City of Fort Lauderdale

City Hall 100 North Andrews Avenue Fort Lauderdale, FL 33301 www.fortlauderdale.gov



Meeting Minutes

Tuesday, August 21, 2018 6:00 PM

City Commission Chambers

City Commission Regular Meeting

FORT LAUDERDALE CITY COMMISSION

DEAN J. TRANTALIS Mayor - Commissioner
BEN SORENSEN Vice Mayor - Commissioner - District IV
HEATHER MORAITIS Commissioner - District I
STEVEN GLASSMAN Commissioner - District II
ROBERT L. McKINZIE Commissioner - District III

LEE R. FELDMAN, City Manager JOHN HERBST, City Auditor JEFFREY A. MODARELLI, City Clerk ALAIN E. BOILEAU, Interim City Attorney

CALL TO ORDER

Mayor Trantalis called the Commission Regular Meeting to order at 6:11 p.m.

Invocation

Chaplain Ron Perkins, Fort Lauderdale Public Safety - Police and Fire Rescue

Pledge of Allegiance

Chaplain Ron Perkins, Fort Lauderdale Public Safety - Police and Fire Rescue

ROLL CALL

<u>Present</u>: Commissioner Heather Moraitis, Commissioner Steven Glassman, Vice Mayor Ben Sorensen, Commissioner Robert L. McKinzie and Mayor Dean J. Trantalis

Present: 5 - Commissioner Heather Moraitis, Commissioner Steven Glassman, Commissioner Robert L. McKinzie, Vice Mayor Ben Sorensen and Mayor Dean J. Trantalis

QUORUM ESTABLISHED

Also Present: City Manager Lee R. Feldman, City Clerk Jeffrey A. Modarelli, Interim City Attorney Alain Boileau, City Auditor John Herbst and Sergeant at Arms Matthew Bucella

Approval of MINUTES and Agenda

18-0874

Minutes for June 19, 2018 Commission Regular Meeting, June 20, 2018 Joint Commission Workshop with Budget Advisory Board, July 10, 2018 Joint Commission Workshop with Affordable Housing Advisory Committee, July 10, 2018 Commission Conference Meeting and July 10, 2018 Commission Regular Meeting

Commissioner Glassman noted a scrivener's error which would be corrected. Commissioner Robert McKinzie made a motion to approve this item as amended and was seconded by Vice Mayor Sorensen.

APPROVED AS AMENDED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

AGENDA ANNOUNCEMENTS

Mayor Trantalis made the following Agenda Announcements:

Added to Agenda:

WALK-ON - Motion to Authorize Commissioner McKinzie and City Manager Feldman to negotiate a proposed contract of employment with Alain Boileau for the position of City Attorney.

Removed from Agenda

PUR-17 - Motion to Approve Contract Purchase of Disaster Debris Removal and Management Services

CR-11 - Resolution to Approve a Lease Agreement with the United States Customs and Border Protection to Lease Parcel 18 at Fort Lauderdale Executive Airport Commission Agenda

Revisions to Agenda

CM-1 - Exhibits 5, 5a and 5b - Event - One World Water Lantern Festival removed from the Memo

PUR-18 - Contract revised - pages 15, 21, 29, 45

PH-4 - Motion to Defer to September 25, 2018 will be made when item is heard

PRESENTATIONS

PRES- <u>18-0899</u>

Proclamation declaring August 21, 2018 as Frank Stranahan Day in the City of Fort Lauderdale

Commissioner Glassman requested April Kirk, Executive Director, Historic Stranahan House Museum (Museum) and Stranahan Board Members join him at the podium. He read the Proclamation declaring August 21, 2018 as Frank Stranahan Day in the City of Fort Lauderdale. Board Member Mary Fertig commented on the many contributions made by Mr. Stranahan. Commissioner Glassman presented the Proclamation to Ms. Kirk. Ms. Kirk accepted the Proclamation, thanking Mayor Trantalis, the Commission and all who contributed to the Museum's success.

PRESENTED

PRES- <u>18-0900</u> 2 Proclamation declaring August 2018 as Fort Lauderdale Professional FireFighters, Inc., IAFF Local 765 Appreciation Month in the City of Fort Lauderdale

Commissioner Moraitis requested Jeaneece Washington, Muscular Dystrophy Association, Fire Rescue Chief Rhoda Mae Kerr and Fire Rescue Battalion Chief and International Association of Fire Fighters (IAFF) Local 765 Vice President Mike Salzano join her at the podium. Commissioner Moraitis read the Proclamation declaring August 2018 as Fort Lauderdale Professional Fire Fighters, Inc., International Association of Fire Fighters (IAFF) Local 765 Appreciation Month in the City of Fort Lauderdale, presenting the Proclamation to Ms. Washington. Ms. Washington thanked IAFF Local 765 and the community for their support and contributions to the Muscular Dystrophy Association. She thanked Mayor Trantalis and the Commission for the Proclamation.

PRESENTED

PRES- <u>18-0868</u>

Proclamation declaring August 21, 2018 Downtown Development Authority, The Media Lab, Inc., and Riverwalk Fort Lauderdale, Inc. Telly Award Day in the City of Fort Lauderdale

Mayor Trantalis requested Jenni Morejon, Executive Director of the Downtown Development Authority (DDA), John Floyd, Vice President of The Media Lab, Inc., and Genia Ellis, Executive Director of Riverwalk Fort Lauderdale join him at the podium. Mayor Trantalis presented a Proclamation declaring August 21, 2018 Downtown Development Authority, The Media Lab, Inc., and Riverwalk Fort Lauderdale, Inc., as Telly Award Winners Day in the City of Fort Lauderdale. Mayor Trantalis expounded on the Telly Award, reading the Proclamation in its entirety. A three minute Telly Award video illustrating what the City has to offer was shown.

Ms. Morejon thanked Mayor Trantalis and the Commission for the Proclamation.

PRESENTED

PRES- <u>18-0902</u>

Recognition of Finance Department Achievements -Alicia Sheffield - Certified Government Finance Officer Designation Laurie Platkin and Maureen Lewis - Certified Public Purchasing Buyer Designation

City Manager Feldman requested Kirk Buffington, Finance Director, join him at the podium. Mr. Buffington announced the recognition of Finance Department employee achievements. He announced Alicia Sheffield's

designation as a Certified Government Finance Officer. Mr. Buffington also announced Maureen Lewis and Laurie Platkin's designation as Certified Public Purchasing Buyers. City Manager Feldman acknowledged the importance of the contributions made by Finance Department Community Builders.

PRESENTED

CONSENT AGENDA PUBLIC COMMENT

Items PUR-11, PUR-15, CR-1, CR-8, CR-12 were pulled by the Commission for separate discussion.

Mayor Trantalis recognized Charles King, 105 N. Victoria Park Drive. Mr. King commented on item CM-4. He made recommendations for addressing homelessness, including opening the Broward County Stockade. Mr. King also discussed item PUR-2, commenting on road paving and micro resurfacing.

Mayor Trantalis recognized Sherman Whitmore, 401 E. Las Olas Boulevard. Mr. Whitmore commented on item PUR-18 and the Beach Redevelopment Master Plan's public promenade. He also made brief comments regarding homelessness.

Mayor Trantalis recognized Bill Kent, Chair, International Swimming Hall of Fame (ISHOF). Mr. Kent thanked Mayor Trantalis and the Commission for their efforts to move Aquatic Complex renovations forward.

Mayor Trantalis recognized Brent Rutemiller, CEO of the International Swimming Hall of Fame (ISHOF). Mr. Rutemiller presented Mayor Trantalis and the Commission with a peace pipe. It is a token of the ISHOF and City relationship moving forward with the Aquatic Complex renovations. Mr. Rutemiller expounded on fundraising work and efforts to make the ISHOF an international destination.

Mayor Trantalis recognized Shaka McFadden. Ms. McFadden commented on item PUR-10 and turf grass landscape maintenance in the Northwest. City Manager Feldman discussed the protest bid process. Further discussions ensued. Mayor Trantalis referred Ms. McFadden to the Office of City the Attorney for proper procedure to address her concerns.

CONSENT AGENDA

CONSENT MOTION

Approval of the Consent Agenda

Commissioner McKinzie discussed removing CM-12 from the Consent Agenda for separate discussion. City Manager Feldman discussed the background of item CM-12. Further comment and discussion ensued.

Commissioner McKinzie made a motion to approve the Consent Agenda and was seconded by Vice Mayor Ben Sorensen.

Approve the Consent Agenda

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

CM-1 18-0822

Motion to Approve Event Agreements: Annual Pineapple Jam, Race with the Broward County Deltas, Sandz/Jamaica Diaspora Community Outreach Family Fun Day, YogaFest and One World Water Lantern Festival

Commissioner McKinzie made a motion to approve this item as amended and was seconded by Vice Mayor Sorensen.

APPROVED AS AMENDED - Removed Event One World Water Lantern Event from Item

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

CM-2 18-0823

Motion to Approve Event Agreements and Related Road Closures for Fundraisers, General Awareness and Recreation Events:
Champagne Fun Festival, 56th Annual Christmas on Las Olas, 2018
Broward Light the Night, Trick or Treat on 2nd Street and Duck Fest Derby

APPROVED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

CM-3 18-0824

Motion to Approve Event Agreements and Related Road Closures for Races, Walks and Triathlons: 7th Annual Merrill Lynch Bull Run, 5th Annual Fort Lauderdale Jingle Bell Jog, 13.1 Fort Lauderdale Half Marathon & 5K, Walk for the Animals, Making Strides Against Breast Cancer, and Las Olas International Triathlon

APPROVED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

CM-4 18-0643 Motion Approving Memorandums of Understanding with the Taskforce

Fore Ending Homelessness, the Salvation Army, United Way of Broward, and Approving a Participation Agreement with Broward Partnership for the Homelessness, Inc.

APPROVED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

CM-5 18-0814 Motion Accepting FY17 Assistance to Firefighters Grant from the United States Department of Homeland Security and the Federal Emergency Management Agency in the amount of \$639,756

APPROVED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

CM-6 18-0419 Motion Authorizing Settlement of General Liability Claim of 1492 East Broward Blvd, LLC - \$170,000

APPROVED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

CM-7 18-0817 Motion to Approve a Thirty (30) Year Lease Agreement with the International Swimming Hall of Fame, Inc.

APPROVED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

CM-8 18-0774 Motion to Accept FY2017 Florida Department of Transportation Grant - \$54,400

APPROVED

APPROVED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

CM-9 18-0808 Motion to Accept FY2018 Justice Assistance Grant - Emergency Fund - Overtime for February 14, 2018 Incident Response - \$9,420

Ave: 5 - Commissioner Moraitis Comm

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

CM-10 18-0877 Motion to Approve an Amended One-Year Agreement with the School Board of Broward County, Florida for School Resource Officer Program

APPROVED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

CM-11 18-0750 Motion to Authorize the Execution of a Site Access Agreement with Broward County in Order to Demolish and Abandon Pump Station A-44

APPROVED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

18-0948 Motion to Reconsider - CM-12

Commissioner McKinzie made a motion to reconsider this item and was seconded by Commissioner Glassman.

