EEA

Form . 990

## **Return of Organization Exempt From Income Tax**

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

2015

OMB No 1545-0047

Department of the Treasury

Open to Public

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

Inter	nai Rever	nue service	rm 990 and its instructions is at www.irs gov	Hormeeu		nispection
A	For the	e 2015 calendar year, or tax year beginning	10-01 , 2015, and en	ding	09-3	0 ,2016
В	Check if	applicable C Name of organization Suncoast Par	tnership to End Homelessness,	Inc	י ם	Employer identification no
	Address	change Doing business as				-2783762
	Name ch	hange Number and street (or P O box if mail is not de	livered to street address)	Room/suite	E	Telephone number
$\overline{\Box}$	initial ret	<b>1</b>	·	K-1	(9	41)955-8987
ā.	Final relu	urniterminated City or town state or province, country, and ZII	or foreign postal code	· · · · · · · · · · · · · · · · · · ·		684,568
ī.	Amende		, ,		6	Gross receipts \$
ī			LISA GRABER			
ш	- pp	Same as C above		H(a) Is this a gro	oup return f	or Yes X No
	Tay ayer	mpt status 🛛 501(c)(3) ☐ 501(c) ( ) ◀ (Insert no	) 4947(a)(1) or 527			= =
	Website		7	H(c) Group exer	attach a l	cluded? Yes No
		0 0 0	ther ▶ L Year of formation 20	1		
	art I	Summary	ther L Year of formation 20	005   M State	of legal dor	micile FL
			reminent estudies 30 JEAD ACTION E	OR BROWER		
	1	Briefly describe the organization's mission or most s	<del></del>			TDD 10070F
e	İ	HOMELESS/PREVENTION SERVICES IN M				
Governance		WITH GRANTS, EDUCATE THE PUBLIC,		, ADMINISTE	K THE	MANAGEMENT
èr		INFORMATION SYSTEM TO ASSURE QUAL				
é	2	Check this box ► ☐ if the organization discontinued		i		
	3	Number of voting members of the governing body (I	•		3	17
les	4	Number of independent voting members of the gove		Į.	4	17
Activities &	5	Total number of individuals employed in calendar ye	, , ,	t e	5	6
Act	6	Total number of volunteers (estimate if necessary)			6	78
		Total unrelated business revenue from Part VIII, coli		,	7a	0
	j b	Net unrelated business taxable income from Form 9	90-T, line 34	<u>  </u>	7b	0
				Prior Year		Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		541	, 601	670,063
	9	Program service revenue (Part VIII, line 2g)		12	,000	14,500
	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		3	5
å	11	Other revenue (Part VIII, column (A), lines 5 6d, 8c,	9c, 10c, and 11e)		i_	0
	12	Total revenue - add lines 8 through 11 (must equal P	art VIII column (A), line 12)	553	, 604	684,568
_	13	Grants and similar amounts paid (Part IX, column (A	), lines 1-3)	59	,534	223,240
	14	Benefits paid to or for members (Part IX, column (A)	for members (Part IX, column (A), line 4)			0
	15	Salaries, other compensation, employee benefits (Pa	<u></u>	296,7		316,336
Expenses	16a	Professional fundraising fees (Part IX, column (A), lii	ne 11e)			0
ne.	ь	Total fundraising expenses (Part IX column (D) line	25) ▶ 0			
Ϋ́	17	Other expenses (Part IX, column (A), lines 11a-11d,		130	,247	136,878
	18	Total expenses Add lines 13-17 (must equal Part IX	<u> </u>		, 554	676,454
	19	Revenue less expenses Subtract line 18 from line 1	<u> </u>		,050	8,114
- v	3			eginning of Current		End of Year
Not Assets or	20	Total assets (Part X, line 16)			, 524	213,135
Ass	21	Total liabilities (Part X, line 26)		<del></del>	, 955	22,452
Ž	22	Net assets or fund balances Subtract line 21 from I	ne 20		,569	190,683
	irt II	Signature Block			, 5 5 5 7	
		s of perjury, I declare that I have examined this return including according	panying schedules and statements, and to the best of my know	wledge and belief, it is	,	
(rue d	correct a	and complete Declaration of preparer (other than officer) is based on a	I information of which preparer has any knowledge			
		Auto Tarella			1	-10-17
Sig	n	Sygnature of officer			Date	
Hei		LESLIE LOVELESS, EXECUTIVE DI	RECTOR/SECRETARY			
		Type or print name and little				· <del>_</del>
		Print/Type preparer's name Preparer's sign	Nurse () Date	-Ghesk	_ d DTIM	
Pai	d	Jeanette Edwards	the Edwards 02-08-2017E	CE IVED	, ,	01382167
	u eparer			Firm's EIN	101	0130210/
	e Only				<del>- ≶ -</del>	
vət	e only	-		Phille 5 2017	9	0777
. 1	16 a 150	Bradenton FL 342	<u> </u>	94	1 +447	
		S discuss this return with the preparer shown above?	·	DEN TH	<del> </del>	. Yes No
r-Ωr ∘	<pre>ranerv</pre>	work Reduction Act Notice, see the separate instru	ctrons ( CO	<b>~</b> ii∀. (J		Form 990 (2015)

