

990-EZ

Short Form **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-1150 201**8**

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service , 2018, and ending DECEMBER 31,2018 For the 2018 calendar year, or tax year beginning 3avuAR4 D Employer identification number C Name of organization B Check if applicable 59-3338309 Address change Central Florida Haven of Hope Ministries Room/suite E Telephone number Number and street (or P O. box, if mail is not delivered to street address) Name change Initial return (407) 298-2056 1310 W Colonial Drive Suite 25 Final return/terminated City or town, state or province, country, and ZiP or foreign postal code F Group Exemption Amended return 03 Number ▶ Orlando FL 32804 Application pending G Accounting Method: ✓ Cash Accrual Other (specify) H Check ► if the organization is not required to attach Schedule B Website: ▶ havenofhope@cfl rr com J Tax-exempt status (check only one) — 🗸 501(c)(3) 🔲 501(c) ((Form 990, 990-EZ, or 990-PF). ◀ (insert no.) 4947(a)(1) or 527 Corporation Trust ☐ Association Other K Form of organization L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 2 2 3 3 4 4 Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue 6a Gross income from fundraising events (not including \$ 2,647 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 2,647 6с Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 2.616 Gross sales of inventory, less returns and allowances . 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 90,365 10 Grants and similar amounts paid (list in Schedule O) 10 3098 SCANNED MAR 2 9 201 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 21,141 13 Professional fees and other payments to independent contractors 13 2,800 14 14 Occupancy, rent, utilities, and maintenance 12,321 15 Printing, publications, postage, and shipping . . . 15 265 16 Other expenses (describe in Schedule O) 16 45,166 17 Total expenses. Add lines 10 through 16 . 17 81,693 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 8,672 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 95,900 Other changes in net assets or fund balances (explain in Schedule O). . . 20 20 -63,348 Net assets or fund balances at end of year. Combine lines 18 through 20 21 41,224

Cat. No 106421

For Paperwork Reduction Act Notice, see the separate instructions.

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Pa	t II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this		<u> </u>	
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		· <i>·</i> · · ·	30,812		39,704
23	Land and buildings			1,740	23	1.500
24 25	Other assets (describe in Schedule O) Total assets			32,552		1,520 41,224
26	Total liabilities (describe in Schedule O)			32,332	26	41,224
27	Net assets or fund balances (lino 27 of column			32,552		41,224
Par						
	Check if the organization used Schedule				•	Expenses
Wha	t is the organization's primary exempt purpose?	Assistance to those				quired for section (c)(3) and 501(c)(4)
as n	eribo the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the	f its three largest poservices provided	rogram sorvices, i, the number of	orga	anizations, optional for ers)
28	Provided 3,600 food baskets and nutritional supplem	nents to 1,440 individi	ials and families tha	l are living in		
	poverty and hunger. This would conservatively be at	pproximatoly 43,200 r	noals			
	<u> </u>	includes foreign gra			28a	61,082
29	Provided 27 support groups to individuals that are li					
	partles and other support services for people living a	WILLIAMAIDS	· · · · · · · · · · · · · · · · · · ·			
	(Grants \$) If this amount	includes foreign gra	ints check here .	▶ □	29 a	9,285
30	Provided hot meals, clothing and other assistance t		·			7,200
	is conducted as an outreach program by our agency					
		includes foreign gra			30a	3,599
31	Other program services (describe in Schedule O)				l	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ ⊔	31a	+
32	Total program service expenses (add lines 28a				32	197191
Par	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule				เอแน	
	Check if the organization used conedule	(b) Average	(c) Reportable	(d) Health benefits,	Ť	<u> </u>
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation		Estimated amount of other compensation
Roxa	nne Nordquist, Executive Director					
5126	Log Wagon Road, Ocoee FL 34761	45	19,500	80	17	0
	Manfredo, Secretary/Treasurer					
	Gator Drive, Orlando FL 32804	24			-	<u>.</u>
	ge Bellamy, Board Member					
	Oak Avenue, Orlando FL 32809	5			+	
	Binkley, Board Member starstone Drive, Lake Mary FL 32746	5				
	s Smith, Board Member					
	B Heming Way, Orlando FL 32825	5				
					\perp	
					ŀ	
		ļ				
					+	
				-	+	
	·····					
					\perp	
]				