APPROVED

Aye: 3 - Commissioner Moraitis, Commissioner Glassman and Commissioner McKinzie

Nay: 2 - Vice Mayor Sorensen and Mayor Trantalis

CM-12 18-0846 Motion to Approve a Parking Permit and Enforcement Agreement with First Presbyterian Church located at 401 SE 15th Avenue

Mayor Trantalis recognized Robert Lochrie, Esq., Lochrie & Chakas and designated representative of Emmett McTigue. Mr. Lochrie discussed Mr. McTigue's request to adhere to landscaping Code requirements. In response to Mayor Trantalis' question, Mr. Lochrie confirmed the parking lot's use for commercial parking and church parking. Commissioner McKinzie confirmed his desire to reconsider item CM-12, commenting on Mr. McTigue's contributions to the City. City Manager Feldman confirmed the need for further discussion.

Discussions ensued on bringing the park lot up to Code and providing employee parking. City Manager Feldman expounded on Staff's position. He commented on the need for negotiations with those responsible for the cost of landscape improvements. Further comment and discussion ensued on the uses of the parking lot. Vice Mayor Sorensen confirmed his desire to work with all stakeholders to resolve concerns.

Mayor Trantalis recognized Linda Webb, 1414 SE 12 Street. Ms. Webb commented on the importance of involving surrounding neighbors in discussions. Mayor Trantalis acknowledged Vice Mayor Sorensen's willingness to work to address all stakeholder concerns.

Vice Mayor Sorensen made a motion to table this item and was seconded by Commissioner Glassman.

TABLED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

CM-13 18-0651

Motion Authorizing Execution of a Revocable License with RRPIV WF FTL LLLP for Temporary Right-of-Way Closures on SE 16th Court, SE 17th Street, and SE 4th Avenue in Association with the "501 Seventeen" Development Located at 501 SE 17th Street

APPROVED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

CONSENT RESOLUTION

CR-1 18-0772

Resolution Approving the Re-Naming of Sistrunk Park to Carlton B. Moore Park

Commissioner Glassman explained his position on renaming Sistrunk Park (Park). Mayor Trantalis requested public comment prior to Commission input.

Mayor Trantalis recognized Pamela Beasley Pittman, 500 NW 19th Avenue. Ms. Beasley inquired if the Sistrunk family was contacted about renaming the Park. She recommended the possibility of a hyphenated name. Ms. Beasley commented on other ways to honor Commissioner Carlton B. Moore, including renaming Rock Island Elementary School. Further comment and discussion ensued.

Mayor Trantalis recognized Carla Roundtree, 722 NW 2nd Avenue. Ms. Roundtree concurred with Ms. Beasley Pittman's comments. She recommended maintaining the name Sistrunk Park's, commenting on the importance of maintaining its historic significance.

Mayor Trantalis recognized Charles King, 105 N. Victoria Park Road. Mr. King commented on previous renaming efforts, recommendations on the process and the importance of community involvement.

Mayor Trantalis recognized Delores McKinley, 1630 NW 26th Terrace. Ms. McKinley commented on the possibility of honoring more than one individual by having a hyphenated name. She also commented on naming a school after Commissioner Moore. Ms. McKinley urged the

Commission to support this item.

Mayor Trantalis recognized DeNese Moore, 2000 NW 29th Terrace. Ms. Moore commented on the contributions of Commissioner Moore and the importance of recognizing both Commissioner Moore and Dr. Sistrunk. She concurred with Ms. McKinley's comments.

Commissioner Moraitis commented on the goal to honor both individuals. She concurred with this item's recommendation to rename Sistrunk Park to Carlton B. Moore Park.

Commissioner Glassman discussed concerns about this item setting a precedent. He confirmed support to rename a school in honor of Commissioner Moore.

In response to Vice Mayor Sorensen, Mayor Trantalis expounded on the genesis of this item, discussing Commissioner Moore's contributions to the City. Commissioner Glassman confirmed the unanimous votes by the Parks, Recreation and Beaches Board and the Northwest Progresso-Flagler Heights Community Redevelopment Board (CRA) Board for this recommendation.

Commissioner McKinzie discussed previous efforts to honor Commissioner Moore, commenting on the process. He confirmed the intent of naming public places as a permanent memory of individuals. Commissioner McKinzie expounded on ways to honor Commissioner Moore. Further discussion and comment ensued on the process moving forward

Commissioner Glassman made a motion to deny the approval of this item and was seconded by Commissioner McKinzie.

APPROVED a Motion to Deny

ADOPTED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

Resolution Approving the Notice of Award and Sale of City Owned Property Located at 1146 NW 6 Avenue, Fort Lauderdale, FL to 2968 INVESTMENT, LLC, a Florida limited liability company

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

Resolution Amending Resolution No. 18-130 to Announce the Revised Date for Scheduled Lease Approval for the Vacant Parcels

CR-2 18-0826

CR-3 18-0898

at the Fort Lauderdale Executive Airport with Premier Parks, LLC ADOPTED Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis CR-4 18-0854 Resolution Establishing a Sustainability Investment Fund **ADOPTED** Ave: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis CR-5 18-0566 Resolution to Accept a Grant in the amount of \$7,500 from Broward County to Assist in the Financing of a 9/11 Memorial Statue at Riverwalk ADOPTED Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis CR-6 18-0773 A Resolution Authorizing the City Manager to Apply to the Broward Boating Improvement Program for Grant Funding of \$50,000 for Future Derelict Vessel Removal ADOPTED Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis CR-7 18-0617 Resolution to Approve an Amendment to the Interlocal Agreement with Broward County for Community Bus Services to Extend the Term of the Agreement for One Year **ADOPTED** Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis CR-8 18-0830 Resolution Requesting the Broward Metropolitan Planning Organization Use Downtown Fort Lauderdale Mobility Streetscape Project Funds for a Pedestrian Bridge over the FEC Railway Commissioner Glassman confirmed this item was raised at the District II Pre-Agenda Meeting (Meeting). During the Meeting, it was suggested that Brightline would bear the cost of this item. City Manager Feldman had no recollection of this commitment from Brightline. Brightline sought a federal grant which was not received. He commented on a conversation with Brightline about a possible financial contribution should the Broward Metropolitan Planning Organization (MPO) not provide

CR-9

CR-10 18-0834

adequate funding. Exact financial costs have not been determined. City Manager Feldman explained the background of this item and the next steps to determine costs. He explained his recommendation to the MPO, the need to build this bridge using MPO funding and details involving the scope of project.

Vice Mayor Sorensen introduced this Resolution which was read by title only.

ADOPTED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

18-0832 Resolution Authorizing the Acceptance of Grant Funds and Execution of a Joint Participation Agreement with Florida Department of Transportation for Airfield Signage Replacement

ADOPTED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

Resolution to Approve a 1) An Eleventh (11th) Amendment to the Memorandum of Agreement with the Florida Department of Transportation for Installation and Maintenance of Landscape and Hardscape Improvements within the Right-of-Way on the East Side of A-1-A between NE 22 Street and NE 23 Street and, 2) Assumption of Liability and Hold Harmless Agreement with PRH Fairwinds, LLC

ADOPTED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

CR-12 18-0844 Resolution Approving the Consolidated Budget Amendment to Fiscal Year 2018 - Appropriation

Commissioner Glassman asked for the identification of funds in item "C". City Manager Feldman confirmed the amount budgeted for the Aquatic Complex, explaining that this item addresses a cash flow concern. He expounded on related details.

Commissioner Glassman also asked about the language in item "L" relating to seawalls. City Manager Feldman explained the term "abandoning" as noted in the Charter and the budget process involved with the funding of Community Investment Projects. This item corrects the allocation of funds for critical seawall projects, Cordova Road and Isles of Palm. He expounded on the status of addressing additional

seawall projects. City Manager Feldman confirmed the cost of the Cordova Road and Isles of Palm seawalls as \$8,300,000. Mayor Trantalis noted these costs include reconstruction of the adjacent seawall roads.

Mayor Trantalis recognized Paul Chettle, 200 S. Birch Road. Mr. Chettle pointed out concerns relating to several items and the funding of seawall projects.

Mayor Trantalis recognized Charles King, 105 N. Victoria Park Road. Mr. King commented on concerns relating to Las Olas Boulevard flooding and the importance of addressing seawalls on this roadway.

Vice Mayor McKinzie introduced this Resolution which was read by title only.

ADOPTED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

PURCHASING AGENDA

PUR-1 18-0677

Motion to Approve Increase in Funds to the Structural Engineering Consulting Services Contract with Lakdas/Yohalem Engineering, Inc. - \$220,000

APPROVED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

PUR-2 18-0688

Motion to Approve Annual Contract for Asphalt Milling and Resurfacing Services - Weekley Asphalt Paving, Inc. - \$950,000 (two-year total)

APPROVED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

PUR-3 18-0698

Motion to Approve Contracts for Annual Bridge Repair, Maintenance and Painting Services - Engineer Control Systems, Corporation and Lambert Bros., Inc. - \$750,000 (two-year total)

APPROVED

PUR-4	<u>18-0728</u>	Motion to Approve Increase in Expenditures to Contract for Purchase of Group Dental Plan Benefits - Cigna Health and Life Insurance Company - \$1,656,889
		APPROVED
		Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis
PUR-5	<u>18-0738</u>	Motion to Approve Increase in Expenditures to Contract for Janitorial Services - Image Janitorial Services, Inc \$66,000
		APPROVED
		Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis
PUR-6	18-0751	Motion to Approve Increase in Funds to Construction Engineering Inspection Services Continuing Contract - Various Consultants - \$1,405,000
		APPROVED
		Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis
PUR-7	<u>18-0752</u>	Motion to Approve Increase in Funds to Annual Utilities Restoration Contract - Various Contractors - \$804,575
		APPROVED
		Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis
PUR-8	<u>18-0758</u>	Motion to Approve Contracts for Annual Marine Facilities and Waterway Signage Repair and Maintenance Services - B & M Marine Construction, Inc. and Shoreline Foundation, Inc \$750,000 (two-year total)
		APPROVED
		Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis
PUR-9	18-0765	Motion to Approve Change Order No. 3 for the Central Beach Alliance Pump Station D-41 Project - Intercounty Engineering Inc \$90,709.34
		APPROVED

PUR-1 <u>18-0775</u> 0	Motion to Approve Cancellation and Re-Award of Contract for Purchase of Turf Grass Maintenance for Southwest Quadrant - VisualScape, Inc \$240,325 APPROVED
	Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis
PUR-1 <u>18-0776</u> 1	Motion to Approve Contract for Fort Lauderdale Executive Airport Western Perimeter Loop Road - Stanford & Sons Trucking Corporation d/b/a Stanford Construction - \$864,216
	Commissioner Glassman requested a financial revenue report on net profits from Fort Lauderdale Executive Airport (Airport). City Manager Feldman said this information is available in the annual budget and in the adoption of the consolidated review of financial reports. Any additional information can be provided. Commissioner Glassman reconfirmed his request for additional detailed financial information on the Airport's net profits. Further comment ensued on the affordability of Airport operations.
	Commissioner Glassman made a motion to approve this item and was seconded by Commissioner McKinzie.
	APPROVED
	Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis
PUR-1 <u>18-0777</u> 2	Motion to Approve Contract for Fort Lauderdale Executive Airport Airfield Electrical Vault Improvements - American Infrastructure Services, Inc \$1,063,648
	APPROVED
	Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis
PUR-1 <u>18-0792</u> 3	Motion to Approve Contract for Purchase of Hydraulic Vehicle Gate Operators and Intelligent Controller Modules - Florida Door Control of Orlando, Inc \$271,511

PUR-1 18-0813 Motion to Approve Contract for Purchase of Bridge Tending Services
4 - ISS Facility Services, Inc. - \$159,743

APPROVED

APPROVED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

PUR-1 18-0815

Motion to Approve Contract for Construction of Fire Station No. 8 - Burke Construction Group, Inc. - \$4,165,130

Mayor Trantalis explained this item addresses the location of Fire Station 8 at 1717 SW 1st Avenue. He noted Commissioner Glassman's desire to discuss relocating Fire Station 8.