Form	1990 (2015) Suncoast Partnership to End Homelessness, Inc.	20-2783762	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗆
1	Briefly describe the organization's mission:	<u> </u>	
	AS LEAD AGENCY FOR PROVIDERS OF HOMELESS/PREVENTION SERVICES IN MANATER/SARA	SOTA. WE PLA	AN
	STRATEGIES WITH PARTNERS, ASSIST WITH GRANTS, EDUCATE THE PUBLIC, ADVOCATE W		
	LEADERSHIP, ADMINISTER THE MANAGEMENT INFORMATION SYSTEM TO ASSURE QUALITY D		
	MANAGEMENT.		
2	Did the organization undertake any significant program services during the year which were not listed on the	·	
-	pnor Form 990 or 990-EZ?	🗌 Yes	X No
	If "Yes," describe these new services on Schedule O		ET IVO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
3	services?	Yes	₽ No
		Tes	M NO
	If "Yes," describe these changes on Schedule O.	l b	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	•	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	ouners,	
	the total expenses, and revenue, if any, for each program service reported.		
<del></del> _			
4a	(Code:) (Expenses \$233,962 including grants of \$) (Revenue	\$	)
	HMIS: THE HOMELESS AND AT-RISK MANAGEMENT INFORMATION SYSTEM (HMIS) IS A FOUN	DATION FOR	
	COLLABORATION AND DELIVERY OF SERVICES. THE PROGRAM STAFF MONITOR THE SYSTEM	ACTIVITIES	<u> </u>
	PROVIDE TRAINING FOR USERS, ASSIST AGENCIES WITH WORKFLOW DESIGN, RUN CUSTOM	IZED REPORT	S TO
	SUPPORT GRANT REQUIRMENTS, REVIEW DATA FOR QUALITY AND TIMELINESS, PROVIDE E	ELP-DESK SU	PPORT
	TO USERS, AND WORK CLOSELY WITH THE HMIS COMMITTEE TO DEVELOP POLICY AND IMP	LEMENT	
	IMPROVEMENTS. THIS PROGRAM SERVED 28 PROVIDER AGENCIES AND SUPPORTED OVER 20	0 USERS.	
4b	(Code:) (Expenses \$223,240 including grants of \$) (Revenue	\$	)
	Pass through Homeless Assistance Funds The Partnership provided funding to d	lirect servi	ce
	providers through two assistance programs, (1) TANF Homeless Prevention Assi	stance in the	he
	amount of \$56,860 and (2) State of Florida Challenge Grant Assistance in the	amount of	
	\$166,380, for a total of \$223,240.		
		<del></del>	
4c	(Code ) (Expenses \$ 174,755 including grants of \$ ) (Revenue	<u> </u>	
	CONTINUUM OF CARE: THE CONTINUUM OF CARE PROGRAM ACTIVITIES ARE DESCRIBED IN		AT. AND
	STATE LAW AND REQUIRE THE LEAD AGENCY TO CONVENE REGULAR MEETINGS TO COORDIN		
	PROVIDE EDUCATION AND FIND SOLUTIONS TO LOCAL HOMELESS ISSUES. ANNUALLY, WE		-
	COLLABORATIVE APPLICATION TO THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT	<del></del>	DRIOR
	YEAR APPLICATION BRINGING \$714,000 DIRECTLY TO PROVIDERS. EVERY JANUARY, WE		<u> </u>
	REGIONAL HOMELESS CENSUS, WHICH IN TURN PROVIDES DEMOGRAPHICS ON LOCAL HOMEL		
	PICTURE OF THE COMPLEXITY OF THE PROBLEM. WE HAVE WORKED CLOSELY WITH SARASC		
	MARBUT ON SURVEYS AND PLAN DEVELOPMENT. OUTREACH AND EDUCATION IS ACHIEVED		
	PRESENTATIONS, OUR WEBSITE, E-NEWSLETTER, FACEBOOK PAGE, FACT SHEETS, AND RE		
	PROVIDED TO HELP THOSE HOMELESS AND AT RISK FIND SERVICES. 93.5% OF THE FUNI	S WE RECEIV	E GO
	DIRECTLY TO PROGRAM SERVICES.		
<b>4</b> d	F3 ( ( ( (		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses ► 631,957	<del></del> -	

Form 990 (2015) Suncoast Partnership to End Homelessness, Inc. 20-2783762 Page 3 **Checklist of Required Schedules** Part IV Yes No

	•			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		_==
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
u	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			^
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
		9		х
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		X
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		^
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			-
а	3,, 4,	44-	v	
	complete Schedule D, Part VI	11a	X	<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	441.		<b></b>
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			٠,,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			,,,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е		11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a				
	Schedule D, Parts XI and XII	12a	X	
b	,			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			i
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			l
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			}
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			l
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			ļ
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18_		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			]
	If "Yes," complete Schedule G, Part III	19		X

Form 990 (2015)
Part IV C

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Χ	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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			İ
	employees? If "Yes," complete Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			7.7
00	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	20-		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete  Schedule L, Part IV	28b		Х
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	2.5		21
50	concernation contributions? If "Voc." complete Schodule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
٠.	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			_==_
-	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		E~~	000 /	20451

	Check if Schedule O contains a response or note to any line in this Part V	· • • •	• •	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1	- 1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		i	
	Statements, filed for the calendar year ending with or within the year covered by this return	1		_
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b	<u>X</u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Ì	-	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule-O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1	1	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
_	account)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	]		
_	(FBAR).	_	-	V
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		Λ
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	3C		
0a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		- 21
•	quits were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		-	
	and services provided to the payor?	7a	-	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			-
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	.		-
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	1		
a h	Initiation fees and capital contributions included on Part VIII, line 12			
b  1	Section 501(c)(12) organizations. Enter	j		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	-		
_	against amounts due or received from them.)	Ì	İ	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	•	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI

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

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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 No Yes 17 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 17 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct Х 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 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? X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х ......... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х Х Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ............ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No **10a** Did the organization have local chapters, branches, or affiliates? 10a Х If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a ь 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? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 13 Did the organization have a written whistleblower policy? . . . . . . . . . . . . . . . 13 Х 14 Did the organization have a written document retention and destruction policy? 14 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? Х 15a X Other officers or key employees of the organization 15b 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 X with a taxable entity during the year? 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 List the states with which a copy of this Form 990 is required to be filed FL 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Other (explain in Schedule O) Describe in 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. State the name, address, and telephone number of the person who possesses the organization's books and records: 20 LESLIE LOVELESS (941)955-8987, 1750 17th Street, Sarasota, FL 34234

orm	990	(2015)	

Suncoast Partnership to End Homelessness, Inc.

20-2783762

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any relation (A)  Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of other	
	week (list any hours for related organizations below dotted line)	Officer Institutional trustee Individual frustee or director		Officer	Former Highest compensated employee Key employee		Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) JOE MERCADO	2.00										
SECOND VICE CHAIR		X		X	$\dashv$			0	0		
(2) ELISA GRABER	5.00_	х		х				_			
BOARD CHAIR (3) PAUL SUTTON	1.00			$\Box$				0	0	0	
DIRECTOR		x				Ì			0	C	
(4) SHAWNA MACHADO 1ST VICE CHAIR	1.00	х		х				0	0	0	
(5) ROBIN DISABATINO DIRECTOR	1.00	х						0	0	0	
(6) ALI KLEBER DIRECTOR	1.00	Х						0	0	0	
(7) DANIEL F LUNDY DIRECTOR	1.00	х						0	0	0	
(8) JULIA SHOWERS TREASURER	2.00	Х		X				0	0	O	
(9) LESLIE LOVELESS EXECUTIVE DIRECTOR/SECRETARY	40.00	х		х				68,103	0	0	
(10)KEVIN COOPER DIRECTOR	1.00	Х						0	0	0	
(11) PHILIP GORELICK DIRECTOR	1.00	Х						0	0	0	
(12)MELISSA LANE DIRECTOR	1.00	Х						O	0	0	
(13)MELISSA LARKIN-SKINNER GOVERNANCE CHAIR	2.00	Х						0	0	0	
(14) PAUL CARAGIULO DIRECTOR	1.00	х						0	0	0	

