Return of Organization Exempt From Income Tax

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

Open to Public

Department of the Treasury Internal Revenue Service

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Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Inspection

<u>A</u>	For the	2016 calendar year, or tax year beginning and	ending					
В	Check if applicable	C Name of organization TREASURE COAST HOMELESS SERVICES		D Employer identifi	cation number			
Г	Addres	S COIDIGIT THE						
F	Name change			52-2254571				
F	Initial return		Room/suite	E Telephone numbe				
f	Final return/	2525 ST. LUCIE AVENUE		•	567-7790			
	termin ated			G Gross receipts \$	1,490,966.			
Г	Ameno			H(a) Is this a group re				
F	Applic			for subordinates				
	pendir	g 2525 ST. LUCIE AVENUE, VERO BEACH, FL	32960	H(b) Are all subordinates in	· · — —			
1	Tax-exe	empt status: X 501(c)(3)		1	list. (see instructions)			
		e: TCHELPSPOT.ORG		H(c) Group exemptio	•			
		organization: X Corporation Trust Association Other	L Year		A State of legal domicile: FL			
	art I	Summary						
_	1	Briefly describe the organization's mission or most significant activities: CASE	MANAG	EMENT AND F	INANCIAL			
Activities & Governance		ASSISTANCE TO PREVENT OR CURE THE CONDIT						
r.	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets.			
o ve	3	Number of voting members of the governing body (Part VI, line 1a)		.	7			
Ō	4	Number of independent voting members of the governing body (Part VI, line 1b)			7			
Se	5	Total number of individuals employed in calendar year 20+6 (Part V, line 2a)			12			
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	24			
Ę	7 a	Total unrelated business revenue from Part VIII, equin (C) Incl		7a	0.			
_	Ь	Total number of volunteers (estimate if necessary)	<u> </u>	7b	0.			
	1			Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)	<i>[.</i>	1,216,216.	1,237,287.			
	9	Program service revenue (Part VIII, line 2g)	<u></u>	235,522.	239,770.			
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 70		4,648.	4,285.			
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 119		0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .	· · · · · · · · · · · · · · · · · · ·	1,456,386.	1,481,342.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		548,642.	498,379.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	🖵	605,971.	593,303.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>87. </u>					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		317,695.	343,588.			
				1,472,308.	1,435,270.			
- (/	19	Revenue less expenses. Subtract line 18 from line 12	··· ·	<15,922.	> 46,072.			
Net Assets or	3		Ве	ginning of Current Year	End of Year			
Sset	20	Total assets (Part X, line 16)		4,127,192.	4,161,338.			
etA	21	Total liabilities (Part X, line 26)	· ·	104,066.	92,140.			
		Net assets or fund balances. Subtract line 21 from line 20	:	4,023,126.	4,069,198.			
	art II	Signature Block						
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedule		•	y knowledge and belief, it is			
True	e, correc	t, and complete, Declaration of preparer (other than officer) is based on all information of wh	nich preparer	nas any knowledge.	1,1			
۵.		Signature of officer		Date Date	///			
Sig				Βαιζ				
He	re	LOUISE HUBBARD, EXECUTIVE DIRECTOR Type or print name and title						
			<u> </u>	Date Check	PTIN			
Pai	id	Print/Type preparer's name CASDED .T .TACOBY Preparer's suprature CASDED .T .TACOBY		/フ・フク- / 刁ォ 「	 1			
		CASPER J. JACOBY FIRM'S name MORGAN. JACOBY. THURN BOYLE &		(Sen employ				
	eparer e Only	Firm's name MORGAN, JACOBY, THURN BOYLE & Firm's address 700 20TH ST	ASSOC	PA Firm's EIN	65-0761640			
U 3 (Comy	VERO BEACH, FL 32960		Phone no /7	72) 562-415#			
Ma	av the II	RS discuss this return with the preparer shown above? (see instructions)		T HOUSE HO. (7	X Yes No			
1110	<u>-, </u>		··		ا ۱۷۵ لــــا ۱۳۵ نحسا .			

Form	990 (2016) COUNCIL, INC.	52-2254571	_ Page 2
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:	MHE WELLCIE	
	PREVENT AND ALLEVIATE THE CONDITIONS OF HOMELESSNESS ON COAST.	THE TREASUR	.Ei
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Yes	X No
_	If "Yes," describe these new services on Schedule O.		□
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	L& No
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	ers, the total expenses,	and
4a	(Code) (Expenses \$ 1,139,885. including grants of \$ 498,379.) (Revenue	ie \$)
	DEVELOP CONTINUUM OF CARE FOR HOMELESS SERVICES AND QUAI		
	SERVICE AGENCIES FOR HUD AND DCF FUNDED PROGRAMS. PREPAR		ND
	GRANT APPLICATIONS ON BEHALF OF SERVICE SURVEY HOMELESS		
	STRATEGIES TO SERVE HOMELESS.	AND INDIANG	
	SIRALEGIES TO SERVE HOMEDESS:		
	(Code) (Expenses \$ 238,790 • including grants of \$) (Revenue)	220	770.)
4b	(Code) (Expenses \$238,790. including grants of \$) (Revenue THE DEPARTMENT OF COMMUNITY AFFAIRS AWARDED A NEIGHBORHO		<u>//U.</u>)
	STABILIZATION PROGRAM COMMUNITY DEVELOPMENT BLOCK GRANT		DTAN
	RIVER COUNTY TO ACQUIRE, REHABILITATE, AND ACCEPT TITLE		
	THE RENTAL OF A MINIMUM OF TEN HOUSING UNITS. IN ACCORDA		
	NSP GRANT, THE COUNCIL ENTERED INTO A CONTRACT WITH INDI		
	TO SERVE AS DEVELOPER. AS A RESULT, TO DATE, THE COUNC.		
	REHABILITATED, IN COOPERATION WITH INDIAN RIVER COUNTY,		
	DEBT FREE. ELEVEN HOUSES SERVE THE PURPOSE OF BENEFITT		
	WITH HOUSEHOLD INCOMES NOT EXCEEDING 50 PERCENT OF THE A		
	INCOME. THE ADDITIONAL FIVE HOUSES BENEFIT HOUSEHOLDS W		D
	INCOMES NOT EXCEEDING 120 PERCENT OF THE AREA MEDIAN INC		
4c	(Code) (Expenses \$	ue \$)
		·	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,378,675.		
		Form 9	90 (2016)