Mayor Trantalis recognized Dr. Warren Sturman, 520 SE 5th Avenue. Dr. Sturman confirmed he was speaking on behalf of the Fire Bond Committee, the Rio Vista Neighborhood and the Downtown Civic Association. He expounded on the history of meetings, negotiations and reasoning for locating Fire Station 8 in the area of 8th Street and Federal Highway, noting this would be the optimal area. Dr. Sturman commented on available sites in this area and corresponding improvements to response times in the downtown area.

In response to Commissioner McKinzie, Dr. Sturman discussed area site options and ways to fund land acquisition. City Manager Feldman commented on the effect and timelines of relocating Fire Station 8 from 1717 SE 1st Avenue to another area.

Mayor Trantalis commented on previous efforts to relocate the site and lack of real estate in the area suggested by Dr. Sturman. Dr. Sturman discussed the current availability of sites in the area, noting the need to address the necessary funding for land acquisition. Further comment and discussion ensued.

In response to Commissioner Glassman, Dr. Sturman noted his understanding of the Fire Bond's position on this item.

Mayor Trantalis recognized Ken Joseph, 520 SE 5th Avenue. Mr. Joseph commented on concerns about downtown area response times.

Mayor Trantalis recognized Mike Salzano, Fire Rescue Battalion Chief and Vice President of International Association of Fire Fighters (IAFF) Local 765. Mr. Salzano confirmed the neutral position of the IAFF Local 765.

Mayor Trantalis recognized Paul Chettle, 200 S. Birch Road. Mr. Chettle urged the Commission to support this item, commenting on the current timeline of the Fire Bond and improved response times. Further

comment and discussion ensued on the importance of having an Emergency Medical Services (EMS) facility and moving forward on this item.

Mayor Trantalis recognized Stan Eichelbaum, 411 N. New River Drive East. Mr. Eichelbaum discussed the timeline, encouraging a deferral to address the need for a service solution to downtown population density needs. Further comment and discussion ensued on availability and cost of land acquisition in the noted area.

In response to Commissioner Glassman, City Manager Feldman discussed the Fire Bond's timelines, commenting on the fiduciary responsibility for bond proceeds and the need to resolve solutions for Fire Station 13. City Manager Feldman recommended this item not be deferred.

Commissioner Glassman asked if there have been discussions about using Riverwalk's first floor garage for an EMS facility. City Manager Feldman said there have been no discussions. He expounded on the EMS coverage versus fire suppression services. In response to Commissioner Glassman, City Manager Feldman confirmed this option would be discussed.

Vice Mayor Sorensen commented on the property in the area owned by Leo Hansen. City Manager Feldman confirmed discussions on this property, the need to acquire adjacent property, costs for redesign, zoning and neighborhood impact. He reiterated timeline concerns. Further comment ensued. City Manager expounded on costs to date.

Mayor Trantalis recognized Fire Rescue Chief Rhoda Mae Kerr. In response to Vice Mayor Sorensen, Fire Rescue Chief Kerr discussed the new Fire Station's Hazmat function, the proximity to the Fort Lauderdale-Hollywood International Airport (Airport) and Port Everglades (Port), and response times. She said the current site is a good location. It is on the correct side of the railroad tracks and the New River. The location improves the standard of coverage to the Rio Vista neighborhood. Fire Chief Kerr submitted heat maps indicating current and proposed deployment, giving a detailed explanation. Fire Chief Kerr recommended approval of this item.

A copy of this documentation is attached to these minutes.

Commissioner McKinzie made a motion to approve this item and was seconded Commissioner Glassman.

APPROVED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

PUR-1 <u>18-0816</u>

Motion to Approve Purchase of Additional Licenses for the Deployment of the Enterprise Content Management System (Laserfiche) - MCCI, LLC - \$32,832

APPROVED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

PUR-1 <u>18-0858</u>

Motion to Approve a Guaranteed Maximum Price Contract for Fort Lauderdale Aquatic Center Renovation Design-Build Project - Hensel Phelps Construction - \$26,995,368

APPROVED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

MOTIONS

M-1 18-0821

Motion to Approve an Event Agreement with Related Road Closures and Music Exemption with the Museum of Discovery and Science, Inc. for An Evening in the South Pacific

Commissioner McKinzie made a motion to approve this item and was seconded by Commissioner Glassman.

APPROVED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

M-2 18-0904

Motion to Approve an Event Agreement with HOPE South Florida, Inc. for a Mobile Showers Program

Mayor Trantalis recognized Alex Johnson, 729 NE 20th Avenue and representative of the American Civil Liberties Union (ACLU). Mr. Johnson commented on the ACLU's interest on the topic of homelessness. He thanked Vice Mayor Sorensen for requesting this item be put on the Agenda.

Mayor Trantalis recognized Ted Greer, representative of HOPE South Florida (HOPE) located at 1100 N. Andrews Avenue. Mr. Greer encouraged the Commission to support this item. In response to Mayor Trantalis, Mr. Greer confirmed the primary use of the HOPE ministry site is for religious purposes, expounding on its founding, history and collaboration with other churches to address homelessness. He

explained details involving efforts to have a permanent church home at 1100 N. Andrews Avenue, stating church services are held there on Tuesday and Thursday evenings. Further comment ensued.

In response to Vice Mayor Sorensen, Mr. Greer expounded on HOPE 's work to provide food services and showers to the homeless. Mobile showers are held on Mondays at Saint Christopher's Episcopal Church. He confirmed the proposal for periodic showers at HOPE's facility on Tuesdays, commenting on details listed in the application. Mr. Greer confirmed efforts to have worship services at HOPE's facility on Sundays in addition to other services. He expounded on this topic.

Mayor Trantalis recognized Edward Catalano, 1245 NW 2nd Avenue and Treasurer of the South Middle River Civic Association (Association). Mr. Catalano spoke in opposition to this item, noting HOPE is not a church and expounding on the Association's position. He provided copies of HOPE's federal 501(c)3 tax returns for the record. Further comment ensued on HOPE having church services on Sundays.

A copy of this information is attached to these minutes.

City Auditor Herbst confirmed that the term "church" is not defined in the Internal Revenue Code, expounding on this point.

Mayor Trantalis recognized William Cody, 1245 NW 2nd Avenue and member of the South Middle River Civic Association. Mr. Cody spoke in opposition to this item, explaining his history with addressing the needs of the homeless and conversations with representatives of HOPE regarding homelessness services. He encouraged efforts to find housing for the homeless in lieu of mobile showers at 1100 N. Andrews Avenue.

Mayor Trantalis recognized Ray Thrower, 1239 NW 1st Avenue. Mr. Thrower commented on neighborhood community efforts in South Middle River and the neighborhood's affiliation with Central City Community Redevelopment Agency (CRA) in 2012. Mr. Thrower commented on the increase in attendance at homeless feedings since March of 2018 and the impact of additional homeless services. He recommended a different location for homeless showers and improved security.

Mayor Trantalis recognized Charles King, 105 N. Victoria Park Road. Mr. King inquired about the genesis of HOPE, commenting on services provided by churches for the homeless needs. He also commented on relocating mobile shower services to other areas.

Mayor Trantalis recognized Michael Albetta, representative of St. Anthony's Homeless Ministry. Mr. Albetta commented on work with the Sanctuary Church located on Federal Highway and its November 17, 2018 food distribution. He expounded on the work of St. Anthony's to provide mobile showers and housing for housing single mothers and their children. Mr. Albetta commended the Commission for their work to address homelessness. He confirmed his support of this item and HOPE, commenting on the relocation of mobile showers.

Commissioner Moraitis commented on her position regarding HOPE, noting the importance of their work to address homelessness. She expounded on details regarding the need for wraparound services.

Commissioner Glassman concurred with Commissioner Moraitis, expounding on the neighborhoods' perspective and the need to respect all sides. He asked City Manager Feldman about providing security for mobile showers to ensure order. City Manager Feldman confirmed discretion providing reasonable security services deemed appropriate by the Commission, commenting on the process and his position.

Mayor Trantalis commented on previous conversations with representatives of HOPE, his position on assisting the homeless, the need for all stakeholders to work together and consider expanding these services beyond 90 days. City Manager Feldman expounded on the 90 day requirement, confirming it is arbitrary. He also commented on the possibility of amending the Unified Land Development Regulations (ULDR) and the Special Events Ordinance for these types of activities.

Commissioner Glassman commented on his support of this item, expounding on his earlier comments to address all stakeholder concerns, including neighborhood input. This item will provide an opportunity to monitor the operation of mobile showers, ensuring all details are being appropriately managed and addressed.

In response to Vice Mayor Sorensen, Dr. Greer explained efforts and details to improve, remediate and address neighbor concerns at 1100 N. Andrews Avenue, commenting on the need for fundraising. Dr. Greer confirmed HOPE's desire to be good neighbors.

Mayor Trantalis discussed the need for neighbor involvement and transparency. Dr. Greer concurred.

Commissioner McKinzie commented on mobile shower sites and proper management to ensure the best interests of the public. He emphasized the need to have mobile shower sites properly maintained, citing Saint Anthony's as a model.

In response to Vice Mayor Sorensen, Police Department Major Dana Swisher responded "no" to the inquiry about criminal activity in the vicinity of homeless services.