Form 9	90 (201	5) Suncoast Partnersh	nip to En	d Ho	mel	ess	ne	9 <b>8</b> ,	Inc	J	20-27837	62	Pag	е 8
Part	VII	Section A. Officers, Directors, Trustees	, Key Employ	ees, a	and t	ligh	est (	Comp	ens	ated Employees (	continued)			
		•				(0								
		(A)	(B)	(40.0	ot cha	Posi		an one		(D)	(E)		(F)	
	•	Name and title	Average					both an	,	Reportable	Reportable		timated	
			hours per	office	er and	a dıre	ector/t	rustee)		compensation	compensation from		ount of	
			week (list any	9.5	=	g	٦ ا	9 1		from the	related organizations		other pensation	
			hours for related	a S	1 a	Officer	3	nplo gne	ome	organization	(W-2/1099-MISC)		om the	
			organizations	ct a	ğ		흵	ye g	1 7	(W-2/1099-MISC)		_	anızatıon	
			below dotted	or director	nstitutional trus		(ey employee	Ā					d related	
			line)	6	ISIO			Highest compensatemployee				orga	inizations	
					"			lea l	1					
									1					
				<u> </u>	$oxed{oxed}$				_					
(15)MA	RTHA	MEYERS	1.00						İ					
DI	RECTO	R		X					<u> </u>	(	0			0
(16)BO	NNIE	SILVESTRI	1.00						]					
DI	RECTO			Х							0			0
(17)RI	TA SM	ITH	1.00											
DI	RECTO			Х							o			0
	•													
7.5/			-											
(19)	•	<u> </u>										-		_
7.5,														
(20)				1	1				+				-	_
(20)														
(04)			<del>- </del>						+	<del></del>				_
(21)				1										
				┼	+	-			+					—
(22)			-			l								
			ļ		1	_			<del> </del>					
<u>(23)</u> _			- <b></b>				1							
				ļ	_				<del> </del>					
(24)														
(25)														
			-		1									
1b	Sub-to	otal			• •				•					
C	Total 1	from continuation sheets to Part VII, Secti	on A											
d		add lines 1b and 1c)								68,103	0			0
2		number of individuals (including but not limite												
_		able compensation from the organization			,						0			
	торога	able compensation normale organization									<del></del>		Yes I	No
3	Did th	e organization list any <b>former</b> officer, director	r ortaletee k	ov em	nlove	<u> </u>	r hia	heet o	YO FOOT	peneated				<del></del>
3		yee on line 1a? If "Yes," complete Schedule										3		X
		•										⊢∸		
4		y individual listed on line 1a, is the sum of re											.	
	-	zation and related organizations greater than								ior sucri			.   .	₹.
		ual										4		<u>X</u>
5		y person listed on line 1a receive or accrue			_			_		tion or individual		_	.	3,
		vices rendered to the organization? If "Yes,"	complete Sc	hedule	J fo	rsu	ch pe	erson				5		X
Secti		Independent Contractors												
1	•	ete this table for your five highest compensat												
	compe	ensation from the organization. Report compo	ensation for th	e cale	ndar	yea	rend	ding w	vith c	or within the organi	zation's tax			
	year.													
		(A)								(B)			(C)	
		Name and business address	8							Description of	services	Comp	ensation	
											<u> </u>			
											<u>_</u> <u>_</u>			
														_
									_					
2	Total	number of independent contractors (including	but not limite	ed to t	hose	liste	d ab	ove)	who					_
-		ed more than \$100.000 of compensation from						٠,						

Form 990 (2015) Suncoast Partnership to End Homelessness, Inc. 20-2783762 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Revenue excluded from tax under sections 512-514 Total revenue Related or Unrelated exempt busmess Federated campaigns . . . . . . . . Contributions, Gifts, Grants and Other Similar Amounts 1b 5,025 c Fundraising events . . . . . . . . . . . . . . . . 1c 1d d Related organizations . . . . . . . . e Government grants (contributions) . . 1e 629,465 All other contributions, gifts, grants, and similar amounts not included above 35,573 g Noncash contributions included in lines 1a-1f: \$ 670,063 **Business Code** Revenue 2a HMIS FEES 518210 14,500 14,500 Program Service f All other program service revenue . . . . . . 14,500 3 Investment income (including dividends, interest, and other similar amounts) . . . . . . . . . . . . . . . . ▶ Income from investment of tax-exempt bond proceeds . . . . ▶ (ı) Real (II) Personal 6a Gross rents . . . . . . . . **b** Less: rental expenses . . . . c Rental income or (loss) . . . (ı) Secunties 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . . . . c Gain or (loss) . . . . . . . Revenue 8a Gross income from fundraising events (not including \$ \_\_ of contributions reported on line 1c). Other See Part IV, line 18 . . . . . . . . . . a **b** Less: direct expenses . . . . . . . . . **b** c Net income or (loss) from fundraising events . . . . . . . . ▶ 9a Gross income from gaming activities. See Part IV, line 19 . . . . . . . . . . . a **b** Less direct expenses . . . . . . . . . b c Net income or (loss) from garning activities . . . . . . . . . . ▶ 10a Gross sales of inventory, less returns and allowances . . . . . . . . . a **b** Less: cost of goods sold . . . . . . . . . **b** c Net income or (loss) from sales of inventory . . . Miscellaneous Revenue **Business Code** 11a h

684,568

14,505

d All other revenue . . . . . . . . . . . . . . . .

12 Total revenue. See instructions . . . . . . . . . . . . ▶ Part IX Statement of Functional Expenses

Sect	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										
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(8) Program service	(C) Management and	(D) Fundrassing						
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses						
1	Grants and other assistance to domestic organizations				•						
	and domestic governments. See Part IV, line 21	223,240	223,240	· · · · · · · · · · · · · · · · · · ·							
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,		,								
	trustees, and key employees										
6	Compensation not included above, to disqualified		:								
	persons (as defined under section 4958(f)(1)) and										
_	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	276,012	240,130	35,882							
8	Pension plan accruals and contributions (include										
_	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits	18,005	15,664	2,341							
10	Payroll taxes	22,319	19,418	2,901							
11	Fees for services (non-employees)		·								
a b	Legal										
C	Accounting	5,911	5,615	296	<del></del>						
d	Lobbying	3,911	3,613	230							
e	Professional fundraising services. See Part IV, line 17.										
f	Investment management fees										
g g	Other (If line 11g amount exceeds 10% of line 25, column										
9	(A) amount, list line 11g expenses on Schedule O.)	4,296	4,081	215							
12	Advertising and promotion	1,250	1,001		<del></del>						
13	Office expenses	9,803	9,313	490							
14	Information technology	2,299	2,299								
15	Royalties										
16	Occupancy	7,249	6,887	362							
17	Travel	2,077	1,973	104	<del></del>						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	8,339	7,922	417							
20	Interest										
21	Payments to affiliates			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						
22	Depreciation, depletion, and amortization	633	601	32							
23	Insurance	2,494	2,369	125							
24	Other expenses. Itemize expenses not covered										
	above (List miscellaneous expenses in line 24e. If										
	line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O.)										
а	OUTREACH/PUBLIC RELATIONS	8,554	8,554								
þ	TELEPHONE	3,621	3,440	181							
С	HMIS FEES	67,505	67,505								
d	PAYROLL ADMIN FEE	4,845	4,215	630							
е	All other expenses	9,252	8,731	521							
25	Total functional expenses. Add lines 1 through 24e .	676,454	631,957	44,497	0						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs										
	from a combined educational campaign and										
	fundraising solicitation. Check here ► ☐ if										
	following SOP 98-2 (ASC 958-720)										

