



Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2017

Open to Public Inspection

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 2017, and ending 2017, and ending 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: Tampa Homeless Outreach. D Employer identification number: 45-5069782. E Telephone number: 727-667-6029. F Group Exemption Number: ?

G Accounting Method: [X] Cash [] Accrual Other (specify) H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: Tampahomelessoutreach.org

J Tax-exempt status (check only one) - [] 501(c)(3) [] 501(c) () (insert no.) [] 4947(a)(1) or [] 527

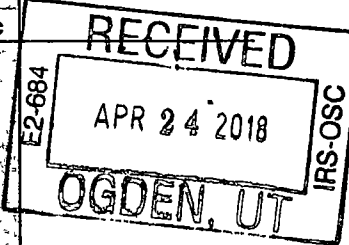
K Form of organization: [X] Corporation [] Trust [] Association [] Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I []

Table with 3 columns: Description, Amount, and Total. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 13344, total expenses is 1582, and net assets at end of year is 11762.



SCANNED JUL 16 2018

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	372	3762
23 Land and buildings		
24 Other assets (describe in Schedule O)		8000
25 Total assets	372	
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		11762

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? _____

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32 0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Thomas Brown President	25	0	0	0
Stephanie Krager Vice-President	15	0	0	0
Joyce Kelly Treasurer	15	0	0	0
Jody Hansen Walker Secretary	1	0	0	0
Bob DePugh Board Member	1	0	0	0
Randi Whitney Board Member	1	0	0	0
Dan McDonald Board Member	1	0	0	0
Jodi Hansel Board Member	1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Table with columns Yes and No. Row 33: Yes (empty), No (checked)

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

Table with columns Yes and No. Row 34: Yes (empty), No (checked)

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

Table with columns Yes and No. Row 35a: Yes (empty), No (checked)

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

Table with columns Yes and No. Row 35b: Yes (empty), No (checked)

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

Table with columns Yes and No. Row 35c: Yes (empty), No (checked)

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

Table with columns Yes and No. Row 36: Yes (empty), No (checked)

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

Table with columns Yes and No. Row 37a: Yes (empty), No (empty)

b Did the organization file Form 1120-POL for this year?

Table with columns Yes and No. Row 37b: Yes (empty), No (checked)

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

Table with columns Yes and No. Row 38a: Yes (empty), No (checked)

b If "Yes," complete Schedule L, Part II and enter the total amount involved

Table with columns Yes and No. Row 38b: Yes (empty), No (empty)

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

a Initiation fees and capital contributions included on line 9

Table with columns Yes and No. Row 39a: Yes (empty), No (empty)

b Gross receipts, included on line 9, for public use of club facilities

Table with columns Yes and No. Row 39b: Yes (empty), No (empty)

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955

Table with columns Yes and No. Row 40a: Yes (empty), No (empty)

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

Table with columns Yes and No. Row 40b: Yes (empty), No (checked)

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

Table with columns Yes and No. Row 40c: Yes (empty), No (empty)

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

Table with columns Yes and No. Row 40d: Yes (empty), No (empty)

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

Table with columns Yes and No. Row 40e: Yes (empty), No (checked)

41 List the states with which a copy of this return is filed

42a The organization's books are in care of Joyce A Kelly Telephone no. 727-254-2179 Located at 9700 Park Lake Drive Pinellas Park FL 33782 ZIP + 4 33782

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:

Table with columns Yes and No. Row 42b: Yes (empty), No (checked)

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:

Table with columns Yes and No. Row 42c: Yes (empty), No (checked)

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Table with columns Yes and No. Row 43: Yes (empty), No (empty)

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes and No. Row 44a: Yes (empty), No (checked)

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes and No. Row 44b: Yes (empty), No (checked)

c Did the organization receive any payments for indoor tanning services during the year?

Table with columns Yes and No. Row 44c: Yes (empty), No (checked)

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Table with columns Yes and No. Row 44d: Yes (empty), No (checked)

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Table with columns Yes and No. Row 45a: Yes (empty), No (checked)

b 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," Form 990 and Schedule R may need to be completed instead of

Table with columns Yes and No. Row 45b: Yes (empty), No (empty)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with 3 columns: Question, Yes, No. Row 46: Yes (empty), No (checked).

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

Table with 3 columns: Question, Yes, No. Row 47: Yes (empty), No (checked).

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 3 columns: Question, Yes, No. Row 48: Yes (empty), No (checked).

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 3 columns: Question, Yes, No. Row 49a: Yes (empty), No (checked).

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question, Yes, No. Row 49b: Yes (empty), No (checked).

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. All rows contain 'None'.

f Total number of other employees paid over \$100,000 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows contain 'None'.

d Total number of other independent contractors each receiving over \$100,000 0

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (Thomas Brown), Date (04-20-18), Signature of preparer (Joyce Kelly), Date (04/13/2018), Type or print name and title (Thomas Brown/President, Joyce Kelly/Treasurer).

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

Tampa Homeless Outreach

Employer identification number

45-5069789

Tampa Homeless Outreach was taken over by Thomas Brown and our group on January 16, 2017. We do not have prior knowledge of prior years before 2017.

Part I - 8 Other Revenue- Small Donations thru out the year 123.57

Part I - 14. Storage for donations received

Part II - 24. Other Assets

purchase 2008 Dodge Avenger 5400.00 6/17/17

purchase 2009 Arising Trailer 2600.00 9/25/17