52-2254571 Page 3 Form 990 (2016) COUNCIL, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		}	}
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	i		
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			1
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		X
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_		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		, 1	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	ļi	i	
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	المما	₹.	
	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	445		x
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		4
C		11c		х
А	assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII	110		
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	111	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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		_X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			47
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		_ <u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		<u> </u>

Form **990** (2016)

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Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X 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 X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 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 X Schedule K. If "No", go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ... 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 X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X Schedule L. Part I. 25b 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," X 26 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 entity or family member X 27 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): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ... X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Х 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 31 Did the organization liquidate, terminate, or dissolve and cease operations? X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 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 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 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 X 37 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

Part V Statements Regarding Other (RS Filings and Tax Compliance Check (Fischedule O contains a response on rote to any line in this Part V Statements (Fischedule O contains a response on rote to any line in this Part V Statements (Fischedule O contains a response on rote to any line in this Part V Statements (Fischedule O contains a rote of the rote o	orm	990 (2016) COUNCIL, INC. 52-2254	<u>571</u>	Р	age 5
Enter the number reported in Box 3 of Form 1096. Enter 0-If not applicable 1a 52	Par				
1a Enter the number reported in Box 3 of Form 1066. Enter 0- if not applicable 10 0 0 b Det the organization comply with backup withholding rules for reportable symments to vendors and reportable gaming (gaminaling) with making withholding rules for reportable symments to vendors and reportable gaming (gaminaling) with making withholding rules for reportable symments to vendors and reportable gaming (gaminaling) with making withholding rules for reportable symments to vendors and reportable gaming (gaminaling) with making with with making with with making with making with making with making with making with with making with making with making with making with with making with with making with with with with with with with with		Check if Schedule O contains a response or note to any line in this Part V			
be Entor the number of Forms W-2G included in line 1a. Enter 0-if not applicable				Yes	No
c Did the organization comply with backup withholding rules for reportable gamments to vendors and reportable gamining (gambling) without special provided in the provided provided in the provided provi	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 52			
Gambing) writings to prize winners? Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return. It is teast one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) It is to the organization have unrelated business gross income of \$1,000 or more during the year? 3a Dut the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yea," and it file a Form 950 or for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b If "Yea," and it file a Form 950 or for this year? If "No," to line 3b, provide an explanation in Schedule 0 3c If Yea," and the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Yea, and the foreign country is the signal of the organization and as a bank account, or other financial accounts (FEAR) 5a Was the organization a parry to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a parry to a prohibited tax shelter transaction at any time during the tax year. 5b Dod any taxable parry northy the organization file Form 8886? To Carl Yea," to line Sa or 5b, did the organization file Form 8886? To Carl Yea," to line Sa or 5b, did the organization file Form 8886? To Carl Yea," to line Sa or 5b, did the organization file Form 8886? To Carl Yea," to line Sa or 5b, did the organization near any contributions under section 170(a). 5b If Yea," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles. 5c Did the organization received analysis of the solicities contributions under section 170(a). 6c Did the organization received analysis of the solicities contributions of the pro	ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			1
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required tederal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions). 3	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
tied for the calendary year ending with nor within the year covered by this return. 12		(gambling) winnings to prize winners?	1c		
b If a least one is reported on line 2a, did the organization flie all required federal employment tax returns? Note: If the sum of here 1a and 2a is greater than 250, you may be required to effe (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filled a Form 950 Tor this year? If "No," to line 3b, provide an explanation in Schedule O 3b At any time duming the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time of the relange of the foreign country: 5b If "Yes," either the name of the foreign country: 5c If "Ses In the the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR) 5b Was the organization approach to a prohibited that the value? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization line Form 88861? 5c Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicition any contributions that were not tax deductible as charitable contributions? 6c If Yes, "Indicate the number of tax deductible as charitable contributions? 6c If Yes," indicate the number of tax deductible contributions under section 170(e). 8 If Yes, "Indicate the number of Forms 8282 filed during the year 9 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If If Yes," indicate the number of Forms 8282 filed during the year 9 Do the organization neceived any funds, directly or indirectly, to na personal benefit contract? 10 Did the organization and promiti	2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1
Note. If the sum of lines 1a and 2 as greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return			ĺ
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b if "Yes," there the name of the foreign country; ▶ 5c instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF) 5c Was the organization that or service of the service of the organization of the service of the service of the organization of the service of the organization of the organization of the organization of the foreign country to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicut any contributions that were not tax deductible as charitable contributions? 6d If "Yes," did the organization include with every solicitation are express statement that such contributions or grifts were not tax deductible? 6d Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization notify the donor of the value of the goods or services provided? 9d If "Yes," did the organization ontify the donor of the value of the goods or services provided? 10d the organization receive any funds, directly or indirectly, no pay premiums on a personal benefit contract? 11d If the organization received any funds, directly or indirectly, or pay premiums on a personal benefit contract? 11d If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? 12d The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 12d The organization received a contribution of cars, boats, airplanes, or other	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
b If Yes,* has it field a Form 99.0T for this year? If No.,* to line 3b, provide an explanation in Schedule O A tarry time during the calendary 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)? 4		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, southers account, or other financial account)? 5a less instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF) 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Dod any taxable party notify the organization flat dax shelter transaction at any time during the tax year? 5c University to a prohibited tax shelter transaction at any time during the tax year? 5c University to any time flat organization flat organization flat organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that was enot tax deductible as charitable contributions? 6c University of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organization shaft may receive deductible contributions under section 170(c). a Did the organization shaft may receive deductible contributions under section 170(c). b If Yeas, fold the organization notify the donor of the value of the goods or services provided to the payor? 7a X b If Yeas, fold the organization notify the donor of the value of the goods or services provided? 7b University of the organization received any funds, directly or indirectly, no pay premiums on a personal benefit contract? 7c In the organization received a contribution of qualified intellectual property, did the organization flat Form 1098-C? 7c Sponsoring organization make alternative funds. Did a donor advised fund manitaned by the sponsoring organization make alternative funds. Did a donor advised fund manitaned by the sponsoring organization make alternative funds. a Did the sponsoring organization make alternative funds. Did a donor advised fund manitaned by the sponsorin	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
the fire the name of the foreign country: ▶ by 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 (FBAF) Saw the organization a party to a prohibited tax shelfer transaction at any time during the tax year? Saw the organization aparty to a prohibited tax shelfer transaction at any time during the tax year? Saw the organization aparty to a prohibited tax shelfer transaction at any time during the tax year? Saw the organization aparty to a prohibited tax shelfer transaction? Saw the organization aparty to a prohibited tax shelfer transaction? Saw the organization aparty to a prohibited tax shelfer transaction? Saw the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Say the transaction that the receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? To Organizations that may receive deductible contributions under section 170(c). Solicition and the organization shall be subjected to the promise of the payor? To Organizations that may receive deductible contributions under section 170(c). Solicition of the organization network the donor of the value of the goods or services provided? To Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8222? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization make a contribution of qualified intelectual property, did the organization file Form 8893 as required? Sponsoring organization have excess busines in pa	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		
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13c The control of 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	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			40		
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organization is licensed to issue qualified health plans					1
c Enter the amount of reserves on hand	b				1
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					1
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		· · · · · · · · · · · · · · · · · · ·	44-		v
		•		 	
	<u></u> _	ir res, has it fied a Form (20 to report these payments (ii No, provide an explanation in Schedule O.		990	(2018)