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	<u> </u>	<del></del>	<u> </u>
		•	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	152,562	1	162,464
	2	Savings and temporary cash investments	<del></del>	2	
	3	Pledges and grants receivable, net	36,202	3	39,512
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			· · · · · · · · · · · · · · · · · · ·
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			<del></del>
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		<b> </b>	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	<u>, , , , , , , , , , , , , , , , , , , </u>	8	
Ass	9	Prepaid expenses and deferred charges	8,174	9	10,206
	10a	Land, buildings, and equipment cost or	<u> </u>		10,200
		other basis. Complete Part VI of Schedule D 10a 15,411			
	ь	Less: accumulated depreciation	1,586	10c	953
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	· · · · · · · · · · · · · · · · · · ·
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	<del></del>	14	
	15	Other assets. See Part IV, line 11		15	<b>**</b>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	198,524	16	213,135
	17	Accounts payable and accrued expenses	15,955	17	22,452
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
s.	22	Loans and other payables to current and former officers, directors,			
Liabliities		trustees, key employees, highest compensated employees, and			
iab		disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	15,955	26	22,452
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and			
ဟွ		complete lines 27 through 29, and lines 33 and 34.			
ဦး	27	Unrestricted net assets	182,569	27	190,683
<u> </u>	28	Temporarily restricted net assets		28	
<u>B</u>	29	Permanently restricted net assets		29	
뒫		Organizations that do not follow SFAS 117 (ASC 958), check here Department			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	182,569	33	190,683
	34	Total liabilities and net assets/fund balances	198,524	34	213,135

Form		-27837	62	Pa	age 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		· · · · ·	<u> </u>	<u>. 🖳 </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		584,	568
2	Total expenses (must equal Part IX, column (A), line 25)	2		576,	454
3	Revenue less expenses. Subtract line 2 from line 1	3		8,	114
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	:	L82,	569
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		190,	683
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			. X
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.		i		1
2a	Were the organization's financial statements-compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				1
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				i
	Schedule O				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		-		
	the Single Audit Act and OMB Circular A-133?		. 3a		x
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. зь		l
FFA		<u> </u>		990 (	2015)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

łame	of the	organization					Employer identific	ation number		
un	coa	st Partnership to End Ho	melessness,	Inc.			20-27837	62		
Pa	rt I	Reason for Public Charity	Status (All or	ganizations must co	omplete	this part	.) See instruction	IS.		
The	orgai	nization is not a private foundation bec								
1	Ŏ	A church, convention of churches, or a	•							
2	$\Box$	A school described in section 170(b)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III).								
4	ñ	A medical research organization oper	_			• •	1)(A)(iii). Enter the			
-		hospital's name, city, and state:					- X - X			
5	П	An organization operated for the bene	efit of a college or u	iniversity owned or opera	ated by a c	lovernmen	tal unit described in			
•		section 170(b)(1)(A)(iv). (Complete i	•	initiation, owning or oper-		,010				
6	П	A federal, state, or local government of		it described in section 1	70/h)/1\/A	)(v)				
7	$\overline{\mathbf{x}}$		•				m the general nublic			
•	15.81	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	П	A community trust described in section								
9	П	An organization that normally receive		`	o contributi	ons memb	ershin fees, and dros	e e		
•		receipts from activities related to its e	` '	• • •				•		
		support from gross investment income	•	•		•				
		acquired by the organization after Jur		•		•	TOTAL DUSTALLOSCO			
10	П	An organization organized and operation	•			,				
11	П	An organization organized and operate	-	•			carry out the numos	es of		
•	Ц	one or more publicly supported organ		•						
				, ,, ,				· Oncor		
	the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.  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 organizatio			h ite eunno	rted omar	nization(s) by having			
	-	control or management of the sup	•			•	` ' '	d		
		organization(s). You must comp			I SOI IS LI IGIL (	JOI RI OI OI I	nanage the supporter	u		
	_	Type III functionally integrated.	•		nection wat	h and fund	stronally integrated w	th		
	С	its supported organization(s) (see			_			u ı,		
	d	Type III non-functionally integral	•	•				n(e)		
	u	that is not functionally integrated.		•			• • •	• •		
		requirement (see instructions). Yo		•		•	it aski ati atteritivenes	3		
	е	Check this box if the organization					Type II Type III			
	e	functionally integrated, or Type III				a Type I,	Type II, Type III			
		Enter the number of supported organ	•					. [		
		Provide the following information about		annization(c)				(		
	<u>g</u> "				(1-2)-4		63.4	(m) A		
	Ų,	Name of supported organization	(ii) EIN	(Iii) Type of organization (described on lines 1-9	(iv) is the o	-	(v) Amount of monetary support (see	(vi) Amoui		
				above (see instructions))	docum	ent?	instructions)	instruction	ons)	
					Yes	No				
		· · · · · · · · · · · · · · · · · · ·			163	140				
<b>(A)</b>										
				<del></del>		_				
B)										
(C)										
						<u> </u>				
D)										
E)								!		
									···	
<b>Tota</b>	l						L	_		

20-2783762

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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	537,142	380,177	421,110	574,719	670,063	2,583,211
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						**************************************
3	The value of services or facilities furnished by a governmental-unit to the organization without charge						
4	Total. Add lines 1 through 3	537,142	380,177	421,110	574,719	670,063	2,583,211
5	The portion of total contributions by		ĺ				
	each person (other than a						
	governmental unit or publicly			j	ļ		
	supported organization) included on				İ		
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						388,014
6_	Public support. Subtract line 5 from line 4			1	<u></u>		2,195,197
	tion B. Total Support				<del></del>		
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	537,142	380,177	421,110	574,719	670,063	2,583,211
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1	2	3	3	5	14
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						2,583,225
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here					)	▶□
	tion C. Computation of Public Su					<del></del>	
14	Public support percentage for 2015 (line 6, c						84.98 %
15	Public support percentage from 2014 Sched				-		00.00 %
16a	33 1/3% support test - 2015. If the organiz						. 69
L	box and stop here. The organization qualified		· ·				▶ 🏻
b	33 1/3% support test - 2014. If the organiz						
470	check this box and stop here. The organiza	•		•			▶ ⊔
17a	<ul><li>10%-facts-and-circumstances test - 2015</li><li>10% or more, and if the organization meets</li></ul>	_					
	-				•		
	Part VI how the organization meets the "fact		_	=			▶ []
ь	organization						· · · · • · ·
D	15 is 10% or more, and if the organization m	-				10	
	Explain in Part VI how the organization mee				-	dν	
	supported organization				•	-	▶ □
18	Private foundation. If the organization did r						🖂
_	instructions						▶ □