Vice Mayor Sorensen concurred with Commissioner Glassman's input on the 90 day approval, confirming there is a need for these services.

Commissioner Glassman discussed the need to address neighbor requests for additional security at mobile showers. City Manager Feldman commented on the cost. Further comment and discussion ensued. There was a consensus to monitor these events and address concerns should they arise.

Vice Mayor Sorensen made a motion to approve this item and was seconded by Commissioner Moraitis.

APPROVED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

Mayor Trantalis recessed the meeting at 9:20 p.m.

Mayor Trantalis reconvened the meeting at 9:35 p.m.

RESOLUTIONS

R-1 18-0872 Appointment of Board and Committee Members

Mayor Trantalis confirmed the consensus appointment of Charles Ladd to the Downtown Development Authority. City Clerk Modarelli confirmed this appointment would be on the September 4, 2018 R-1 Resolution.

City Clerk Jeffrey Modarelli confirmed additional appointments to be made at the September 4, 2018 Commission Regular Meeting:

- Laudertrail Committee two appointments, one from Commissioner McKinzie and one from Commissioner Glassman;
- One appointment to the Parks, Recreation and Beaches Board.
 The Parks, Recreation and Beaches Board has nominated Marie Huntley and Karen Povlika.

R-3

18-0799

Planning and Zoning Board. The Planning and Zoning Board has nominated Jay Shechtman.

City Clerk Modarelli read the Board and Committee appointments for tonight's R-1 Agenda item into the record.

A copy of Board and Committee appointments and respective terms are attached to these minutes.

Commissioner McKinzie introduced this Resolution which was read by title only.

ADOPTED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

R-2 18-0891 Resolution to Approve an Agreement between the City of Fort
Lauderdale and the Fort Lauderdale Community Redevelopment
Agency (CRA) to Provide a Line of Credit to the CRA in the Amount
of \$ 1,921,684

Commissioner Glassman introduced this Resolution which was read by title only.

ADOPTED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

Resolution Approving an Interlocal Agreement (ILA) between Broward County and the City of Fort Lauderdale for the Development of the 100-Year Flood Elevation Map and Associated Modeling - \$ 98,571.43

Vice Mayor Sorensen introduced this Resolution which was read by title only.

ADOPTED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

R-4 18-0580 Quasi-Judicial Resolution to Approve a Utility Easement Vacation - Reserve at Edgewood - 2807 SW 15th Avenue - Case No. E18004

Anyone wishing to speak must be sworn in. Commission will announce any site visits, communications or expert opinions received and make them part of the record.

Each City Commission member disclosed verbal and written

communications, site visits and expert opinions.

Mayor Trantalis opened the public hearing.

There being no one wishing to speak on this item, Vice Mayor Sorensen made a motion to close the public hearing, which was seconded by Commissioner Glassman. Roll call showed: AYES: Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis. NAYS: None.

Commissioner McKinzie introduced this Resolution which was read by title only.

ADOPTED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

R-5 18-0690

Quasi-Judicial Resolution to Approve a Partial Utility Easement Vacation - Located at 215 SW 14 Way - Kim Nothard - Case No. E18005

Anyone wishing to speak must be sworn in. Commission will announce any site visits, communications or expert opinions received and make them part of the record.

Each City Commission member disclosed verbal and written communications, site visits and expert opinions.

Mayor Trantalis opened the public hearing.

There being no one wishing to speak on this item, Commissioner McKinzie made a motion to close the public hearing, which was seconded by Commissioner Glassman. Roll call showed: AYES: Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis. NAYS: None.

Vice Mayor Sorensen introduced this Resolution which was read by title only.

ADOPTED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

R-6 18-0700

Quasi-Judicial Resolution to Approve a Utility Easement Vacation - Broward College Foundation, Inc. located at 201 E Las Olas Boulevard - 201 East Las Olas - Case No. E18010

Anyone wishing to speak must be sworn in. Commission will announce any site visits, communications or expert opinions received and make them part of the record.

Each City Commission member disclosed verbal and written communications, site visits and expert opinions.

Mayor Trantalis opened the public hearing.

There being no one wishing to speak on this item, Commissioner McKinzie made a motion to close the public hearing, which was seconded by Commissioner Moraitis. Roll call showed: AYES: Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis. NAYS: None.

Commissioner Glassman introduced this Resolution which was read by title only.

ADOPTED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

R-7 18-0701

Quasi-Judicial Resolution to Approve a Utility Easement Vacation - 212 Partners, LLC. Located at 220 SE 2nd Street - Case No. E18009

Anyone wishing to speak must be sworn in. Commission will announce any site visits, communications or expert opinions received and make them part of the record.

Each City Commission member disclosed verbal and written communications, site visits and expert opinions.

Mayor Trantalis opened the public hearing.

There being no one wishing to speak on this item, Commissioner Glassman made a motion to close the public hearing, which was seconded by Commissioner McKinzie. Roll call showed: AYES: Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis. NAYS: None.

Commissioner Glassman introduced this Resolution which was read by title only.

ADOPTED

18-0949 WALK-ON - Motion to Extend Meeting one hour to 11 p.m.

Commissioner McKinzie made a motion to approve this item and was seconded by Vice Mayor Sorensen.

APPROVED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

R-8 18-0706 Quasi-Judicial - De Novo Hearing - Site Plan Level II Development Permit- Alexan-Tarpon River - Case No. R17055

Anyone wishing to speak must be sworn in. Commission will announce any site visits, communications or expert opinions received and make them part of the record.

In response to Mayor Trantalis, City Manager Feldman clarified Staff's original recommendation has not changed, noting procedural aspects of this Call-Up item which was continued from a previous Commission meeting. The alternative design proffered at the previous Commission Meeting (Meeting) has not been submitted for Staff review. Further comment, explanation and discussion ensued. Interim City Attorney Alain Boileau expounded on procedural issues, confirming there are three options: granting the project; deny the project; or approving the project with conditions. Further comments and discussion ensued.

Each City Commission member disclosed verbal and written communications, site visits and expert opinions.

Commissioner Glassman read from the minutes of June 19, 2018 Commission Regular Meeting regarding the agreement reached on this item. Commissioner McKinzie commented on his position.

Mayor Trantalis recognized Bill Spencer, Esq., 350 E. Las Olas Boulevard on behalf of the applicant. Mr. Spencer discussed his understanding of what occurred during previous Commission Meetings. The applicant did not submit a revised site plan due to the lack of economic feasibility for a 14 story, 120-unit building. The applicant subsequently submitted a revised 14 story, 180-unit building site plan that Staff found unacceptable. Mr. Spencer confirmed the applicant's position that the initial proposal is the best project for this site, expounding on the original project's economic benefits. Mr. Spencer requested the Commission go forward and approve the original application. He reiterated objection to the Call-Ups.

Mayor Trantalis confirmed the status of this item as originally submitted. In response to Mayor Trantalis, Interim City Attorney Boileau confirmed there is no additional basis to reopen and continue the De Novo Hearing's public comment.

Commissioner Moraitis confirmed her support of the original plan.

After review of the June 19, 2018 Meeting video tape, Vice Mayor Sorensen confirmed the applicant's agreement to provide Staff and the Commission with the requested revised site plan renderings and drawings at the July 10, 2018 Meeting. He confirmed there was no caveat in the applicant's statements before the Commission. Vice Mayor Sorensen acknowledged the applicant's request for an extension from the July 10, 2018 Meeting to the August 21, 2018 Meeting to allow for community outreach and neighbor input.

Commissioner Glassman confirmed the unexpected nature of the applicant's response to Commission requests confirmed by the applicant at the June 19, 2018 Meeting. He concurred with Vice Mayor Sorensen's comments. Commissioner Glassman confirmed his objection to the applicant's project due to its nonconformance with the Downtown Master Plan and the New River Master Plan, expounding on additional concerns.

In response to Mayor Trantalis, Commissioner Glassman confirmed the project does not meet published criteria, the applicant failed to provide competent and substantial evidence and the site plan does not comport with the essential requirements of law for approval. Based upon input from Interim City Attorney Boileau, Commissioner Glassman also objected to Staff's conclusions on the project.

Commission McKinzie commented on the need for clarity. Interim City Attorney Boileau explained that the outcome of a "no" vote denotes a finding that the applicant did not meeting all published criteria. He stated that the Commission decision needs to be made on competent and substantial evidence received through the evidentiary process in compliance with Code requirements. Interim City Attorney Boileau expounded on these points. Further comment and discussion ensued.

Vice Mayor Sorensen introduced this Resolution to deny the Site Plan Level II which was read by title only.

ADOPTED Resolution Denying Development Permit and Dwelling Unit Allocation

Aye: 3 - Commissioner Glassman, Vice Mayor Sorensen and Mayor Trantalis

Nay: 2 - Commissioner Moraitis and Commissioner McKinzie

R-9 18-0707

Resolution Expressing No Objection to the Amendment to a Site Plan Level II Development Permit - Villa Medici Association, Inc. - 1033 NE 17th Way - Case No. A17011

Mayor Trantalis confirmed there have been significant negotiations between the parties, noting City Manager Feldman has no objection to the amended site plan.

Mayor Trantalis recognized Alan Gabriel, 200 East Broward Boulevard and representative of Villa Medici Association (Villa Medici). Mr. Gabriel gave a brief review of negotiations, confirming the Association's request and the agreement reached with Lake Ridge Civic Association for the amended site plan as discussed in Commission Agenda Memo 18-0707. He discussed the opening of two gates, at 17th Terrance and 17th Way at 11th Street, and an additional third gate on 17th Terrace on the south side of Villa Medici at Sunrise Boulevard.

Mayor Trantalis recognized Courtney Crush, Esq., 333 N. New River Drive and representative of Lake Ridge Civic Association (Lake Ridge). Ms. Crush responded, commenting that Lakeridge Civic Association has no objection to the possibility of an interior street layout. The site plan was discussed in detail.

In response to Mayor Trantalis, Ms. Crush explained how these changes would result in optimal traffic flow.

Further discussion ensued on Lakeridge's additional requests that include "no parking" signs in certain areas on 11th Street near 17th Terrace and 17th Way, and a residential parking permit program. Mr. Gabriel commented on efforts to build community and harmony between the two parties, stating costs relating to the amended site plan would be paid by Villa Medici.

Mr. Gabriel commented on the utility pedestrian and non-motorized vehicle access easement (Easement) through Villa Medici which is not part of the site plan. Mayor Trantalis noted the need to address all components of this matter. Commissioner Glassman recommended acting on the item before the Commission. Further discussion ensued. Assistant City Attorney D'Wayne Spence expounded on the Ordinance language regarding the Easement.

Commissioner Glassman introduced this Resolution.

Ms. Crush commented on Staff's input on the Easement, confirming that Lakeridge is comfortable working directly with the City on this issue. Ms.

Crush expounded on other details, including Code requirements relating to gate locations and functions.