TREASURE COAST HOMELESS SERVICES COUNCIL, INC. 52-2254571 Form 990 (2016) 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. \mathbf{x} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 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? 5 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 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 with a X taxable entity during the year? 16a

Sec	ction C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filed

exempt status with respect to such arrangements?

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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

Y Upon request

Other (explain in Schedule O)

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

19	9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	est policy,	and financial
	statements available to the public during the tax year.		

	statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	
	LOUISE HUBBARD - 772-567-7790	

2525	ST.	LUCIE	AVE.,	VERO	BEACH,	FL	32960-	-3385

16b

TREASURE COA	THULLDO I	

Form 990 (2016) COUNCIL, INC.	52-2254571	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
	Employees, and independent Contractors		
•	Check if Schedule O contains a response or note to any line in this Part VII		

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

- 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	on nor any related	orga	niza	tion	cor	nper	nsat	ed any current officer, o	director, or trustee		
(A)	(B)	Į		_ ((C)			(D)	(E)	(F)	
Name and Title	Average	(do	POS do not check		Position heck more than one			Reportable	Reportable	Estimated	
	hours per	box	unle	ss pe	rson	is bot	han	compensation	compensation	amount of	
	week	-	er an	nd a director/trustee)		ree)	<u></u> 110111	from related	other		
	(list any	recto				1		the	organizations	compensation	
	hours for	P 0	83			afed		organization	(W-2/1099-MISC)	from the	
	related organizations	aşe	trust		99	E E		(W-2/1099-MISC)		organization and related	
	below	曹	tlona	<u>'</u>	yoldr	2 8] _ [organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations	
(1) TODD HECKMAN	0.00										
PRESIDENT		X		X	<u></u>	<u>L.</u>		0.	0.	0.	
(2) SHAUN FEDDER	0.00	1	1					•			
TREASURER		X		X		<u> </u>	_	0.	0.	0.	
(3) ANITA COCOVES	0.00				}	١			_		
SECRETARY		X	<u> </u>	X	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.	
(4) BRAD BERNAUER	0.00							•			
DIRECTOR	0.00	X	_		├	├	\vdash	0.	0.	0.	
(5) SALLY FUSCO	0.00	x		l				0	<u>, </u>		
DIRECTOR	0.00	_			<u> </u>	 		0.	0.	0.	
(6) JACQUELINE MURPHY	0.00	x						0.	0.		
DIRECTOR	0.00	^			├	 		<u>U•</u>	J	0.	
(7) JOHN ROMANO	0.00	x	}			Ì		0.	0.	0.	
DIRECTOR (8) LOUISE HUBBARD	40.00		-	\vdash		\vdash			- 0.	0.	
EXECUTIVE DIRECTOR		1		x	İ		1	137,639.	0.	0.	
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COUNCIL, INC.