20-2783762

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

<u> </u>	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	- <u></u>	·	ļ		<u> </u>	<del></del>
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6				<u> </u>		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		-				
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	<u> </u>					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the orgonization, check this box and stop here		second, third, fourth,				
Sec	ction C. Computation of Public Su						
_	Public support percentage for 2015 (line 8, co			f))		15	q
16_	Public support percentage from 2014 Schedu	ile A, Part III, line	15	······································	<u> </u>	. 16	
Sec	ction D. Computation of Investmen	nt Income Pe	rcentage				
17	Investment income percentage for 2015 (line	10c, column (f) di	ivided by line 13, co	olumn (f))		. 17	(
18	Investment income percentage from 2014 Sci	nedule A, Part III,	line 17			. 18	Q
19a	33 1/3% support tests - 2015. If the organiz						▶ □
b	33 1/3% support tests - 2014. If the organiz line 18 is not more than 33 1/3%, check this b	ation did not chec	ck a box on line 14	or line 19a, and lir	ne 16 is more than 3	33 1/3%, and	▶□
20	Private foundation. If the organization did no		-				

Suncoast Partnership to End Homelessness, Inc.

Part IV	Sup	porting	Orga	anizatio	กร

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c 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 (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**.
  - **b** 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**.
- c 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.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

,		Yes	No
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	3b		
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	ule A (Form 990 or 990-EZ) 2015 Suncoast Partnership to End Homelessness, Inc. 20-2783762  It IV Supporting Organizations (continued)		P	age :
· a	Grant Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  tion B. Type I Supporting Organizations	11c		
	ton 5. Type reapporting enganizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		i	
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		-
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1 1	L	
	ton D. All Type in dapporting diganizations		Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	ļ <u>.</u> .	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	1	İ	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		_	
	supported organizations played in this regard.	3	<u> </u>	
	tion E. Type III Functionally-Integrated Supporting Organizations			·
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below.	struc	uons	):
b				
C		see in	struct	ions
2	Activities Test. Answer (a) and (b) below.		Yes	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		133	
_	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,	1		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		]	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
	trustees of each of the supported organizations? Provide details in <b>Part VI</b> .  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	-	-
<b>L</b>				

Sched	ule A (Form 990 or 990-EZ) 2015 Suncoast Partnership to End Homelessne			13762 Page 6
_	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			nstructions. All
	other Type III non-functionally integrated supporting organizations must com	plete S	sections A through E.	(5) (0)
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	11		
CO	llection of gross income or for management, conservation, or			
m	eintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	actors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B. line 8. Column A)	3		

emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

5

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

			_	
_	t V Type III Non-Functionally Integrated 509(a)			33762 Page 7
	tion D - Distributions	aj aupporting Organiz	Lations (Commueu)	Current Year
	Amounts paid to supported organizations to accomplish exe	ampt numoces		Oditent real
	Amounts paid to supported organizations to accomplish exemples paid to perform activity that directly furthers exemple to the perform activity that directly furthers exemple to the performance of the per			<del></del>
_	organizations, in excess of income from activity	pt purposes or supported		
3	Administrative expenses paid to accomplish exempt purpos	os of supported organizati	one	<del></del>
_	Amounts paid to acquire exempt-use assets	es of supported organizati	0113	
	Qualified set-aside amounts (prior IRS approval required)	······································		
	Other distributions (describe in <b>Part VI</b> ). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to which the	ho organization is respons	ivo	
٠	(provide details in <b>Part VI</b> ) See instructions.	ne organization is respons	ive.	
0	Distributable amount for 2015 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·	
	Line 8 amount divided by Line 9 amount			
10	Line 8 amount divided by Line 9 amount		(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
C				
q	From 2013			
é	From 2014			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
_j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see	1	Ì	
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3i			

a b

and 4c.

8 Breakdown of line 7:

c Excess from 2013d Excess from 2014e Excess from 2015

### **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047

2015

Department of the Treasury internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