In response to Mayor Trantalis' question about the Easement, Ms. Crush commented on possible options. Mr. Gabriel confirmed conversations with the Office of the City Attorney on this topic, stating that Villa Medici would address this issue.

In response to Mayor Trantalis, Mr. Gabriel confirmed his acceptance of the current resolution with the amendment for the requested extra gate. Mr. Gabriel confirmed having both ingress and egress at the gates need to be explored. Further discussion and comment ensued. City Manager Feldman commented on language in the Resolution and the possible need for modifications due to costs.

Mayor Trantalis recognized Michael Rigg, 1033 NE 17th Way. Mr. Rigg confirmed his support for opening the requested Villa Medici gates.

Mayor Trantalis recognized Rob Nelms, 1101 NE 17th Way. Mr. Nelms commented that concerns could be addressed through the permitting process. He inquired about safety concerns. It was confirmed that should safety concerns arise, the amendment modifications would not go forward. Mr. Nelms commented that the southern exit on 17th Terrace is critical.

Mayor Trantalis recognized Michael Albetta, member of the Lakeridge Civic Association. Mr. Albetta confirmed support of opening the Villa Medici gates. He also discussed the need for access to the Easement, expounding on this point.

Commissioner Glassman introduced this Resolution which was read by title only.

ADOPTED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

18-0950 Motion to Extend the Regular Meeting until completion of Agenda

Vice Mayor Sorensen introduced this item and was seconded by Commissioner Moraitis.

ADOPTED

R-10 18-0843 City Auditor Annual Performance Review and Merit Adjustment

Each Commission member concurred with giving City Auditor John Herbst a 3 percent merit adjustment.

Mayor Trantalis recognized Charles King, 105 N. Victoria Park Road. Mr. King gave his input on Mr. Herbst's performance, commenting on Return on Investment (ROI) and other items.

Commissioner Moraitis introduced this Resolution which was read by title only.

ADOPTED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

R-11 18-0876 City Clerk Annual Performance Review and Merit Adjustment

Vice Mayor Sorensen recommended giving City Clerk Jeffrey Modarelli a 3 percent merit adjustment.

Commissioner McKinzie introduced this item as amended giving a 3% merit adjustment to City Clerk Jeffrey Modarelli which was read by title only.

ADOPTED AS AMENDED - 3% increase

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

PUBLIC HEARINGS

PH-1 18-0579

Quasi-Judicial - Ordinance Vacating a Right-of-Way (Alley) Located Adjacent to and South of West Sunrise Boulevard between North Andrews Avenue and NW 1st Avenue - Andrews Project Development, LLC. - Case No. V18005

Anyone wishing to speak must be sworn in. Commission will announce any site visits, communications or expert opinions received and make them part of the record.

Each City Commission member disclosed verbal and written communications, site visits and expert opinions.

Mayor Trantalis opened the public hearing.

There being no one wishing to speak on this item, Commissioner

McKinzie made a motion to close the public hearing, which was seconded by Vice Mayor Sorensen. Roll call showed: AYES: Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis. NAYS: None.

Commissioner Glassman confirmed he would introduce this item subject to the following three conditions noted in the Commission Agenda Memo:

- 1. Any City infrastructure known or unknown and found to be within the vacated area shall be relocated at the expense of the applicant, and the relocated facilities shall be required to be inspected and accepted by the City's Public Works Department;
- 2. Any other utility infrastructure known or unknown and found to be within the vacated area shall be relocated at the expense of the applicant, and the relocated facilities shall be required to be inspected and accepted by the applicable utility agency or service provider; and,
- 3. The vacating ordinance shall be in full force and effect on the date a certificate, executed by the City Engineer, is recorded in the public records of Broward County, Florida. The certificate shall state that all conditions of the vacation have been met. A copy of the recorded certificate must be provided by the applicant to the City.

In response to Mayor Trantalis, Debbie Orshefsky, Esq., Holland and Knight and on behalf of the applicant, confirmed all conditions were acceptable.

Commissioner Glassman introduced this Ordinance for the First Reading which was read by title only.

PASSED FIRST READING

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

PH-2 18-0586

Quasi-Judicial - Ordinance Vacating a Right-of-Way (Public Street) Identified as NW 1st Avenue Adjacent to and South of West Sunrise Boulevard - Andrews Project Development, LLC. - Case No. V17004

Anyone wishing to speak must be sworn in. Commission will announce any site visits, communications or expert opinions received and make them part of the record.

Each City Commission member disclosed verbal and written communications, site visits and expert opinions.

Mayor Trantalis opened the public hearing.

There being no one wishing to speak on this item, Commissioner McKinzie made a motion to close the public hearing, which was seconded by Commissioner Glassman. Roll call showed: AYES: Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis. NAYS: None.

In response to Commissioner Glassman, it was confirmed the three conditions noted in item PH-1 also apply to items PH-2 and PH-3.

Commissioner McKinzie introduced this Ordinance for the First Reading which was read by title only.

PASSED FIRST READING

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

PH-3 18-0587

Quasi-Judicial - Ordinance Vacating a Right-of-Way (Alley) Located Adjacent to and South of West Sunrise Boulevard between NW 1st Avenue and NW 2nd Avenue - Andrews Project Development, LLC. - Case No. V18004

Anyone wishing to speak must be sworn in. Commission will announce any site visits, communications or expert opinions received and make them part of the record.

Each City Commission member disclosed verbal and written communications, site visits and expert opinions.

Mayor Trantalis opened the public hearing.

There being no one wishing to speak on this item, Commissioner McKinzie made a motion to close the public hearing, which was seconded by Commissioner Glassman. Roll call showed: AYES: Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis. NAYS: None.

Commissioner Glassman introduced this Ordinance for the First Reading which was read by title only.

PASSED FIRST READING

PH-4 18-0672

Public Hearing Approving Modifications to the Northwest Community Link and Neighborhood Link Routes

Mayor Trantalis said this item would be deferred to September 25, 2018 Commission Regular Meeting.

Commissioner Glassman made a motion to defer this item to the September 25, 2018 Commission Regular Meeting and was seconded by Commissioner McKinzie.

DEFERRED to the September 25, 2018 Regular Meeting

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

ORDINANCE FIRST READING

OFR-1 18-0497

Ordinance to Establish and Revise Procedures for Redressing Continuing, Repetitive, or Chronic Violations of the Code of Ordinances and Revising Civil Penalties

Commissioner McKinzie introduced this Ordinance on the First Reading which was read by title only.

PASSED FIRST READING

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

OFR-2 18-0584

Quasi-Judicial - Ordinance Vacating a Right-of-Way Identified as NE 2nd Street Located West of North Federal Highway - 195 Federal LLC. - Case No. V18001

Anyone wishing to speak must be sworn in. Commission will announce any site visits, communications or expert opinions received and make them part of the record.

Each City Commission member disclosed verbal and written communications, site visits and expert opinions.

Mayor Trantalis opened the public hearing.

There being no one wishing to speak on this item, Commissioner Glassman made a motion to close the public hearing, which was seconded by Commissioner McKinzie. Roll call showed: AYES: Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis. NAYS: None.

Commissioner McKinzie introduced this Ordinance for the First Reading

which was read by title only.

PASSED FIRST READING

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

OFR-3 18-0745

Quasi-Judicial - Ordinance - Rezoning from General Business (B-2) to North West Regional Activity Center- Mixed Use East (NWRAC-MUe) District - Broward Partnership for the Homeless, Inc. - 920 NW 7th Avenue - Case No. Z18003

Anyone wishing to speak must be sworn in. Commission will announce any site visits, communications or expert opinions received and make them part of the record.

Each City Commission member disclosed verbal and written communications, site visits and expert opinions.

Mayor Trantalis opened the public hearing.

There being no one wishing to speak on this item, Commissioner McKinzie made a motion to close the public hearing, which was seconded by Commissioner Glassman. Roll call showed: AYES: Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis. NAYS: None.

Vice Mayor Sorensen introduced this Ordinance for the First Reading which was read by title only.

PASSED FIRST READING

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

OFR-4 18-0768

Ordinance Amending Ordinance Number C-97-21 to Modify the Boundary of Property Approved for Use as a Homeless Assistance Center - Broward Partnership for the Homeless, Inc - Case No. T18003

Mayor Trantalis recognized Debbie Orshefsky, Esq., Holland and Knight and on behalf of the applicant. Ms. Orshefsky introduced Ms. Dodie Keith-Lazowick, Chair of the Broward Partnership for the Homeless, Inc. (BPHI) also in attendance.

Ms. Orshefsky explained the history of this item's zoning, discussing Section 47-18.26 of the Code addressing public use of land owned by a public entity and the Commission's ability to approve a desired use. Ms. Orshefsky confirmed OFR-3 and OFR-4 are companion items to address

the efforts of BPHI to develop up to 100 housing units for the homeless and affordable housing.

In response to Mayor Trantalis' question about a obtaining a developer, Ms. Orshefsky confirmed a Joint Venture was executed last week with Green Mills Development, expounding on efforts to achieve this goal and additional plans moving forward.

Mayor Trantalis and Vice Mayor Sorensen thanked Ms. Orshefsky and Ms. Keith-Lazowick for their work in support of addressing homelessness.

Commissioner McKinzie introduced this Ordinance for the First Reading which was read by title only.

PASSED FIRST READING

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

OFR-5 18-0811

Ordinance Revising Building, Fire and Other Fees for Services Related to Land Development and Permitting - Request Deferment to September 4, 2018

Commissioner Glassman made a motion to defer this item to the September 4, 2018 Commission Regular Meeting and was seconded by Commissioner McKinzie.

DEFERRED to September 4, 2018

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

ORDINANCE SECOND READING

OSR-1 18-0807

Ordinance Amending the Noise Ordinance Relating to the Construction of Large Projects Providing for an Exemption for Time to Comply and to Allow Certain Construction Activity to Occur outside of the Established Parameters

In response to Mayor Trantalis, City Manager Feldman confirmed that it is in the best interest of the City to allow construction activities outside of normal construction hours for things such as continuous pours of concrete. City Manager Feldman confirmed that contractors provide noise mitigation, citing examples. This item ensures proper notification to neighbors occurs. Further comment and discussion ensued on the purpose of this item to alleviate traffic concerns during peak business hours and shortening the duration of construction. The Building Official has the authority to issue these permits on a case-by-case basis.

Further comment and discussion ensued.

Vice Mayor Sorensen introduced this Ordinance for the Second Reading which was read by title only.

ADOPTED ON SECOND READING

Aye: 4 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie and Vice Mayor Sorensen

Nay: 1 - Mayor Trantalis

OSR-2 18-0206

Ordinance Amending the City of Fort Lauderdale General Employees' Retirement System

Vice Mayor Sorensen introduced this Ordinance for the Second Reading which was read by title only.