Par	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	<u>d Hi</u>	ghe	st C	Compensated Employe	es (continued)		
	(A)	(B)			((C)			(D)	(E)	1	(F)
	Name and title	Average	(40		Pos		i than	one	Reportable	Reportable	Es	timated
		hours per	box	, unte	ss pe	rson	is bot	h an	compensation	compensation	am	ount of
		week		cer an	idad T	Irecto	or/trus	stee)	from	from related		other
		(list any	iece.	ł	, ;		1	ľ	the	organizations		pensation
		hours for related	P P	8			ated		organization	(W-2/1099-MISC)		om the
		organizations	Individual trustee or director	Institutional trustee	1	8	Highest compensated employee		(W-2/1099-MISC)	ı	, -	anization
		below	laal tr	lg la		Key employee	를 를	_			i i	l related nizations
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1b	Sub-total								137,639.	0		0.
	Total from continuation sheets to Part V							•	0.	0		0.
	Total (add lines 1b and 1c)							•	137,639.	0		0.
	Total number of individuals (including but r											
_	compensation from the organization						-,			,000 0. 1000 1.000		1
	Componed to the tribe of garma and the											Yes No
3	Did the organization list any former officer,	director or tra	iste	e ke	ov er	mnlo	1V66	or	highest compensated e	mnlovee on	Γ	
3	line 1a? If "Yes," complete Schedule J for s								-		3	_ x
4	For any individual listed on line 1a, is the si								her company strong from		13	— ^
4	and related organizations greater than \$15								•	ine organization	4	x
	•										4	^_
5	Did any person listed on line 1a receive or					-		reiai	ted organization or indivi	dual for services	_	
Soc	rendered to the organization? If "Yes," contion B. Independent Contractors	ipiete Scriedui	e J	ior s	ucn	pers	<u>şori</u>				5	<u> </u>
									N - 4	1		
1	Complete this table for your five highest co									· · · · · · · · · · · · · · · · · · ·	isation fi	om
	the organization Report compensation for	the calendar y	ear	ena	ing v	vitn	or w	/Itnii		year.		
	(A) Name and business	addrace	37	~37	_				(B) Description of s	onucos	(C	
	Name and business	address ———	IA	ON:	<u>Fi</u>			-	Description of s	ervices	Comper	
										1		
2	Total number of independent contractors	(including but i	not I	ımıte	ed to	the	ose I	iste	d above) who received n	nore than		
	\$100,000 of compensation from the organ						0		· 			
											Form 9	2016

COUNCIL, INC.

Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under Total revenue Related or exempt function business sections 512 - 514 revenue revenue 65,000. **b** Membership dues 1b c Fundraising events d Related organizations 1d 1e 1,031,187. e Government grants (contributions) Contributions, and Other Sim f All other contributions, gifts, grants, and 141,100. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 237,287 h Total. Add lines 1a-1f Business Code 531110 239,770. 239,770. 2 a RENTAL INCOME (NSP) Program Service Revenue f All other program service revenue 239,770. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 4,285. other similar amounts)...... 4,285. Income from investment of tax-exempt bond proceeds 4 Royalties (i) Real (ii) Personal 9,624. 6 a Gross rents 9,624. **b** Less rental expenses c Rental income or (loss) 0. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d 481.342. 239,770. Total revenue. See instructions. 0. 4,285.

Form 990 (2016) COUNCIL, INC.
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respons	(A)	this Part IX	(C)	(D)
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	498,379.	498,379.		
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	144,839.	_137,597.	4,345.	2,897.
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	407,980.	376,989.	29,652.	1,339.
8	Pension plan accruals and contributions (include				
Ŭ	section 401(k) and 403(b) employer contributions)	İ			
9	Other employee benefits				
10	Payroll taxes	40,484.	37,646.	2,549.	289.
11	Fees for services (non-employees)				
	Management			!	
b	Legal	430.		430.	
	Accounting	10,000.		10,000.	
d					
	Professional fundraising services. See Part IV, line 17		<u>-</u>		
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	41,940.	41,940.		
12	Advertising and promotion	11/510.	41,540.		
13	Office expenses	12,441.	11,580.	766.	95.
14	Andrews Anna Anna Anna Anna Anna Anna Anna Ann	43,289.	43,289.		
15	Doveltino	13,203.	13/2031		
16	Occupancy	22,523.	20,965.	1,386.	172.
17	Travel			2/5501	
18	Payments of travel or entertainment expenses			····	
.0	for any federal, state, or local public officials		ļ		
19	Conferences, conventions, and meetings	5,500.	5,500.		
20	Interest	3,367.	3,367.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	110,555.	109,186.	1,218.	151.
23	Insurance	12,968.	12,070.	799.	99.
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 0.)			!	
	NSP HOUSING MAINTENANCE	74,692.	74,692.		
b	DUES, SUBSCRIPTIONS, OT	5,550.	5,165.	343.	42.
c	REPAIRS AND MAINTENANCE	333.	310.	20.	3.
ď			520.		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,435,270.	1,378,675.	51,508.	5,087.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	İ			
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
	11 IOHOWING 30L, 30-5 (W2C 330-150)				Form 990 (2016)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 975,622. 1,052,782. Cash - non-interest-bearing 1 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 150,228. 197,527. 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets Notes and loans receivable, net 7 Inventories for sale or use 8 9,154. Prepaid expenses and deferred charges ... 9,225. 9 10a Land, buildings, and equipment cost or other 2,987,167. basis. Complete Part VI of Schedule D 10a 556,290. 2,503,239. b Less: accumulated depreciation 10b 10c 2,430,877. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 13 14 Intangible assets 14 488,878. 470,998. 15 15 4,127,192. 4,161,338. Total assets. Add lines 1 through 15 (must equal line 34) ... 16 10,696. 6,506. 17 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 71,032. 24 60,542. Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 22,338. 25,092. 104,066. 26 92,140. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. **Fund Balances** 1,065,445. 1,232,682. Unrestricted net assets 2,957,681. 2,836,516. 28 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here Net Assets or and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 4,023,126. 4,069,198. 4,127,192. 34 4,161,338. Total liabilities and net assets/fund balances

Form	990 (2016) COUNCIL, INC.	<u> 52-22</u>	<u> 254571</u>	Page	<u>12</u>
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	1,481		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,435	,270	<u>) .</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		5,072	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,023	3,126	<u>.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			_
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0	<u>.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1			
	column (B))	10	4,069	<u>,198</u>	<u> </u>
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>	<u>. LX</u>	=-
				Yes N	0_
1	Accounting method used to prepare the Form 990: L Cash X Accrual L Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.		Ì	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	<u>. </u>
	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 Donsolidated basis Both consolidated and separate basis				
b	, , , , , , , , , , , , , , , , , , , ,		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		1 1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		i	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	Act and OMB Circular A-133?		. <u>3a</u>	X	_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b		_
			Form	9 90 (201	16)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.lrs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