Part				_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Pari	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	150	✓
31	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
c b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(c) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b		√
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		√
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a		√
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
C	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41 42a	List the states with which a copy of this return is filed Florida The average to all be also are at a Copy of this return is filed Florida.	407-29	0.205/	
42 a	The organization's books are in care of ▶ Roxanne Nordquist Located at ▶ 1310 W Colonial Drive, Suite 25, Orlando FL ZIP + 4 ▶	328		
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42Խ	103	<u>√</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C 40	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ 10.47(-)(4)	42c		<u>√</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	Yes	► L
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	res	NO ✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<u> </u>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		√
4=	explanation in Schedule O	44d		<u>√</u>
15a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	\longrightarrow	✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			_

orm 99	0-EZ (20	018)						F	Page 4
						·		Yes	No
46	Did th	ne organization engage, directly or ir	idirectly, in political c	ampaign activities	on behalf	of or in opposit	ion		
		ndidates for public office? If "Yes," of		Part I	<u> </u>		. 46	L	<u> </u>
Part		Section 501(c)(3) Organizations			. = 0				
		All section 501(c)(3) organization	s must answer que	stions 47–49b ar	nd 52, an	d complete the	e tables f	or lin	es
		50 and 51.							
		Check if the organization used Sch	nedule O to respond	to any question i	n this Par	<u>t VI </u>	· · · ·		
				. 5044)				Yes	No
47	year?	ne organization engage in lobbying If "Yes," complete Schedule C, Part	tll				. 47		1
48	Is the	organization a school as described in	section 170(b)(1)(A)(i)? If "Yes," comple	te Schedu	leE	. 48		✓
49a	Did th	ne organization make any transfers te	o an exempt non-cha	ntable related orga	anization?		. 49a		✓
b		s," was the related organization a se					. 49b	<u> </u>	<u> </u>
50		plete this table for the organization's							
	emplo	oyees) who each received more than	\$100,000 of comper	isation from the or			enter "N	one."	
			(b) Average	(c) Reportable		Health benefits, utions to employee	(e) Estimate	d amou	unt of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS		plans, and deferred	other com	pensat	tion
						ompensation			
lone									
									
						-			
						•			
						İ			
			,						
f 51	Comp	number of other employees paid oven blete this table for the organization' 000 of compensation from the orga	s five highest compe	ensated independe	ent contra	ctors who each	received	more	than
	(a)	Name and business address of each independ	ent contractor	(b) Type of s	service	(c)	Compensation	on	
here a	ire no	independent contractors							
		· · · · · · · · · · · · · · · · · · ·							
				•					
			<u> </u>						
А	Total	number of other independent contra	ctors each receiving	over \$100 000	—				
52		he organization complete Schedu			nanızatior	ns must attach	а		
-		- · · · · · · · · · · · · · · · · · · ·					.► ☐ Yes		No
Inder po	enalties	of periury. I declare that I have examined this r	eturn, including accompany	ring schedules and state	ements, and	to the best of my kn			
ue, cor	rect, and	complete Declaration of preparer (other than	officer) is based on all info	rmation of which prepar	er has any k	nowledge			
		1 Kann /Ler	of me			2.8	. 19		
Sign		Signature of officer	Ü			Date			
lere		Roxanne Nordquist, Executive Dire	ector						
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	If PTIN		
Prepa	arer	Donna Ward, PA				self-employ	red P01	26865	52
Jse (Firm's name ► Donna Ward, PA				Firm's ElN ▶	59-340	9177	
		Firm's address ► 14122 Sapphire Bay (Phone no	407-617-		
/lay th	e IRS	discuss this return with the preparer	shown above? See I	nstructions		1	Ycs		٩V

