.

**Part X  Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability | (b) Book value |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) ACCOUNTS PAYABLE - RESIDENT</td>
<td>42,835.</td>
</tr>
<tr>
<td>(3) PPP LOAN PAYABLE</td>
<td>725,000.</td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.) 767,835.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X
### Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>6,752,980.</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments</td>
<td>30,115.</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e 30,115.</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3 6,722,865.</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
<td>5 6,722,865.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>6,818,533.</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e 6,818,533.</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3 6,818,533.</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>5 6,818,533.</td>
</tr>
</tbody>
</table>

### Part XIII  Supplemental Information.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5
PART X, LINE 2:

THE COALITION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PRESCRIBE REQUIREMENTS FOR THE RECOGNITION OF INCOME TAXES IN FINANCIAL STATEMENTS, AND THE AMOUNTS RECOGNIZED ARE AFFECTED BY INCOME TAX POSITIONS TAKEN BY THE COALITION IN ITS TAX RETURNS. THE COALITION'S STATUS AS AN EXEMPT ORGANIZATION IS DEFINED AS AN INCOME TAX POSITION UNDER THESE REQUIREMENTS. WHILE MANAGEMENT BELIEVES IT HAS COMPLIED WITH THE INTERNAL REVENUE CODE, THE SUSTAINABILITY OF SOME INCOME TAX POSITIONS TAKEN BY THE COALITION IN ITS TAX RETURNS MAY BE UNCERTAIN. THERE ARE MINIMUM THRESHOLDS OF LIKELIHOOD THAT UNCERTAIN TAX POSITIONS ARE REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. MANAGEMENT DOES NOT BELIEVE THAT THE COALITION HAS ANY MATERIAL UNCERTAIN TAX POSITIONS AT JUNE 30, 2020 AND 2019.

IN THE EVENT INTEREST AND PENALTIES WERE DUE RELATING TO AN UNSUSTAINABLE TAX POSITION, THEY WOULD BE TREATED AS A COMPONENT OF INCOME TAX EXPENSE.
### Participating Organization: COALITION FOR THE HOMELESS OF CENTRAL FLORIDA, INC.

**Employer identification number:** 59-2814255

#### Part I - Fundraising Activities

1. **Indicate whether the organization raised funds through any of the following activities.** Check all that apply.
   - [x] Mail solicitations
   - [x] Internet and email solicitations
   - [x] Phone solicitations
   - [x] In-person solicitations
   - [ ] Solicitation of non-government grants
   - [x] Solicitation of government grants
   - [ ] Special fundraising events

2a. **Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?**
   - [ ] Yes
   - [x] No

   **If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.**

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**

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

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1 HEARTS OF GOLD (event type)</th>
<th>(b) Event #2 TASTE (event type)</th>
<th>(c) Other events (total number)</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross receipts</td>
<td>223,359.</td>
<td>105,511.</td>
<td>34,274.</td>
<td>363,144.</td>
</tr>
<tr>
<td>Less: Contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross income (line 1 minus line 2)</td>
<td>223,359.</td>
<td>105,511.</td>
<td>34,274.</td>
<td>363,144.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Direct Expenses</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food and beverages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entertainment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct expense summary. Add lines 4 through 9 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td>10,404.</td>
</tr>
<tr>
<td>Net income summary. Subtract line 10 from line 3, column (d)</td>
<td></td>
<td></td>
<td></td>
<td>352,740.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer labor</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

a Is the organization licensed to conduct gaming activities in each of these states?          Yes No
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?    Yes No
b If "Yes," explain:
11 Does the organization conduct gaming activities with nonmembers?  

Yes No

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

Yes No

13 Indicate the percentage of gaming activity conducted in:
   a The organization's facility  
   b An outside facility  

\[
\begin{array}{lc}
\text{Organizational Facility} & 13a \\
\text{Outside Facility} & 13b \\
\%
\end{array}
\]

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

Name ▶

Address ▶

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

Yes No

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $  

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:
   a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  

Yes No

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

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
# Schedule M (Form 990) 2019

## Noncash Contributions

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

### Name of the organization
**COALITION FOR THE HOMELESS OF CENTRAL FLORIDA, INC.**

### Employer identification number
**59-2814255**

### Part I: Types of Property

<table>
<thead>
<tr>
<th></th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Boats and planes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Qualified conservation contribution - Other.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Real estate - Residential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Real estate - Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Collectibles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Food inventory</td>
<td>X</td>
<td>268,240.</td>
<td>1,129,902. FAIR MARKET VALUE</td>
</tr>
<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Taxidermy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Historical artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Scientific specimens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other ★ (PROFESSIONAL)</td>
<td>X</td>
<td>358.</td>
<td>203,435. FAIR MARKET VALUE</td>
</tr>
<tr>
<td>26</td>
<td>Other ★ (GIFT CARDS)</td>
<td>X</td>
<td>135.</td>
<td>3,254. FAIR MARKET VALUE</td>
</tr>
<tr>
<td>27</td>
<td>Other ★</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Other ★</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