TREASURE COAST HOMELESS SERVICES

Employer identification number

		COOM						04-2434311			
Part	: <u> </u>	Reason for Public (Charity Status (A	All organizations must co	mplete th	is part.) Se	e instructions.				
The or	gani	zation is not a private found		_	-	-					
1 L		A church, convention of ch	urches, or associatio	n of churches described	ın sectio	n 170(b)(1	I)(A)(i).	7			
2		A school described in secti	ion 170(b)(1)(A)(ii). (A	Attach Schedule E (Form	1 990 or 99	90-EZ).)	•	•			
з [A hospital or a cooperative	hospital service orga	anization described in se	ction 170	(b)(1)(A)(ii	ii).				
4		A medical research organiza						the hospital's name.			
		city, and state:	•	•				,,			
5 T	\neg	An organization operated for	or the benefit of a col	llege or university owned	or operat	ted by a ni	overnmental unit descri	ned in			
<u> </u>		section 170(b)(1)(A)(iv). (C		ogo ar armiorally armior	o, opera.	.ou by u g	ovorminoritar anni gocom	30 4 III			
٦ ٦	\neg			antal unit docombod in .		PO(1-)/4\/A\	<i>(.</i>)				
6 [⇟	A federal, state, or local gov	_				• •				
7 L	LΔ	An organization that norma		ntial part of its support f	rom a gov	ernmentai	unit or from the genera	public described in			
_		section 170(b)(1)(A)(vi). (Co									
8 <u> </u>	╡	A community trust describe									
9 _		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the collec	je or			
_		university:									
10 L		An organization that norma	lly receives. (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from			
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment			
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.									
		See section 509(a)(2). (Cor	mplete Part III.)								
11 E		An organization organized a		vely to test for public sa	fety. See :	section 50)9(a)(4).				
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or			
		more publicly supported or	aanizations describe	d п section 509(a)(1) о	r section :	509(a)(2).	See section 509(a)(3). (Check the box in			
		lines 12a through 12d that	ŭ				, ,, ,				
а		Type I. A supporting orga				-		, aivina			
a	_	the supported organization						· ·			
		organization. You must o			i majority (or the direc		adpporting			
		7 Š	•				odo				
b		Type II. A supporting org	•					•			
		control or management o			ame perso	ons that co	ontrol or manage the sup	ропеа			
	_	organization(s). You mus	•								
С	L		-				• •	ed with,			
		its supported organizatio									
d	L_		y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	izatıon(s)			
		that is not functionally int	tegrated. The organiz	ation generally must sat	tisfy a disti	ribution re	quirement and an attent	tiveness			
		requirement (see instruct	ions) You must con	nplete Part IV, Sections	s A and D,	and Part	V.				
e	<u>L</u> _	☐ Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III				
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.					
f	Ente	er the number of supported o	organizations	· · · · · · · · · · · · · · · · · · ·							
_9	Prov	ude the following information	n about the supporte	ed organization(s).							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) is the orga In your govern	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
								 			
											
					 	 		 			
								1			
			 			 		 			
		 _	 	ļ	 						

(Form 990 or 990-EZ) 2016 COUNCIL, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Schedule A (Form 990 or 990-EZ) 2016 COUNCIL, INC.

(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						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	666,050.	873,818.	1,757,428.	1,216,216.	_1,237,287.	5,750,799,
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		-				
	furnished by a governmental unit to				i	ļ	
	the organization without charge	29,374.	28,295.	27,127.	25,861.	38,361.	149,018.
4	Total. Add lines 1 through 3	695,424.	902,113.	1,784,555.	1,242,077.	1,275,648,	5,899,817.
5	The portion of total contributions						
	by each person (other than a			l			
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			į			
	column (f)						
	Public support. Subtract line 5 from line 4						5,899,817.
_	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	695,424.	902,113.	1,784,555.	1,242,077.	1,275,648.	5,899,817.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	69.	4,614.	5,220.	4,706.	4,285.	18,894.
_	and income from similar sources Net income from unrelated business	09.	4,014.	5,220.	4,700.	4,405.	10,694.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI)	95.023	142,703.	180.206.	235.522.	239.770	893,224.
11	Total support. Add lines 7 through 10	33,023		200/2001	200 / 0224	2337.734	6,811,935.
	Gross receipts from related activities,	, etc. (see instruct)	ons)			12	893,224.
	First five years. If the Form 990 is for	•		d, fourth, or fifth ta	ax year as a sectio		
	organization, check this box and stor	p here	· · <u>· · · · · · · · · · · · · · · · · </u>			· · · · · · · · · · · · · · · · · · ·	▶
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (olumn (f))		14	86.61 %
15	Public support percentage from 2015	5 Schedule A, Part	II, line 14			15	<u>88.69</u> %
16a	33 1/3% support test - 2016. If the	_				nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	٠			▶ X
b	33 1/3% support test - 2015. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			. ▶∟_
172	a 10% -facts-and-circumstances tes	_					•
	and if the organization meets the "fac			•	•	rt VI how the organ	uzation
	meets the "facts-and-circumstances"	=			-		. ▶Ш
Ł	10% -facts-and-circumstances tes	-			· · · · · · · · · · · · · · · · · · ·	-	
	more, and if the organization meets t						
	organization meets the "facts-and-cir						
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17i			
					Sche	edule A (Form 990	or 990-F7) 2016