bild 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 conferenge impermissible principle benefit?    Part III	Name	of the organization	Employer identification number
Complete if the organization answered "ves" on Form 990, Part IV, line 6.	<u>Su</u> r	ncoast Partnership to End Homelessness, Inc.	20-2783762
Total number at end of year   Separation of control to (sturing year)   Separation of control to (sturing year)   Separation of control to (sturing year)   Separation of control to (sturing year)   Separation of control to (sturing year)   Separation of control to (sturing year)   Separation of control to (sturing year)   Separation of control to the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the violation of the separation of the donor of ordan advisors of the grant funds can be used only for chamble purposes and not for the benefit of the donor of ordan advisor, of the young organization control to the congrant advisor, of the grant funds can be used only for chamble purposes and not for the benefit of the donor of ordan advisors. Or complete if the organization answered "Yes" on Form 990, Part IV, line 7.    Part III			ts.
1 Total number at end of year 2 Aggregate value of controllutions to (during year) 3 Aggregate value of controllutions to (during year) 4 Aggregate value at end of year 5 Did the organization informal all donors and donor advisors in writing that the assets held in donor advisors from the property subject to the organization's exclusive legal control? 5 Did the organization informal graftees, donors, and donor advisors in writing that graft funds can be used only for chambable purposes and not for the benefit of the donor or donor or writing that graft funds can be used only for chambable purposes and not for the benefit of the donor or donor advisor, or for any other purpose coordering imperisable protes benefit?  Part III Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation seasments held by the organization (check all that appt).    Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Preservation of seathers and the preservation of a certified histonic shucture   Preservation of a certified histonic shucture   Preservation of the last day of the tax year.    Preservation of land for public use (e.g., recreation or education)   Preservation of a certified histonic shucture   Preservation of a certified histonic shucture   Preservation or for a conservation or easement in the last day of the tax year.    The preservation of open space   Complete limb or a startough 2 of the organization had a qualified conservation contribution in the form of a conservation   Preservation of a certified histonic shucture included in (a)   2		Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisord funds are the organization inform all donors and donor advisors in writing that the assets held in donor advisord funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit?  Part III Conservation Easements.  Complete if the organization answered "Yea" on Form 990, Part IV, line 7.  Complete if the organization answered "Yea" on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., nocreation or advisor, or far any other purpose  Preservation of land for public use (e.g., nocreation) Preservation of a historically important land area Protection of natural habitat  Preservation of land for public use (e.g., nocreation or education) Preservation of a historically important land area Protection of natural habitat  Preservation of land for public use (e.g., nocreation or education) Preservation of a correlation of a correlation of land for public use (e.g., nocreation or education)  Preservation of land for public use (e.g., nocreation or education)  Preservation of land for public use (e.g., nocreation or education)  Preservation of land for public use (e.g., nocreation or education)  Preservation of land for public use (e.g., nocreation or education)  Preservation of land for public use (e.g., nocreation or education)  Preservation of land for public use (e.g., nocreation or education)  Preservation of land for public use (e.g., nocreation)  Preservation of land for public use (e.g., nocreation)  Preservation of land for public use (e.g., nocreation)  Reservation of land for public use (e.g., nocreation)  Reservation of land for public use (e.g., nocreation)  Reservation of land for public use (e.g., nocreation)		(a) Donor advised funds	(b) Funds and other accounts
3 Aggregate value of grants from (dumg year) 5 Did the organization inform all dorors and doror advisors in writing that the assets held in doror advised funds are the organization's properly subject to the organization's properly subject to the organization inform all grantees, dorors, and doror advisors in writing that the assets held in doror advisor or doror advisor, or for any other purpose conferenge imperimisation principle in the preservation factor and the preservation factor and the preservation factor and the preservation factor and 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 (e.g., recreation or education)   Preservation of a historically important land area   Preservation of natural habitat   Preservation of conservation easements held by the organization (check all that apply).    Preservation of pen space   Preservation of pen space   Preservation of pen space   Preservation of a contribed historic structure   Preservation of a contribed historic structure   Preservation of a contribed historic structure   Preservation of a contribed historic structure   Preservation of a contribed historic structure   Preservation of a contribed historic structure   Preservation of a contribed historic structure   Preservation of a contribed historic structure included in (a)   Preservation of a conservation easements included in (b)   Preservation   Pre	1	Total number at end of year	
4 Aggregate value at end of year	2	Aggregate value of contributions to (during year) .	
5 bit 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?    Did the organization inform all grartees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferency impremissible private benefit?    Part III	3	Aggregate value of grants from (during year)	
funds are the organization for property, subject to the organization's exclusive legal control?   Yes   No Orlice or Chantable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisors, or for any other purpose conferring impermissible private benefit?   Yes   No Organization answered "Yes" on Form 990, Part IV, line 7.    Part III   Conservation Easements.   Complete if the organization answered "Yes" on Form 990, Part IV, line 7.    Purpose(s) of conservation assements held by the organization (check all that apply).   Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Protection of natural hiabitat   Protection of natural hiabitat   Protection of natural hiabitat   Protection of natural hiabitat   Preservation of pen space   Preservation of	4		
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6 Did the organization inform all grantess, dorors, and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part III   Conservation Easements.			
only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part III	6		
Part II    Conservation Easements			
Part II    Conservation Easements		conferring impermissible private benefit?	
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (chock all that apply).   Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Protection of natural habitat   Protection of natural habitat   Preservation of perservation of perservation of perservation of perservation of perservation of the star day of the tax year.   Held at the End of the Tax Year   2a   Total number of conservation easements   2b   Total acreage restricted by conservation easements   2b   Total acreage restricted by conservation easements   2c   Valuation of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure included in (c) acquired after 8/17/06, and not on a historic structure included in (c) acquired after 8/17/06, and not on a historic structure included in (c) acquired after 8/17/06, and not on a historic structure included in (c) acquired after 8/17/06, and not on a historic structure included in (c) acquired after 8/17/06, and not on a historic structure included in (c) acquired after 8/17/06, and not on a historic structure included in (c) acquired after 8/17/06, and not on a historic structure included in (c) acquired after 8/17/06, and not on a historic structure included in (c) acquired after 8/17/06, and not on a historic structure included in (c) acquired after 8/17/06, and not on a historic structure included in (c) acquired after 8/17/06, and not on a historic structure included in (c) acquired after 8/17/06, and not on a historic structure included in (c) acquired after 8/17/06, and not on a historic structure included in formation acquired to accessments the structure accurate the accurate the structure accurate the structure accurate the structure accurate the structure accurate the structure accurate the structure accurate the structure accurate the structure accurate the structure accurate	Pa	rt II Conservation Easements.	
Purpose(s) of conservation easements held by the organization (check all that apply).		<del></del>	
Protection of natural habitat   Preservation of a certified historic structure   Preservation of open space	1		
Protection of natural habitat   Preservation of a certified historic structure   Preservation of open space		Preservation of land for public use (e.g., recreation or education)	important land area
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation essement on the last day of the tax year.  3 Total number of conservation easements.  4 Za  5 Total acreage restricted by conservation easements.  5 Total acreage restricted by conservation easements.  6 Number of conservation easements on a certified historic structure included in (a).  7 Number of conservation easements included in (c) acquired after 8/11/7/06, and not on a historic structure listed in the National Register.  8 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.  9 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.  9 Number of states where property subject to conservation easements is located.  9 Number of states where property subject to conservation easements is located.  9 Number of states where property subject to conservation easements is located.  9 Number of states where property subject to conservation easements is located.  9 Number of states where property subject to conservation easements is located.  9 Number of states where property subject to conservation easements is located.  9 Number of states where property subject to conservation easements is located.  9 Number of states where property subject to conservation easements is located.  9 Number of states where property subject to conservation easements is located.  9 Number of states where property subject to conservation easements is located.  9 Number of states where property subject to conservation easements is located.  9 Number of states where property subject to conservation easements is located.  9 Number of states where property subject to conservation easements in located.  9 Number of states where property subject to conservation easements in located.  9 Number of states where properties in located in monitoring, inspecting, handl			
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c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 8/17/08, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  A Number of states where property subject to conservation easement is located  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	b		2b
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historic structure listed in the National Register  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 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these	d		
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Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   \$\frac{8}{5}\$  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)?  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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the following amounts relating to these items:  (i) Revenue included on Form 990, Part X  (ii) Assets included in Form 990, Part X  (iii) Assets included in Form 990, Part X  (iv) Assets included on Form 990, Part X  (iv) Assets included on Form 990, Part X (Iv) Iv) Iv) Iv) Iv) Iv)	4		
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Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  \$ 2			
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    S	6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	<del>-</del>
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)?  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.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part X		<b>▶</b>	<b>5</b> ,
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and section 170(h)(4)(B)(ii)?			
and section 170(h)(4)(B)(ii)?	8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	)(ı)
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.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.		. , , , , , , , , , , , , , , , , , , ,	
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.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part X	9		
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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part X		balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that of	lescribes the
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.		organization's accounting for conservation easements.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.	Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.
If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.  Revenue included on Form 990, Part VIII, line 1  Figure 1  Figure 2  Figure 2  Figure 3  Figure 3  Figure 3  Figure 4  Figure 4  Figure 4  Figure 4  Figure 4  Figure 4  Figure 4  Figure 5  Figure 4  Fig	<u> </u>		
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.	1a		d balance sheet
public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) 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 SFAS 116 (ASC 958) relating to these items.  a Revenue included on Form 990, Part VIII, line 1			
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1		·	
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	ь	·	
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  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.  Revenue included on Form 990, Part VIII, line 1			
(ii) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.  a 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 SFAS 116 (ASC 958) relating to these items.  a Revenue included on Form 990, Part VIII, line 1			
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.  a Revenue included on Form 990, Part VIII, line 1	2		
a Revenue included on Form 990, Part VIII, line 1	_		
<del>,                                    </del>	я	· · · · · · · · · · · · · · · · · · ·	▶\$
b Assets included in Form 990. Part X	b	Assets included in Form 990, Part X	