**29**

### 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

**X**

### 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

**X**

### 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

**X**

### 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

---

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

Schedule M (Form 990) 2019
Part II  Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization: COALITION FOR THE HOMELESS OF CENTRAL FLORIDA, INC.
Employer identification number: 59-2814255

FORM 990, PART VI, SECTION B, LINE 11:
A COPY OF THE COALITION’S FORM 990 IS PROVIDED TO SENIOR STAFF, FINANCE COMMITTEE AND OUR BOARD OF DIRECTORS FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:
THE COALITION REQUIRES THAT THE BOARD OF DIRECTORS COMPLETE A CONFLICT OF INTEREST POLICY & QUESTIONNAIRE ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:
THE COALITION DEVELOPED A COMPENSATION COMMITTEE WHICH PERFORMS A COMPREHENSIVE REVIEW OF COMPARABLE LOCAL AREA NON-PROFIT COMPENSATION PACKAGES FOR THE CEO AND CONTROLLER AS WELL AS A REVIEW OF OTHER MARKET STUDIES.

FORM 990, PART VI, SECTION C, LINE 19:
THE COALITION MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION A, LINE 2:
TWO MEMBERS OF THE BOARD SHARE A FAMILIAL RELATIONSHIP, ONE BOARD MEMBER IS THE NEPHEW OF ANOTHER BOARD MEMBER.

FORM 990, PART III - PROGRAM SERVICE, LINE 4A
SHELTER SERVICES INCLUDE OUR TWO (2) SHELTER PROGRAMS: THE CENTER FOR WOMEN AND FAMILIES (CWF) AND THE MEN'S SERVICE CENTER (MSC).

THE CWF IS A 220-PERSON CAPACITY HOUSING FIRST PROGRAM FOR SINGLE
WOMEN AND FAMILIES. THE MSC IS A 240-PERSON CAPACITY HOUSING FIRST
PROGRAM FOR SINGLE MEN. COALITION IS A LOW BARRIER SHELTER WITH A
FOCUS ON HOUSING, EMERGENCY SERVICES, AND DIVERSION. OUR INTENT IS
TO HELP THE HOMELESS RETURN TO STABLE, PERMANENT HOMES AS QUICKLY
AS POSSIBLE. EACH PERSON THAT ENTERS INTO THE SHELTER RECEIVES
INDIVIDUALIZED CASE MANAGEMENT THAT BEGINS BY COMPLETING AN
INITIAL PERSON-CENTERED ASSESSMENT. THE CASE MANAGER AND THE
CLIENT CREATE A "HOUSING FOCUSED" INDIVIDUALIZED CASE PLAN THAT
PROVIDES FLEXIBILITY TO MEET THEIR IMMEDIATE AND CRUCIAL NEEDS.

OTHER EMERGENCY SERVICES PROVIDED BY COALITION INCLUDE THE
FOLLOWING:

DIVERSION - ENGAGE LITERALLY HOMELESS INDIVIDUALS AND FAMILIES
DURING CRISIS TO HELP THEM AVOID ENTERING THE HOMELESS SYSTEM.

COMMUNITY HEALTH INITIATIVE (CHI) - OFFERS SHOWERS, LAUNDRY,
HYGIENE ITEMS, AND FREE CLOTHING AS NEEDED AND REFERRALS FOR
UNSHelterED HOMELESS, INDIVIDUALS, AND FAMILIES.

VICTIMS OF CRIMES ACT (VOCA) PROGRAM - PROVIDES ADVOCACY,
REFERRALS, EDUCATION, AND SUPPORT FOR THOSE INDIVIDUALS AND
FAMILIES THAT HAVE BEEN VICTIMS OF CRIMS.
VETERANS ADMINISTRATION (VA) CONTRACTED EMERGENCY RESIDENTIAL SERVICES (CERS) - INTENSIVE HOUSING-FOCUSED CASE MANAGEMENT, FREE LAUNDRY, TRANSPORTATION, AND CONNECTION TO EMPLOYMENT AND MAINSTREAM SERVICES FOR VETERANS BASED ON REFERRALS FROM THE VA LIASON.

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

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FORM 990, PART X - DEFERRED REVENUE

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