Schedule A (Form 990 or 990-EZ) 2016 C	OUNCIL, I	NC.	_		52-225	4571 Page 3
Part III Support Schedule for C)rganizations	Described in	Section 509(a)	(2)		
(Complete only if you checked	the box on line 10	of Part I or if the	organization failed	to qualify under f	Part II. If the organi	zation fails to
qualify under the tests listed b			-	,		
Section A. Public Support						/
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016 /	(f) Total
1 Gifts, grants, contributions, and	<u>(a) 2012</u>	(5) 2010	(6) 2014	(4) 2010	(e) 2010	(i) rotai
19						
membership fees received. (Do not						
ınclude any "unusual grants.")					 	
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
iness under section 513					\	
4 Tax revenues levied for the organ-					 	
ization's benefit and either paid to						
•		1		Y	Ì	
or expended on its behalf					 	
5 The value of services or facilities					ļ	
furnished by a governmental unit to						
the organization without charge					<u> </u>	
6 Total, Add lines 1 through 5		\			{	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received		 	/		 	
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)				}		
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6			1.2			12/
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income		1		1	Ì	
(less section 511 taxes) from businesses					}	
acquired after June 30, 1975				1		
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 106, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is fo	r the organization'	s first, second, thu	rd, fourth, or fifth t	ax vear as a section	on 501(c)(3) organi	ration
check this box and stop here	i ilo organizacion	o mot, dodona, tim	a, rourar, or mare	ax your as a sooth	on cortojoj organiz	
Section C. Computation of Publ	lic Support Pr	rcentage				
					T I	
15 Public support percentage for 2016 (column (f))		15	%
16 Public support percentage from 2015				 	16	%
Section D. Computation of Inve	stment Incom	<u>ie Percentage</u>			.,	
17 Investment income percentage for 20	016 (line 10c, colu	mn (f) divided by lı	ne 13, column (f))		17	%
18 Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2016. If the			on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box a	-					▶□

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV | Supporting Organizations

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

<u>-</u>	atian	Λ	AII	Supporting Orga	nizationa
JĘ	CHOIL	м.	MII	Supporting Orga	IIIZALIUIIS

- 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 12a or 12b 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?
- 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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		, <u> </u>	
	9a		
	9b		
	_		
	9c		
	10a		
_	10b		
9	90 or 99	90-EZ)	2016

Sche	dule A (Form 990 or 990-EZ) 2016 COUNCIL, INC. 52	<u>-225457</u>	1 P	age 5
Pa	rt IV 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)	1		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	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.	11c		
	tion B. Type I Supporting Organizations			
			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			1
	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,		[1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		l
2	Did the organization operate for the benefit of any supported organization other than the supported	'		<u> </u>
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		1	
	supervised, or controlled the supporting organization.			İ
Sec	tion C. Type II Supporting Organizations			L
000	tion of Type it oupporting organizations		V	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ĺ
	or management of the supporting organization was vested in the same persons that controlled or managed			ĺ
500	the supported organization(s) tion D. All Type III Supporting Organizations	1	L	
360	tion b. All Type III Supporting Organizations			
	Did the appropriate and idea to each of the appropriate descriptions by the least description of the State of the	<u> </u>	Yes	No
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			l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ļ
_	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			ı
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	}		ı
_	the organization maintained a close and continuous working relationship with the supported organization(s),	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	Ì	!	
<u> </u>	supported organizations played in this regard	3	l	
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction of the control o	ons).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instructions		
2	Activities Test. Answer (a) and (b) below.	r———	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	}	1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	i	i	
	how the organization was responsive to those supported organizations, and how the organization determined	1		
	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			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990 or 990-EZ) 2016 COUNCIL, INC.			52-2254571 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recovenes of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		<u> </u>
_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			
	instructions for short tax year or assets held for part of year):			
a	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			
	factors (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,	1 1		
	see instructions)	4		<u> </u>
_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		<u> </u>
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		
4		4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting or	ganization (see
	instructions).			·

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 COUNCIL, INC. 52-2254571 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued, Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 9 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D, a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 7 Excess distributions carryover to 2017. Add lines 3 and 4c Breakdown of line 7: b Excess from 2013 c Excess from 2014 d Excess from 2015 e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

Part VI		Information Provid		ured by Part II line 10 Den	: II, line 17a or 17b; Part III, line 12;	raye 8
,	Part IV, Section A, line 1, Part IV, Sec Section D, lines 5,	, lines 1, 2, 3b, 3c, 4b, 4c ction D, lines 2 and 3; Pai , 6, and 8; and Part V, Se	e the explanations requ c, 5a, 6, 9a, 9b, 9c, 11a, rt IV, Section E, lines 1c, ction E, lines 2, 5, and 6	ined by Fart II, line 10, Par 11b, and 11c; Part IV, Sec , 2a, 2b, 3a, and 3b; Part V S. Also complete this part f	: II, line 1/a or 1/b; Part III, line 12; tion B, lines 1 and 2; Part IV, Sectio /, line 1; Part V, Section B, line 1e; P or any additional information.	on C, art V,
	(See instructions.)	<u> </u>				
					 	
						
				· · · · · · · · · · · · · · · · · · ·		
						
	·					
						
						
		·····				
	_					
				·		

SCHEDULE D

(Form 990)

Department of the Treasury

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.

Open to Public Inspection ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

TREASURE COAST HOMELESS SERVICES

Employer identification number

Schedule D (Form 990) 2016

COUNCIL, INC. 52-2254571 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" 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., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure □ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. 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: b Assets included in Form 990, Part X