Sched	ule D (Form 990) 2015 Suncoast Partne						20-2783		Page 2
Pa	rt III Organizations Maintaining C	Collections of A	t, Histori	cal Tre	asures, o	r Othe	r Similar Ass	ets (contin	<u>ued)</u>
3	Using the organization's acquisition, accession,	and other records, ch	eck any of th	ne followi	ng that are a	significa	nt use of its		
	collection items (check all that apply).								
а	Public exhibition	<b>d</b> 🗌 Loar	n or exchang	e progra	ms				
b	Scholarly research	e 🗌 Othe	er						
C	Preservation for future generations								
4	Provide a description of the organization's collection	ctions and explain ho	w they furthe	r the orga	anization's ex	kempt pu	irpose in Part		
	XIII.								
5	During the year, did the organization solicit or re	ceive donations of an	t, historical tr	easures,	or other simil	lar			
	assets to be sold to raise funds rather than to b	e maintained as part	of the organi	zation's c	collection?	<u> </u>	<u></u>	🗌 Yes	☐ No
Pa	rt IV Escrow and Custodial Arrang								
	Complete if the organization ar	nswered "Yes" or	Form 99	0, Part	IV, line 9,	or repo	orted an amou	nt on Form	l
	990, Part X, line 21.				·				
1a	Is the organization an agent, trustee, custodian of	_						_	_
								L Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII an	d complete the followi	ng table:						
						<u> </u>	Am	ount	
C	Beginning balance					_			
d	Additions during the year					. 1d			
е	Distributions during the year						<u> </u>		
f	Ending balance						<u> </u>		
2a	Did the organization include an amount on Form					-		🗌 Yes	=
	If "Yes," explain the arrangement in Part XIII. C	heck here if the expla	nation has be	en provi	ded on Part )	XIII .	·····	<u></u>	<u>. L </u>
Pa	rt V Endowment Funds.	1 45 4 11	- 00		n				
	Complete if the organization ar	nswered "Yes" or	1 Form 99	U, Part					
		(a) Current year	(b) Pnory	ear	(c) Two years	back	(d) Three years back	(e) Four year	rs back
1a	Beginning of year balance								
Þ	Contributions					-			
С	Net investment earnings, gains, and	1		1		1		l	
	losses						<del></del>		
a	Grants or scholarships							<del>                                     </del>	
е	Other expenditures for facilities and			}					
	programs						· · · · · · · · · · · · · · · · · · ·	<del></del>	
• f	· · · · · · · · · · · · · · · · · · ·							<del> </del>	
g	End of year balance			. (=)\ = -					
2	Provide the estimated percentage of the current		ie 1g, columi	n (a)) nei	o as:				
a	Board designated or quasi-endowment	%							
b	Permanent endowment > %	0/							
С	Temporarily restricted endowment	<u></u> %							
20	The percentages in lines 2a, 2b, and 2c should a	•	that are b-l	d and ad	miniotore d f	r tha			
3a	Are there endowment funds not in the possessi	ion or the organization	ı u Karl are nei	u anu adi	ministered for	une		Ye	s No
	organization by:								3 140
	3,							. 3a(i)	-+
ь	If "Yes" on 3a(ii), are the related organizations I							. 3a(11)	+
4	Describe in Part XIII the intended uses of the o	·						. 30	
Pai	rt VI Land, Buildings, and Equipm		ican numus.						
i ai	Complete if the organization ar		Form 99	0 Part	(V line 11	a Sec	Form 990 Ps	art X line 1	n
	Description of property	(a) Cost or othe			other basis		Accumulated	(d) Book val	
	Description of property	(a) Cost or othe		٠,	ther)		preciation	(u) Book vai	ue
1a	Land	<del></del>			,			<del></del>	
	Land						<del></del>		
b	Buildings		<del></del>						
d	·		5 A13	,			14,458		953
	• •		5,411				14,430		955
<u>e</u> Total	Other		column (P)	ine 10c \	<del></del>				953

Part VII	Investments - Other Securities. Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market v	
(1) Financial	denvatives			
(2) Closely-he	eld equity interests			
(3) Other	·			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)		<del></del>		
(H)	15 200 B-1V   1801 100			
Part VIII	Investments - Program Related.	<del></del>	<u> </u>	
Part VIII	Complete if the organization answere	d "Ves" on Form 990 Ps	art IV line 11c See Form 990	Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuatio	n
(1)		<u> </u>	Cost of end-of-year market	raide
(2)				
(3)				
(4)				
(5)				<del></del>
(6)			100	
(7)				
(8)				
(9)		<u> </u>		
Total. (Column (b)	must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.			
	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11d. See Form 990,	Part X, line 15.
	(a) C	escription		(b) Book value
(1)				<del></del>
(2)				
(3)				
(4)				<del></del>
(5)				
(6)	<del> </del>			
(7) (8)		····		
(9)				
	in (b) must equal Form 990, Part X, col. (B) line 1	5.)		
Part X	Other Liabilities.	<i>.,</i>	······	
	Complete if the organization answere line 25.	d "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Fon	m 990, Part X,
1.	(a) Description of liability	(b) Book value	<u> </u>	
	income taxes	(b) book talso	7	
(2)			_	
(3)		<del></del>		
(4)				
(5)			7	
(6)		<u> </u>	7	
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col (B) line 25)		7	
	uncertain tax positions. In Part XIII, provide the te	xt of the footnote to the organiz	cation's financial statements that reports	s the
<del>-</del>	liability for uncertain tax positions under FIN 48 (A	-		