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

Name	of the organization				Employer identification	n number
Centr	al Florida Haven of Hope Ministries					38309
Pai						ons.
The 1	organization is not a private found A church, convention of church	ches, or associati	on of churches descr	ibed in section 1	70(b)(1)(A)(i). (57
2	☐ A school described in section					•
3		spital service org	ganization described i	n section 170(b)	[1)(∧)(iii).	
4	A medical research organization hospital's name, city, and start	te:				
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned or operat	ed by a government	al unit described in
6	A federal, state, or local gover	nment or govern	mental unit described	I in section 170(b)(1)(A)(v).	
7	An organization that normally described in section 170(b)(1			port from a gove	rnmental unit or fron	n the general public
8	☐ A community trust described	ın section 170(b)	(1)(A)(vi). (Complete	Part II.)		
9	An agricultural research organ or university or a non-land-gra university:	nization described ant college of agr	d in section 170(b)(1) riculture (see instruction	(A)(ix) operated in ons) Enter the na	n conjunction with a l me, city, and state of	and-grant college the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	I to its exempt fu it income and uni after June 30, 197	nctions—subject to c related business taxa 75. See section 509(a	ertain exceptions ble income (less s a)(2). (Complete F	, and (2) no more tha section 511 tax) from Part III.)	n 331/3% of its
11	☐ An organization organized and					
12	☐ An organization organized and	d operated exclud	ively for the benefit o	f, to perform the	functions of, or to ca	rry out the purposes
	of one or more publicly supp Check the box in lines 12a thre	ough 12d that des	scribes the type of sup	oporting organizat	ion and complete line	es 12e, 12f, and 12g.
а	☐ Type I. A supporting organ	nization operated	l, supervised, or contr	olled by its supp	orted organization(s),	typically by giving
	the supported organization supporting organization.				the directors or trust	ees of the
b	Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same person		
С	☐ Type III functionally integ				on with, and function	ally integrated with,
	its supported organization	(s) (see instructio	ns). You must comp	lete Part IV, Sec	tions A, D, and E.	
d	Type III non-functionally that is not functionally inte requirement (see instructional see instructions).	grated. The orga	nization generally mu	st satisfy a distrib	ution requirement ar	
е	Check this box if the organ functionally integrated, or	nization received Type III non-func	a written determination	on from the IRS the	nat it is a Type I, Type tion.	e II, Type III
f	Enter the number of supported	• •		,		
q	Provide the following information					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) is the organization listed in your governing document?		(vi) Amount of other support (see instructions)
				Yes No	-	
(A)						
(B)						
(C)						
(D)						
(E)						

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

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

Secti	ion A. Public Support	_1					
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	61,114	68,235	84,895	78,428	90,365	383,037
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	01,114	30,230	04,070	70,420	70,000	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	61,114	68 235	84.895	78,428	90.365	383,037
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						383,037
	on B. Total Support					· ···· ·······	
_	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	55,338	68 235	84 895	78,428	90 365	383,037
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		6	8	1		15
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	1		1			383,052
12	Gross receipts from related activities, etc.	•				12	- 504()(0)
13	First five years. If the Form 990 is for the	-					
Coot:	organization, check this box and stop her			<u> </u>	• • • • •	· · · · ·	<u>·</u> · • []
	on C. Computation of Public Support Public support percentage for 2018 (line 6)			1		14	
14 15	Public support percentage for 2016 (line of Public support percentage from 2017 Sch	,	-		,	15	100 %
	331/3% support test—2018. If the organiz						
	box and stop here . The organization quali						
b	331/3% support test—2017. If the organiz						
	this box and stop here. The organization of						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "forganization	ets the "facts-	and-circumsta imstances" te	ances" test, ch	eck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	tion meets the leets the "fact	e "facts-and-c s-and-circums	rcumstances" tances" test. T	test, check the organization	his box and son qualifies as	top here. a publicly
18	Private foundation. If the organization did						
	instructions						