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

	dule D (Form 990) 2016 COUNCIL							54571	
Par	t III Organizations Maintaining C	collections of A	rt, Historical T	reasures, c	r Other	Simila	<u>r Asse</u>	ts (continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	is, check any of the	e following tha	t are a sigr	nificant us	se of its	collection if	tems
	(check all that apply):								
а	Public exhibition	d	Loan or ex	change progra	ıms				
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization	on's exemi	ot purpos	e in Par	t XIII.	
5	During the year, did the organization solicit of	•	•	•	-	•			
	to be sold to raise funds rather than to be m						Γ.	Yes	□ No
	t IV Escrow and Custodial Arran						Part IV		
<u> </u>	reported an amount on Form 990, Pa		oto ii tile organizati	on answered	163 0111	om 550,	i aitiv,	iii ie 3, 0i	
	Is the organization an agent, trustee, custod		lioni for contributio	no or other on		oludod			
1a			-				_	7.,	<u>г</u>
_	on Form 990, Part X?							Yes	∟_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table:			r			
								Amount	
	Beginning balance					1c			
	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2 a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial acco	unt liability	/?	С	Yes	☐ No
_ b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	kplanation has bee	n provided on	Part XIII .				
Par							_		
		(a) Current year	(b) Prior year	(c) Two year	s back (d) Three yea	ars back	(e) Four ye	ars back
1a	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
			- '	 					
	Grants or scholarships			 					
е	Other expenditures for facilities								
_	and programs		-	-					
	Administrative expenses								
	End of year balance								
	Provide the estimated percentage of the cur	•	e (line 1g, column	(a)) held as:					
	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment ►	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administe	red for the	organiza	tion		
	by:							Ye	es No
	(i) unrelated organizations							3a(i)	
	man to the contract of the con							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedule F	?				3b	
4	Describe in Part XIII the intended uses of the							<u></u>	
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 11a	See Form 990). Part X. lır	ne 10.			
	Description of property	(a) Cost or c		st or other		umulated		(d) Book v	حســــــــــــــــــــــــــــــــــــ
	bescription of property	basis (investi	1	s (other)		eciation	` \	(d) Dook v	alue
	Lond			42,150.	2001			317	150
	Land			61,330.	E /	05 64			<u>,150.</u>
	Buildings					05,64		2,055,	
	Leasehold improvements			55,410.		30,87			540.
	Equipment	·		28,277.		19,77	8.	8_	<u>,499.</u>
	Other	<u> </u>							
<u>Tota</u>	. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line	10c)				<u>2,430</u> ,	<u>,877.</u>

(a) Description		(b) Book value
(1) LEASEHOLD INTEREST		469,698.
(2) DEPOSITS		1,300.
(3)		
(5)		
	·	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	▶	470,998.

Part X Other Liabilities.

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

1	(a) Description of liability	(b) Book value
(1) Fede	eral income taxes	
(2) DU	E TO GRANT BENEFICIARY	4,628.
(3) RE	NTAL DEPOSITS	20,464.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colur	nn (b) must equal Form 990, Part X, col. (B) line 25.)	25,092.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

Sche	dule D (Form 990) 2016 COUNCIL, INC.			<u> 52-</u> 2	2254571 Page	e 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Witl	h Revenue per R	eturn	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	1,529,327	<u>7.</u>
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1				
а	Net unrealized gains (losses) on investments	1		.		
b	Donated services and use of facilities	2b	38,361.			
C	Recoveries of pnor year grants	2c				
d	Other (Describe in Part XIII.)	2d	9,624.			
e	Add lines 2a through 2d			2e	47,985	
3	Subtract line 2e from line 1			_3	1,481,342	<u>2.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII)	4b				
C	Add lines 4a and 4b			4c		0.
5				_5	<u>1,481,342</u>	<u>2.</u>
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per	Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	1,483,255	<u>5 •</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	38,361.			
þ	Prior year adjustments	2b		1		
C	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	9,624.			_
е	Add lines 2a through 2d			2e	47,985	
3	Subtract line 2e from line 1			3	1,435,270	<u>).</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIII.)	4b			_	_
_				4c	(<u>) .</u>
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	•••		5	1,435,270	<u>) .</u>
	t XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			1; Part	X, line 2, Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional info	rmation.			
						
DAT	m v itate 2.					
1AT	RT X, LINE 2:				· · · · · · · · · · · · · · · · · · ·	—
mitt	COMMENT TO COMPOSITY EVENDED FROM FROMDS	7 7 7	CONTRACT TRICOM	с m;	A VEC IMIDED	
1111	E COUNCIL IS GENERALLY EXEMPT FROM FEDERAL	MIND	SIAIE INCOM	E 12	HAES UNDER	—
C Tr	CTION 501(C)(3) OF THE INTERNAL REVENUE CO	DΕ	TNI ACCODDAN	~ r	מדשם שטם	
<u>25(</u>	LION SUI(C)(S) OF THE INTERNAL REVENUE CO.	DE •	IN ACCORDAN	CEI	MIIU IUE	
TNT	TERNAL REVENUE CODE, THE CENTER IS NOT CON	משמדט	יייענוני עינים	ים ים	OTTNID A GIT ON	
<u>T 14 1</u>	ERNAU REVENUE CODE, THE CENTER TO NOT CON	OTDEK	TD A FKIVAL	<u>r</u> r	DONDALION.	
						—
កាប។	COUNCIL'S INCOME TAX FILINGS ARE SUBJECT	שר אי	מ <i>וו</i> ד עם הדרווו	TAT	כ שאעדאורי	
1111	COUNCIL 5 INCOME TAX FILINGS ARE BOBOLET	10 A	ODII DI VAN	100,	2 INVING	
אדדי	THORITIES. THE COUNCIL'S OPEN AUDIT PERIO	מג פת	F 2013_2016			
AU.	INORITIES: THE COUNCIL D OF EN AUDIT FERTO.	מא ככם	E 2013 2010	•		—
זמם	RT XI, LINE 2D - OTHER ADJUSTMENTS:					
1 111	KI KI, DIME 2D OTHER ADOUDINGNIO.					
REI	NTAL EXPENSES NETTED IN REVENUES ON FORM 9	90			9 62/	1
47111	THE ALL DIVIDE MALLED IN MANAGED ON PONCE O					<u> </u>
						
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:					

TREASURE COAST HOMELESS SERVICES Schedule D (Form 990) 2016 COUNCIL, I Part XIII Supplemental Information (continued) COUNCIL, INC. 52-2254571 Page 5 RENTAL EXPENSES NETTED IN REVENUES ON FORM 990 9,624.