ADOPTED ON SECOND READING

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

OSR-3 18-0727

Ordinance Amending Chapter 20, Personnel, Article IV., Pensions, Division 3, Police and Firefighters' Retirement System, of the Code of Ordinances of the City of Fort Lauderdale, Relating to the City of Fort Lauderdale Police and Firefighters' Retirement System to Implement Collective Bargaining Agreements

Mayor Trantalis recognized Charles King, 105 N. Victoria Park Road. Mr. King commented on the expense involved with this item.

Commissioner McKinzie introduced this Ordinance for the Second Reading which was read by title only.

ADOPTED ON SECOND READING

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

OSR-4 18-0778

Ordinance Amending Schedule I of the Pay Plan of the City of Fort Lauderdale, Florida, by Creating Two (2) New Job Classifications and Amending Section 20-83 of the Code of Ordinances of the City of Fort Lauderdale, Florida, by Designating One (1) Class as an Administrative Assistant to the City Manager

Commissioner McKinzie introduced this Ordinance for the Second Reading which was read by title only.

ADOPTED ON SECOND READING

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

OSR-5 18-0770

Ordinance Amending Unified Land Development Regulations (ULDR) to Implement Off-Street Compact Parking and Off-Street and On-Street Motorcycle/Scooter Parking

Commissioner McKinzie introduced this Ordinance for the Second Reading which was read by title only.

ADOPTED ON SECOND READING

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

18-0947

WALK-ON - Motion to Appoint Commissioner Robert McKinzie and City Manager Lee Feldman to negotiate City Attorney Contract with Alain E. Boileau

Mayor Trantalis explained this item appoints Commissioner McKinzie and City Manager Feldman to negotiate a salary and benefits compensation contract with Interim City Attorney Alain Boileau for the position of City Attorney.

Commissioner McKinzie made a motion to approve this item and was seconded by Vice Mayor Sorensen.

APPROVED

Aye: 5 - Commissioner Moraitis, Commissioner Glassman, Commissioner McKinzie, Vice Mayor Sorensen and Mayor Trantalis

REQUEST FOR EXECUTIVE CLOSED DOOR SESSION

Interim City Attorney Alain Boileau announced that on September 4, 2018 commencing at approximately 4:30 P.M., or as soon thereafter as it may be heard, the City Commission shall meet privately to discuss pending litigation, pursuant to Section 286.011(8), Florida Statutes, for the following case(s):

Hinton, Walter, et al. v. City of Fort Lauderdale
 Case No.: 07-030358 (26)

Adderly, Ray, et al. v. City of Fort Lauderdale
 Case No.: 11-008499 (26)

ADJOURNMENT

Mayor Trantalis adjourned the Commission Regular Meeting of August 21, 2018 at 11:37 p.m.

Dean J. Trantalis

Mayor

ATTEST:

Jeffrey A. Modarelli

City Clerk

8/21/2018 Provided by Chief Rur-15

Current Deployment

Service Area 2, 3, 8, 49

3:40 - 5:20

5:20 - 6:00

6:00 - 6:40

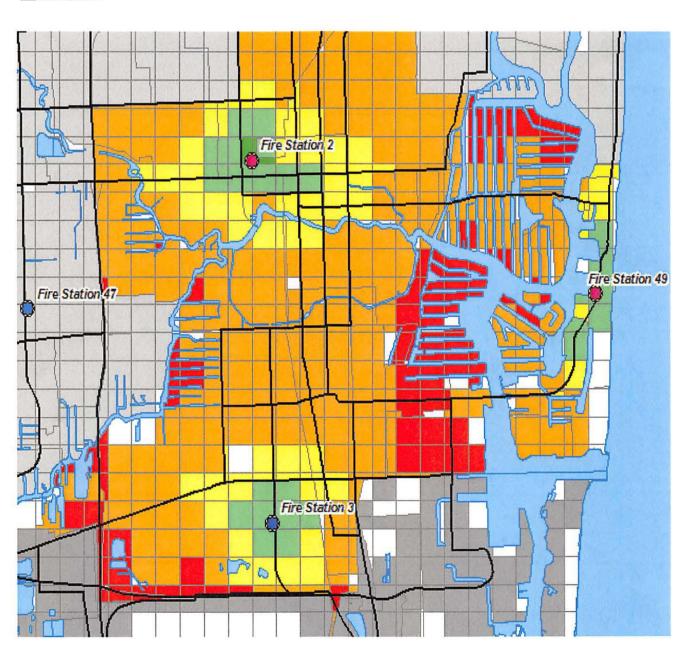
6:40 - 8:20

Greater than 8:20

No Access

Not Analyzed

Not Served



Proposed Fire Station 8

Service Area 2, 3, 8, 49

3:40 - 5:20

5:20 - 6:00

6:00 - 6:40

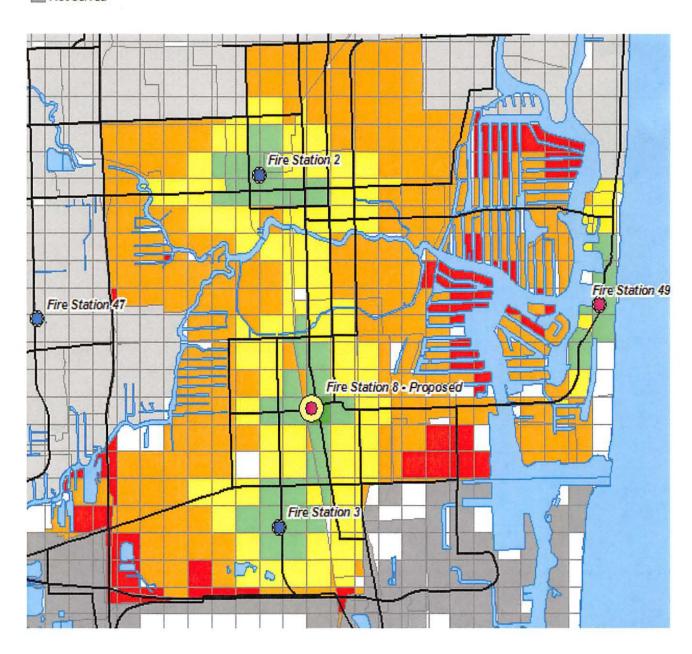
6:40 - 8:20

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Not Analyzed

Not Served



Department of the Treasury

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 1545-0047 2014

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

Open to Public

Internal Revenue Service	Information about Form 990 and its instructions is at www.in	s.gov/form990.		Inspection
A For the 2014	calendar year, or tax year beginning , and ending			
B Check if applicable	C Name of organization		O Employer	identification number
X Address change	Hope South Florida, Inc.	3		
$\overline{\Box}$	Doing business as See Schedule O		65-06	70031
Name change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone	
Initial return	5110 N Federal Highway #102		954-5	666-2311
Final return/	City or lown, state or province, country, and ZIP or foreign postal code			
terminated	Fort Lauderdale FL 33308	1	G Gross recei	pts\$ 2,241,287
Amended return	F Name and address of principal officer		G Gloss lecel	
Application pending	Christopher R. Lloyd	H(a) Is this a grou	up return for sub	oordinates? Yes X No
		H(b) Are all subo	ordinates inclin	ted? Yes No
	5110 N Federal Highway #102	(2) (E) (1) (1) (1) (1)		see instructions)
10 10 10 10 10 10 10 10 10 10 10 10 10 1	Fort Lauderdale FL 33308	- " ""	anour a nor (c	oo maadaana,
I Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	-		.8
	www.hopesouthflorida.org	H(c) Group exer		Table 16
K Form of organization		Year of formation 1	996	M State of legal domicile FL
Part I S	ummary			
	escribe the organization's mission or most significant activities			
e Pro	viding hope for homeless and hurting families throu	gh service	es and	
par	enerships with the Christian community.			
Ē .				
2 Check to	is box if the organization discontinued its operations or disposed of more than 2	5% of its net ass	ets	
3 Number	of voting members of the governing body (Part VI, line 1a)	070 07 110 1101 000	3	14
o A Number	of independent voting members of the governing body (Part VI, line 1b)		4	14
			5	28
S Total nu	mber of individuals employed in calendar year 2014 (Part V, line 2a)			
6 Total nu	mber of volunteers (estimate if necessary)		6	1520
7a Total un	related business revenue from Part VIII, column (C), line 12		7a	0
b Net unre	lated business taxable income from Form 990-T, line 34		7b	0
	1411 17 / 3	Prior Yea		Current Year
9 Program 10 Investm	tions and grants (Part VIII) line 1h)	1,589		1,767,584
9 Program	service revenue (Party/III, line 2g)		5,292	94,530
≥ 10 Investm	ent income (Part VIII) column (A), lines 3, 4, and 7d)		5,501	6,990
11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	256	5,181	291,330
12 Total rev	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,897	7,694	2,160,434
13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)			0
14 Benefits	paid to or for members (Part IX, column (A), line 4)			0
	other compensation, employee benefits (Part IX, column (A), lines 5-10)	950),113	1,062,835
Φ	onal fundraising fees (Part IX, column (A), line 11e)			0
b Total fur	draising expenses (Part IX, column (D), line 25) ▶ 137, 738			
A Other or	penses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,179	446	1,275,837
. Other ca		2,129		2,338,672
	penses Add lines 13–17 (must equal Part IX, column (A), line 25)			
19 Revenue	less expenses Subtract line 18 from line 12		L, 865	-178,238
20 Total las 21 Total las 22 Net asse	into (Dart V. line 46)	1,370		1.249.635
asses 20 Total as	sets (Part X, line 16)			
물리 Z1 Total lia	ollities (Part X, line 26)		,672	302,142
	ts or fund balances Subtract line 21 from line 20	1,125	5,731	947,493
	gnature Block			
Under penalties of	perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the be	st of my kno	wledge and belief, it is
true, correct, and	omplete Decaration of preparer (other than officer) is based on all information of which preparer	has any knowledge	9	
	hugh I by I			
Sign	signature of Vider			AND THE RESERVE
Here	Christopher R. Clayd, a	MATERIAL S		2000年1月20日 1月20日 1月2日 1月2日 1月2日 1月2日 1月2日 1月2日 1月2日 1月2
	ype or print name and title			
	e preparer's name Preparer's signature			學時後於其中的學
	Property 3 Harris			
Paid	1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
Proparer	el J Robbins			
Preparer Firm's na	me NOBBINS & LANDINO, PA			
Proparer	ROBBINS & LANDINO, PA 222 S.E. 10th Street			
Preparer Firm's na	ROBBINS & LANDINO, PA 222 S.E. 10th Street			
Preparer Use Only Firm's ac May the IRS discu	ROBBINS & LANDINO, PA 222 S.E. 10th Street			