ou ied	ule D (Form 990) 2015 Suncoast Partnership to End Homelessness,			20-2783762	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme			r Return.	
	Complete if the organization answered "Yes" on Form 990, Page 1	art IV	, line 12a.	· · · · - · · · · · · · · · · · · · · ·	
1	Total revenue, gains, and other support per audited financial statements			1	697,227
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a		_	
b	Donated services and use of facilities	2b	12,659	<u> </u>	
С	Recovenes of pnor year grants	2c			
d	Other (Describe in Part XIII.)	2d		-	
e	Add lines 2a through 2d			2e	12,659
3	Subtract line 2e from line 1			3	684,568
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
p	Other (Describe in Part XIII.)	4b	<del></del>	-	
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				684,568
Pa	Reconciliation of Expenses per Audited Financial Staten		-	per Return.	
	Complete if the organization answered "Yes" on Form 990, F				
1	Total expenses and losses per audited financial statements			1	689,113
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			} }	
а	Donated services and use of facilities	2a	12,659	니	
b	Prior year adjustments	2b	<del></del>		
С	Other losses	2c	<del> </del>	_	
d	Other (Describe in Part XIII )	2d		-	
е	Add lines 2a through 2d			2e	12,659
3	Subtract line 2e from line 1			3	676,454
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		<u> </u>	
Ь	Other (Describe in Part XIII.)	4b		-	
С	Add lines 4a and 4b			4c	
5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	· · ·	· · · · · · · · · · · · · · · · · · ·	5	676,454
100					
Provi	t XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1.			Part X, line	
Provi				Part X, line	
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, line			art X, line	
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, line			Part X, line	
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, line			Part X, line	
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, line			Part X, line	
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, line			Part X, line	
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, line			Part X, line	
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, line			Part X, line	
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, line			Part X, line	
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, line			Part X, line	
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, line			Part X, line	
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, line			Part X, line	
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, line			Part X, line	
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, line			Part X, line	
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, line			Part X, line	

Schedule D (Form 990) 2015

EEA

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Gr. Gove Complete	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete If the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	er Assistance to d Individuals in t answered "Yes" to Form ▶ Attach to Form 990. rm 990) and Its instruction	Organizations he United Stat 990, Part IV, line 21 o	S, r 22. orm990.		OMB No 1545-0047 2015 Open to Public Inspection
Name of the organization Sinnoast Darthorshin to End Homelegge	0000					Employer Identification number	number
Part I General Information on Grants and Assistance	Grants and Assis	stance				40.00.4-04	
1 Does the organization maintain records to substantiate the amount of the the selection criteria used to award the grants or assistance?	o substantiate the amorents or assistance?		grants or assistance, the grantees' eligibility for the grants or assistance, and	igibility for the grants or	assistance, and		Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for monitoring	the use of grant funds in					]
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	ice to Domestic Or	ganizations and Don	nestic Governmen	s. Complete if the o	rganization answered	"Yes" on Form	
990, Part IV, line 21, for any recipient that received more	recipient that receiv	ed more than \$5,000.	than \$5,000. Part II can be duplicated if additional space is needed	sated if additional sp	ace is needed.		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY COALITION ON HOMB							
701 17TH AVE WEST						,	HOMELESS
Bradenton, FL 34205	59-3340921	501(C)(3)	98,853			N/A	ASSISTANCE
(Z)CATHOLIC CHARITIES							HONGH.
TOUD FINESKOON KD. Venice, FL 34285	59-2473176	501(C)(3)	16,391			N/A	ASSISTANCE
(3) THE SALVATION ARMY MANATEE							
1204 14TH STREET WEST							HOMELESS
	58-0660607	501(C)(3)	41,936			N/A	ASSISTANCE
(4)THE SALVATION ARMY SARASOTA							C C C C C C C C C C C C C C C C C C C
_	1030330 03		030 99			8/5	DOMBLESS S
Saragota, FL 34236	78-0660607	201 (C) (3)	00,00			4/4	ADDIBIANCE
(c)							
(9)							
( <i>u</i> )							
(8)							
(6)							
(10)							

Schedule 1 (Form 990) (2015)

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table.
For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015) (f) Description of non-cash assistance that are sub-contracted. Data Quality and Performance is audited monthly, and eligibility/program services are monitored in The Partnership has dedicated one FTE to provide quality and performance monitoring for CoC and pass-through grant programs Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of (c) Amount of cash grant 01. Monitoring procedures (Part I, line 2) Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance an annual on-gite review, Part IV Part III ~ က 4 S 9 EEA

Page 2

20-2783762

Suncoast Partnership to End Homelessness, Inc.

Schedule I (Form 990) (2015)

1

I

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

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 **2015** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer Identification number** Suncoast Partnership to End Homelessness, Inc. 20-2783762 01. Form 990 governing body review (Part VI, line 11) PRIOR TO FILING THE TAX RETURN WITH THE INTERNAL REVENUE SERVICE, EACH BOARD MEMBER WILL RECEIVE A COPY OF THE 990 TAX RETURN EITHER AT THE BOARD MEETING OR BY E MAIL FOR THEIR REVIEW. 02. Conflict of interest policy compliance. (Part VI, line 12c) EACH DIRECTOR, OFFICER AND COMMITTEE MEMBER OF THE GOVERNING BOARD SHALL BE PROVIDED ANNUALLY WITH THE CONFLICT OF INTEREST POLICY AND WILL SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON: A. HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, B. HAS READ AND UNDERSTANDS THE POLICY, AND C. HAS AGREED TO COMPLY WITH THE POLICY. 03. CEO, executive director, top management comp (Part VI, line 15a) ALL MEMBERS OF THE BOARD OF DIRECTORS COMPLETE A PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR, WITH THE RESULTS BEING COMPILED AND REVIEWED BY THE EXECUTIVE COMMITTEE. 04. Governing documents, etc, available to public (Part VI, line 19) THE SUNCOAST PARTNERSHIP OPERATES UNDER THE SUNSHINE AS REQUIRED BY LAW WITH BOARD MEETINGS, STANDING COMMITTEES UNDER THE BYLAWS AND RELATED MATERIALS BEING SUBJECT TO DISCLOSURE. ONCE THE REQUESTED RECORDS HAVE BEEN ASSEMBLED, THEY ARE PROVIDED BY ONE OF THE FOLLOWING METHODS: U.S. MAIL, HOWEVER THE REQUESTOR MUST ABSORB THE COST. FACSIMILE WITH A COVERSHEET THAT INCLUDES A SECURITY CAVEAT.

E-MAIL, IF IT IS DETERMINED FEASIBLE AND APPROPRIATE.

Schedule O (Form 990 or 990-EZ) (2015)		Page 2
Name of the organization	Employer identification number	
Suncoast Partnership to End Homelessness, Inc.	20-2783762	
D. PĖRSONAL PICK-UP.		
THE METHOD FOR PROVIDING PUBLIC RECORDS SHOULD BE DETERMINED BASED ON WHAT	IS THE MOST	
ECONOMICAL, EFFICIENT AND PRACTICAL MEANS. THE METHOD SHOULD ALSO BE ESTA	ABLISHED ON A	
CASE-BY-CASE BASIS.		
05. Audited by an independent accountant (Part XII, line 2b)		
THE FINANCIAL STATEMENTS OF THE ORGANIZATION WERE AUDITED BY AN INDEPENDENT	NT ACCOUNTANT FOR	
THE FISCAL YEAR ENDING SEPTEMBER 30, 2016.		
		<del></del>
<del></del>		
		<del></del>

Schedule O (Form 990 or 990-EZ) (2015)

EEA