Inspection ► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▼ Attach to Form 990. TREASURE COAST HOMELESS SERVICES General Information on Grants and Assistance COUNCIL, Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990) Part

OMB No 1545-0047	2016

Open to Public

Employer identification number 52-2254571

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	to substantiate the stance?	amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	istance, and the select	X Yes	£
E	Domestic Organi	zations and Domestic	c Governments, C	omplete if the orga	anization answered "Y	'es" on Form 990, Part	IV, line 21, for any	1
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	be duplicated if additi	onal space is need	ed.				-
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, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations listed in the line 1 table 	nd government or s listed in the line	ganizations listed in the	listed in the line 1 table					1 1
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	ons for Form 990.					Schedule I (Form 990) (2016)	16

Page 2

TREASURE COAST HOMELESS SERVICES

INC. COUNCIL,

Schedule I (Form 990) (2016)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

		3 7 7 7 7 7	4 n 4		
(a) Type of grant of assistance	(b) Number or recipients	(c) Amount or cash grant	cash assistance	(book, FMV, appraisal, other)	(f) Description of noncash assistance
TO PROVIDE FINANCIAL ASSISTANCE TO ASSIST IN THE					
PREVENTION OF HOMELESSNESS IN MARTIN COUNTY, ST.					
LUCIE COUNTY AND INDIAN RIVER COUNTY.	884	498,379.	0		
NEIGHBORHOOD STABILIZATION PROGRAM - TO PROVIDE					
ASSISTANCE/HOUSING TO ELEVEN HOUSEHOLDS IN INDIAN					
RIVER COUNTY WITH HOUSEHOLD INCOMES NOT EXCEEDING			<u> </u>	FAIR MARKET RENTS FOR	PROVIDE THREE BEDROOM HOUSES
50 PERCENT OF THE AREA MEDIAN INCOME,	16	0.	108,266,1	108,266, INDIAN RIVER COUNTY	AT A DISCOUNTED RENT.
NEIGHBORHOOD STABILIZATION PROGRAM - TO PROVIDE					
ASSISTANCE/HOUSING FOR FIVE HOUSEHOLDS IN INDIAN					
RIVER COUNTY WITH HOUSEHOLD INCOMES NOT EXCEEDING			<u> </u>	FAIR MARKET RENTS FOR	PROVIDE THREE BEDROOM HOUSES
120 PERCENT OF THE AREA MEDIAN INCOME,	5	0.	1,076,62	29,970, INDIAN RIVER COUNTY	AT A DISCOUNTED RENT.
NEIGHBORHOOD STABILIZATION PROGRAM - TO PROVIDE					
ASSISTANCE/HOUSING TO ELEVEN HOUSEHOLDS IN ST.					PROVIDE TWO AND THREE BEDROOM
LUCIE COUNTY WITH HOUSEHOLD INCOMES NOT EXCEEDING			<u> </u>	FAIR MARKET RENTS FOR	PROPERTIES AT A DISCOUNTED
50 PERCENT OF THE AREA MEDIAN INCOME,	12	0.	46,455,8	ST. LUCIE COUNTY	RENT,

Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION UTILIZES A MONTHLY MONITORING PROGRAM FOR ALL ASSISTANCE

THE ORGANIZATION'S PROGRAM OF PROVIDED TO INDIVIDUALS IN THE NSP PROGRAM.

PROVIDING FINANCIAL ASSISTANCE TO INDIVIDUALS REQUIRES APPROPRIATE

DOCUMENTATION FOR ELIGIBILITY, WHICH IS ALSO MONITORED FOR COMPLIANCE ON A

MONTHLY BASIS

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.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

632211 08-25-16

TREASURE COAST HOMELESS SERVICES COUNCIL, INC.

Employer identification number 52-2254571

Schedule O (Form 990 or 990-EZ) (2016)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TREASURE COAST.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
BEGINNING IN 2014, THE COUNCIL ENTERED INTO A SUBRECIPIENT CONTRACT
WITH ST. LUCIE COUNTY TO SERVE AS THE OWNER AND MANAGER OF RENTAL
PROPERTIES UNDER A NEIGHBOR STABILIZATION PROGRAM COMMUNITY DEVELOPMENT
BLOCK GRANT (NSP) AWARDED TO ST. LUCIE COUNTY BY THE DEPARTMENT OF
COMMUNITY AFFAIRS. AS A RESULT, ST. LUCIE COUNTY TRANSFERRED OWNERSHIP
OF 11 PROPERTIES IN ST. LUCIE COUNTY TO THE COUNCIL DEBT FREE. ALL
ELEVEN PROPERTIES SERVE THE PURPOSE OF BENEFITTING HOUSEHOLDS WITH
HOUSEHOLD INCOMES NOT EXCEEDING 50 PERCENT OF THE AREA MEDIAN INCOME.
FORM 990, PART VI, SECTION B, LINE 11B: THE TREASURER PRESENTS A COPY OF THE FORM 990 TO THE EXECUTIVE COMMITTEE FOR REVIEW PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE WRITTEN CONFLICT
OF INTEREST POLICY ON AN ONGOING BASIS. WHEN CONFLICTS OF INTEREST ARISE,
THEY ARE DISCUSSED AT THE EXECUTIVE COMMITTEE MEETING AND ARE PRESENTED AT
THE ANNUAL MEETING.
FORM 990, PART VI, SECTION B, LINE 15A:
THE EXECUTIVE COMMITTEE EVALUATES PERFORMANCE, DISCUSSES COMPARABLE
SALARIES AND RECOMMENDS COMPENSATION AND BONUS STRUCTURE.

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

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization TREASURE COAST HOMELESS SERVICES COUNCIL, INC.	Employer identification number 52-2254571
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FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FIN	IANCIAL STATEMENTS
ARE DISTRIBUTED QUARTERLY AT PUBLIC MEETINGS.	
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION'S EXECUTIVE COMMITTEE ASSUMES RESPONSIBI	LITY FOR AUDIT
OVERSIGHT ON AN ANNUAL BASIS.	
	