<u>Form</u>	990 (2014) Hope South Florida, Inc. 65-0670031	Page 2
	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Bnefly describe the organization's mission	
p	roviding hope for homeless and hurting families through services and artnerships with the Christian community.	ì
2	Did the organization undertake on organization to the contract of the organization undertake on organization to the contract of the organization undertake on organization to the organiza	
•	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	, GD
	If "Yes," describe these new services on Schedule O	es X No
	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		es X No
	If "Yes," describe these changes on Schedule O	(2)
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
H(O) as	(Code)(Expenses \$ 1,529,142 including grants of \$) (Revenue \$ 9 OPE South Florida is a Christian-based 501(c)(3) non-profit organizating since 1995, that has provided emergency shelter, housing sistance, and support services to thousands of homeless families and adividuals.	•
Oi hi	ar goal is to bring about transformation in the lives of homeless and tring families through the provision of housing solutions and familiervices; and to serve as a guiding partner in transforming, educating the Christian community into relationship with those served. -2,875+ homeless clients were served by the various housing, child development and shared meals programs offered. -23,000+ shared meals were provided to homeless individuals in our	y ig, and
Tì	(Code)(Expenses \$ 360,256 including grants of \$) (Revenue \$ nrift Store- Operation of thrift store to raise funds and merchandis ne needs of the homeless-300 people served.	e for
4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe in Schedule O)	
	Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,889,398	
70	end program solvino superiose p	990 (2014)

P	art IV Checklist of Required Schedules			aye c
	· Orientation of the dated contention		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		100	
	complete Schedule A	1	x	l
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>	<u> </u>	
-	candidates for 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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	 -		
-	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,		•	
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1-3-	_	^
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	- "		<u> </u>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	,		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
Ŭ	complete Schedule D, Part III			
9	·	8	-	X
3	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			l
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			٠,,
	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			١.,
	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 as applicable			ŀ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	í	1	
	complete Schedule D, Part VI	11a	X	
ď	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	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f		1		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI and XII	12a	X	
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
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	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		X
5	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	_	X
6	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		X
7	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 (see instructions)	17		Х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
(0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>

Pi	art IV Checklist of Required Schedules (continued)			
	,		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>x</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	l		
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	ļ		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		ľ	
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u>24d</u>		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ĺ		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	- 1		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	- · · · · · · · · · · · · · · · · · · ·	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	l		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь				
	· · · · · · · · · · · · · · · · · · ·	28b		<u>X</u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1		
	F,,,	28c		<u>X</u>
29		29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	F	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
		31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	}		
		32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
		33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R Parts II, III.			
25-		34		X
35a	——————————————————————————————————————	35a		^
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		
36	E	130		
JU	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36		x
37	related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	**		
J.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
		37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-		
	· · · · · · · · · · · · · · · · · · ·	38	x	
				(2014)

	980 (2014) Hope South Florida, Inc. 65-0670031		P	age 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
	Check is Screedile O contains a response of fible to any line in this Fait V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	7 1		
	reportable gaming (gambling) winnings to prize winners?	1c_		_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 28			
ь		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	!	х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	"		-
Ju	organization solicit any contributions that were not tax deductible as chantable contributions?	6a	х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	"		
•	gifts were not tax deductible?	6ь	х	
7	·	100		_
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
а		7a	X	Ì
_	and services provided to the payor?	7b	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	1.5		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		х
	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year. 7d			-
d	11 700, Indicate the nember of 7 child of 201 mag daming the year.	7e		х
6	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		 *`
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8	Ì	ĺ
_	sponsoring organization have excess business holdings at any time during the year?	-		
9	Sponsoring organizations maintaining donor advised funds.	9a		l
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	35	\vdash	-
10	Section 501(c)(7) organizations. Enter		1	
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
а	Gross modific from memocra or and emolecia	┦ '		
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts out or records from them /	12a	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		-
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	t	
а	Is the organization licensed to issue qualified health plans in more than one state?	134	 	1
	Note. See the instructions for additional information the organization must report on Schedule O	1		
b	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		1	
C	Enter the amount of reserves on hand	14a	 	x
14a	Did the organization receive any payments for indoor tanning services during the tax year?		├──	 ^
_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	

Form	960 (2014) Hope South Florida, Inc. 65-0670031			Р	age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through	7b below, a	nd for a		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sc				าร
	Check if Schedule O contains a response or note to any line in this Part VI				<u>_x</u> _
Sec	tion 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	14			
	If there are material differences in voting rights among members of the governing body, or		7		
	If the governing body delegated broad authority to an executive committee or similar				İ
	committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	14		١.	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		2		X
3	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_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
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?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				l
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	the following	g		1
а	The governing body?		_8a	X	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		<u> X</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue	Code)		
40-	Data and the second of the sec			Yes	
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		405		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	(O	10b		
11a	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	torm?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		40-	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	oonfliete?	12a 12b	x	
C		comices	120		
·	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	x	
15	Did the process for determining compensation of the following persons include a review and approval by		1-1-	- 41	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		_x_
b	Other officers or key employees of the organization		15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		1		
16a					
	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?		16b		
<u>Sec</u>	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed FL				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)	(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply				
	X Own website				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	olicy, and			
20	financial statements available to the public during the tax year				
20 Da	State the name, address, and telephone number of the person who possesses the organization's books and records	-			
	onna English 5110 N Federal Highway #102 ort Lauderdale FL 33308	۵	54-56	6-2	211
DAA	TO DEFINE LA 22200				(2014)
					,,,7/

Form 990 (2014) H									65-067		Page
_			Dir	ect	ors,	Tru	ıste	es,	Key Employees, Hi	ghest Compensated	Employees, and
	. Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII										
							_	_	t Compensated Employe		
									on for the calendar year e		
organization's tax ye	ear										
compensation Ente	r -0- ın columns	(D), (E), and (F)) if no	o coi	mper	Isatı	οn w	as p	aid	is), regardless of amount o	f
	-		-		-				ons for definition of "key er	nployee " , trustee, or key employee'	1
who received reports organization and any	able compensat	ion (Box 5 of Fo	rm V	V-2 a	ind/o	r Bo	уееs x 7 о	f Fo	rm 1099-MISC) of more th	an \$100,000 from the	
• List all of the o	organization's fo	rmer officers, k	ey er	mplo	yees	, and	i higi	hest	compensated employees	who received more than	
\$100,000 of reporta									rganizations in the capacity as a forme	r director or trustee of the	
									ation and any related organ		
			s or	direc	tors,	ınst	itutio	nal	trustees, officers, key emp	loyees, highest	
Check this box if	•		v rol	hate	oras	פלוח	tion i	com	pensated any current office	er director or trustee	
(A)	Theither the org	(B)	T	aleu			LIGHT	50111	(D)	(E)	(F)
Name and	Title	Average			Pos	C) ition			Reportable	Reportable	Estimated
		hours per week					than o		compensation from	compensation from related	amount of other
		(list any hours for	_ cf	ficer a		irecto	r/Irusi		the organization	organizations (W-2/1099-MISC)	compensation from the
		related	G M	Institu	Officer	ş	퓛	Former	(W-2/1099-MISC)	(0.2.00000,	organization
		organizations below dolled	director	P P	*	key employee	348 S	Œ.			and related organizations
		line)	Individual (rustee or director	nstitutional trustee	ĺ	8	mpen				
			8	ğ	1		Highest compensated employee				
(1)Dr. Fred	Scarbro	bugh	t	1	\vdash			_			
,, , , , , , , , , , , , , , , , , , , ,		1.00	1	ł	ł	İ			ì		
Founder and		0.00	х		X	l .			0	0	<u> c</u>
(2) Matt Lom	enick								•		
***		1.00				1					1
Vice Chair (3) Andy Mit	aholl	0.00	X	-	X	├	-		0	0	<u></u>
(3) Alidy MIC	.cheii	1.00				1		İ			
Vice Chair		0.00	$ _{\mathbf{x}}$		x				l o	l o	l c
(4) Dave Smi	th		<u> </u>	T	T						
		1.00			1	i					
Treasurer		0.00	X	_	X				0	0	c
(5) Gail Aug	uston-Ko		ŀ		l						
Doord Manhou	_	1.00			,						
Board Member (6) William		0.00 Transhaw	X	P2	 	-	\vdash		0	0	c
(O) WIIII	(DIII)	1.00	`	-	1						
Board Member	•	0.00	x		ł	ŀ			l 0	l o	l
(7) Tim Dobb											
	:	1.00	ļ]							
Board Member		0.00	X	ļ	_				0	0	0
(8) Mat Gull	ey	1 00	ŀ	1							
Board Member		1.00	X	1					l o	0	o
(9) Fawn Mik		0.00	┝≏	-	-		Н		· · · · · ·	<u> </u>	
(-) - ~ (111 112)		1.00	ļ	1					ļ		
Board Member		0.00	x	L_					0	0	0
(10) Mike Mor	an										}
		1.00	l	1					_	_	_
Board Member		0.00	X	├-	-				0	0	· 0
(11) Brett Op	alluski	l	I	1	ı				1	1	

O Form **990** (2014)

1.00

Board Member

Form 990 (2014) Hope South Florida,

Inc.

65-0670031

Page 8

				(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
				Total Tevende	exempt function revenue	business revenue	excluded from tax under sections 512-514
1a	Federated campaigns	1a			10101100		
b	Membership dues	1b					
С	Fundraising events	1c	120,795				
d	Related organizations	1d					
е	Government grants (contributions)	1e	820,206				
f	All other contributions, gifts, grants,		1	1			
	and similar amounts not included above	1f	826,583				
g	Noncash contributions included in lines 1a	-11 \$	111,645				
<u>h</u>	Total. Add lines 1a-1f		>	1,767,584			
			Busn Code	AND DESCRIPTION			
2a			624200	94,530	94,530		-
b							
C							
d							
e	All -W						-
	All other program service reve	enue	•	94,530			
3	Total. Add lines 2a–2f Investment income (including	duudondo uni		34,330	· · · · · · · · · · · · · · · · · · ·		T
3	and other similar amounts)	dividends, in	erest,	1			
4	Income from investment of tax	v.avamnt han	d proceeds				ļ
5	Royalties	revenible pour	a proceeds				
	(i) Real		(ii) Personal				1
6a		, 214					
	Less rental exps						
С	Rental inc or (loss) 3 0	,214					
d	Net rental income or (loss)		>	30,214			30,214
7a	Gross amount from (i) Securities		(II) Other				
	other than inventory		54,000				
b	Less cost or other						
	basis & sales exps		47,011				
С	Gain or (loss)		6,989				
	Net gain or (loss)		>	6,989	6,989		
8a	Gross income from fundraising eve						
	(not including \$ 120,	0 = 2	í				
	of contributions reported on line 1c		20727 520000				
	See Part IV, line 18	a	31,557				
	Less direct expenses	b	33,842	2 205			-2,285
	Net income or (loss) from fund Gross income from gaming activitie		s Þ	-2,285			-2,20.
94	See Part IV, line 19	1					
h	Less direct expenses	а b					
	Net income or (loss) from garr						1
	Gross sales of inventory, less	ing activities					
iva	returns and allowances	а	252,706				
b	Less cost of goods sold	b					
	Net income or (loss) from sale	s of inventor	· •	252,706	252,706		
	Miscellaneous Revenue		Busn Code				
11a	Other Revenue		900099	10,695	10,695		
b							
С							
d	All other revenue						
е	Total. Add lines 11a-11d		>	10,695			
12	Total revenue. See instruction	ns	D	2,160,434	364,920	(27,930