0	A /Farm 000 at 000 F7 2019						Page 3
	le A (Form 990 or 990-EZ) 2018 Support Schedule for Organiza	tions Descr	ibed in Sect	ion 509(a)(2)			Page
Part	(Complete only if you checked the	nions Desci	10 of Part I	or if the orga	nization failed	to qualify i	inder Part II
	If the organization fails to qualify	under the te	ete lieted heli	on in the orga	omplete Part I	II)	yiddi i ditii.
Sacti	on A. Public Support	under the te	3t3 listed ben	Svv, picase o	simploto i diti		
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	(8) 2014	(2) 2010	(6) 2010	(-, : :	()	(7)
	received. (Do not include any "unusual grants.")	İ					[
2	Gross receipts from admissions, merchandise			-			
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities			/	}		İ
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
-	received from other than disqualified						ļ
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				:		
С	Add lines 7a and 7b					,	
8	Public support. (Subtract line 7c from						
	line 6.)		<u>Y</u>				
	on B. Total Support						· · · · · · · · · · · · · · · · · · ·
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						<u>.</u>
10a	Gross income from interest, dividends, payments received on securities loans, rents,						1
	royalties, and income from similar sources .			{			ļ
h	Unrelated business taxable income (less)	/					
S	section 511 taxes) from businesses acquired after June 30, 1975		:				
С	Add lines 10a and 10b			-			
11	Net income from unrelated business						
	activities not included in line 10b, whether	Į			1		
	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.)	<u> </u>					4
13	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for the organization, check this box and stop her				n, or fifth tax ye		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8		-			15	%
16	Public support percentage from 2017 Sch				<u> </u>	16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2018 (I					17	%
18	Investment income percentage from 2017 33/3% support tests—2018. If the organi					18 ore than 331/	% and line
19a	397370 Support tests-2010. II the organi	Zation did 110t	CHECK THE DOX	COLUMB 14, 8	12 12 111	ore triair 33 %	oro, and mic

17 is not more than 331/5%, check this box and stop here. The organization qualifies as a publicly supported organization . . 🕨 🔲 '331/3% support tests-2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/2%, check this box and stop here. The organization qualifies as a publicly supported organization

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.)

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 of 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. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. Did the organization consure 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. 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. 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). b Type I or Type II only. Was any added or substituted support	<u>t V.</u>	<u>.) </u>	
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m section subjust in test, provide detail in Fait VI.	a		L.
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
·· · · · · · · · · · · · · · · · · · ·	b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
- I was a second of the second	C		
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.	0a		
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Schedu	le A (Form 990 or 990-EZ) 2018			rage J
Part	IV Supporting Organizations (continued)			T
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
O	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.	110		<u> </u>
Secti	on 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			
	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,	Ì		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		1
Secti	on C. Type II Supporting Organizations			
0001	on o. Type ii dapporting digamzationo		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or tructees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		
	or management of the supporting organization was vested in the same persons that controlled or managed	1		İ
	the supported organization(s).	1		
01				L
Secu	on D. All Type III Supporting Organizations		Yes	No
	City and the city and city		res	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 year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the] ,		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	
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			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	l		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
U	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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	jan	izations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying	j tru	st on Nov. 20, 1970 (explai	n ın Part VI). See	
instructions. All other Type III non-functionally integrated supporting organ				
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1			
2 Recoveries 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			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
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			
e 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, see instructions).	4			
5 Nct 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			
Section C-Distributable Amount Current				
1 Adjusted not income for prior year (from Section Λ, line 8, Column Λ)	1			
2 Enter 85% of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3.	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	y int	tegrated Type III supporting	g organization (see	
instructions).				

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	· · · · · · · · · · · · · · · · · · ·
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	oxompt purposos		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	occes of supported orga	nızations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified act-aside amounts (prior IRS approval required)		<u>.</u>	
6	Other distributions (describe in Part VI). See instructions.			
. 7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	th the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			<u> </u>
а	From 2013		 	
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			· · · · · · · · · · · · · · · · · · ·
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)	<u></u>	· · · · · · · · · · · · · · · · · · ·	
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7 ⁻ \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			· · · · · · · · · · · · · · · · · · ·
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7.			
а	Excess from 2014			
	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization			Employer identification number
Central Florida Haven o	of Hope Ministries		59-3338309
••••	·		
Page 1 Line 16 Other I	Expenses		
Food Pantry	\$43,543	-	
Specific Assistance	\$233 00		
Office Supplies	\$611.00		
Insurance	\$254 00		
Bank Service Fees	\$ 65.00		
Misc. Expenses	\$ 460.00		<u> </u>
•			
Page 1 Line 20 Other (
	d an 2017 Form 990EZ (incorrecti		
Page 1 Line 21 corrected figure for 2017		\$32,552 (matches 2017 Page 2 Line 27(B)	Vet Assets
Page 1, Line 20 correct	ion on 2018 return	-\$63,348 00	

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
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