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

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

	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) 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				
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	76,999	30,799	23,100	23,100
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	X			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	790,027	563,219	158,448	68,360
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	116,704	91,309	15,749	9,646
10	Payroll taxes	79,105	55,110	15,865	8,130
11	Fees for services (non-employees)				
a	Management				
b	Legal	325	325		
С	Accounting	11,632		11,632	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	33,923	33,923		
12	Advertising and promotion	3,663	1,959	395	1,309
13	Office expenses	63,446	23,587	24,665	15,194
14	Information technology				
15	Royalties				
16	Occupancy	137,348	129,106	5,585	2,657
17	Travel	6,688	5,460	775	453
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,679	3,574	816	1,289
20	Interest	3,494		3,494	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	47,549	45,728	164	1,657
23	Insurance	63,953	47,482	12,086	4,385
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Client Assistance	556,064	556,064		
b	Utilities	115,866	115,866		
c	Clothing&Household Good	47,746	47,746		
d	Contributed Supplies	41,732	41,732		
е	All other expenses	136,729	96,409	38,762	1,558
25		2,338,672	1,889,398	311,536	137,738
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				
DAA	Total and a service of the service o				Form 990 (2014)

_ <u>F</u>	art ?			has in this Dad V			
		Check if Schedule O contains a response or note	to any	line in this Part X	/A\		(8)
					(A) Beginning of year		(B) End of year
_	1	Cash—non-interest bearing			173,814	1	130,662
	2	Savings and temporary cash investments	10	2	3,536		
	3	Pledges and grants receivable, net		172,679	3	176,938	
	4	Accounts receivable, net	ŀ		4	170,530	
	5	Loans and other receivables from current and former off	liractore		-		
	*	trustees, key employees, and highest compensated emp					
		Complete Part II of Schedule L	noyees	'		5	
	6	Loans and other receivables from other disqualified pers	one /a	e defined under section			
	*	4958(f)(1)), persons described in section 4958(c)(3)(B), a					
	1	sponsoring organizations of section 501(c)(9) voluntary e					
۰,	ļ	organizations (see instructions) Complete Part II of Sch		•		6	
Assets	7	Notes and loans receivable, net	edule L	•		7	<u></u>
As	8	Inventories for sale or use	42,076	8	35,713		
	9			•	24,658	9	22,322
	1	Prepaid expenses and deferred charges	1 1		24,030	9	22,322
	lua	Land, buildings, and equipment cost or	40-	1 220 200			
	١.	other basis Complete Part VI of Schedule D	10a	1,228,208	050 030	400	868,530
	111	Less accumulated depreciation	10b	359,678	952,832		868,530
	12	Investments—publicly traded securities		•		11	
	13	Investments—other securities See Part IV, line 11			12		
	14	Investments—program-related See Part IV, line 11	-		13		
	1	Intangible assets	-	4,334		11 024	
	15	Other assets See Part IV, line 11	1,370,403	15	11,934		
_	16 17	Total assets. Add lines 1 through 15 (must equal line 34			16	1,249,635	
	[Accounts payable and accrued expenses		}	112,373	17	133,577
	18	Grants payable		•	583	18	583
	19	Deferred revenue		,	583	19	583
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of				21	
ies ies	22	Loans and other payables to current and former officers,					
		trustees, key employees, highest compensated employe	es, and	'			
Liabilities		disqualified persons Complete Part II of Schedule L		}	03 500	22	76 067
	23	Secured mortgages and notes payable to unrelated third	•	3	81,522	23	76,967
	24	Unsecured notes and loans payable to unrelated third pa		4.004	50,194	24	91,015
	25	Other liabilities (including federal income tax, payables to					
		parties, and other liabilities not included on lines 17-24)	Compi	ete Part X			
		of Schedule D		}	244,672	25	302,142
	26	Total liabilities. Add lines 17 through 25		₩	244,072	26	302,142
s		Organizations that follow SFAS 117 (ASC 958), check	nere	▶ X and			
ဥ		complete lines 27 through 29, and lines 33 and 34.		j	050 304		650 030
aga	27	Unrestricted net assets		-	850,184	27	650,039
Ö	28	Temporarily restricted net assets		}	275,547	28	297,454
Ĕ	29	Permanently restricted net assets		., , m . h		29	
<u>بر</u>	[Organizations that do not follow SFAS 117 (ASC 958)	, chec	k here ▶ 📗 and			
Net Assets or Fund Balances		complete lines 30 through 34.	İ				
SSe	30	Capital stock or trust principal, or current funds		}		30	
ğ.	31	Paid-in or capital surplus, or land, building, or equipment				31	
Ž	32	Retained earnings, endowment, accumulated income, or	otner	runos	1 105 701	32	047 402
	33	Total helphase and and appeals fixed belonged		}	1,125,731	33	947,493
	34	Total liabilities and net assets/fund balances			1,370,403	34	1,249,635

	1 930 (2014) HODE SOUCH FIORIDA, INC. 63-06 70031			Pag	ge 12
Pa	art XI Reconciliation of Net Assets				
	. Check if Schedule O contains a response or note to any line in this Part XI				Л
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,1	60,	434
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,3	38,	672
3	Revenue less expenses Subtract line 2 from line 1	3	-1	78,	238
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,1	25,°	731
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	9.	47,	<u>493</u>
Pa	irt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		-		Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔀 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			1	
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		i I		
	the Single Audit Act and OMB Circular A-133?		3a	1	X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			- "	
•	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				99C	(2014)

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 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

DAA

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

OMB No 1545-0047

2014

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2014

Name	of the	organization	Wanta Cauth T	22 ! 2 T				ridentification number		
D.		D	Hope South F					0670031		
	art I			Status (All organizations				ctions		
1	rga			se it is (For lines 1 through 11, o						
2	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
	=									
3	H									
•	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
5	city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
3			(b)(1)(A)(iv). (Complete Part		or operat	ed by a g	overnmental unit describe	a in		
6				overnmental unit described in s	ection 1	70/b)/1)/A	Vv)			
1	X			substantial part of its support fro				public		
1			section 170(b)(1)(A)(vi). (C		om a gov	cimilanta	unit of nom the general p	Jubile		
8	1			170(b)(1)(A)(vi). (Complete Part	III)					
9	Н			1) more than 33 1/3% of its supp		contribution	ons, membership fees, an	d gross		
		The second secon		npt functions—subject to certain				Section 1		
		0.546		nd unrelated business taxable in						
		acquired by t	he organization after June 3	0, 1975 See section 509(a)(2).	. (Comple	te Part III)			
10		An organizat	ion organized and operated	exclusively to test for public safe	ety See s	section 50	9(a)(4).			
11		An organizat	ion organized and operated	exclusively for the benefit of, to	perform t	he functio	ns of, or to carry out the p	ourposes of		
		one or more	publicly supported organizat	ions described in section 509(a)(1) or se	ction 509	(a)(2). See section 509(a	a)(3). Check		
		the box in lin	es 11a through 11d that des	cribes the type of supporting org	ganization	and com	plete lines 11e, 11f, and 1	l1g		
a		Type I. A sup	oporting organization operate	ed, supervised, or controlled by	its suppo	rted organ	ization(s), typically by giv	ing		
		the supporter	d organization(s) the power	to regularly appoint or elect a ma	ajority of	the directo	ors or trustees of the supp	orting		
		organization	You must complete Part I	V, Sections A and B.						
b		Type II. A su	pporting organization super	vised or controlled in connection	with its s	upported	organization(s), by having	1		
				organization vested in the same	e persons	that cont	rol or manage the suppor	ted		
			s) You must complete Pa			energenantske anderso	w and the way of the control of the			
С		ALL PROPERTY OF THE PROPERTY O	CONTRACTOR OF THE PROPERTY OF	orting organization operated in o				vith,		
i.			그림은 그 그 아이는 것은 맛이 아니다 그 그렇게 했다.	tions) You must complete Par				/->		
d	Ш	1505		supporting organization operate						
				ganization generally must satisfy				1622		
е	\Box			t complete Part IV, Sections A d a written determination from t						
C	النا			actionally integrated supporting			ype i, Type ii, Type iii			
f	Ent		r of supported organizations	retionally integrated supporting	organizat					
q			ving information about the si	upported organization(s)						
(1)	Name	of supported	(II) EIN	(iii) Type of organization	(IV) Is the	organization	(v) Amount of monetary	(vi) Amount of		
	org	anization	SSAMP PROJECTION	(described on lines 1-9	1	ur governing	support (see	other support (see		
				above or IRC section (see instructions))	docu	ment?	instructions)	instructions)		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No				
A)										
B)										
C)										
D)	_				-					
D)										
E)										
-/										
otal						1 1				

Schedule A (Form 990 or 990-EZ) 2014 Hope South Florida, Inc. 65-0670031

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)

	ction A. Public Support	,					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,445,853	1,672,607	1,521,047	1,589,720	1,767,584	7,996,811
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,445,853	1,672,607	1,521,047	1,589,720	1,767,584	7,996,811
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						7,996,811
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1,445,853	1,672,607	1,521,047	1,589,720	1,767,584	7,996,811
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	88,152	70,920	73,189	31,650	30,215	294,126
9	Net income from unrelated business activities, whether or not the business is regularly carried on				3,638		3,638
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						8,294,575
12	Gross receipts from related activities, etc	(see instructions)				12	357,931
13	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c)(3)	7-2-
	organization, check this box and stop her						•
Sec	tion C. Computation of Public Su	ipport Percenta	age				
14	Public support percentage for 2014 (line 6	, column (f) divided	by line 11, column	(f))		14	96.41%
15	Public support percentage from 2013 Scho	edule A, Part II, line	14			15	95 91%
16a	33 1/3% support test—2014. If the organ	ization did not chec	k the box on line 1	3, and line 14 is 33	3 1/3% or more, ch	eck this	
	box and stop here. The organization qual	ifies as a publicly su	ipported organizati	on			► X
b	33 1/3% support test—2013. If the organ				is 33 1/3% or mo	re,	
	check this box and stop here. The organiz						▶ _
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meet						
	Part VI how the organization meets the "fa organization			and the second s			▶ □
b	10%-facts-and-circumstances test—201					line	
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me	eets the "facts-and-o	arcumstances" tes	t The organization	qualifies as a pub	olicly	
	supported organization				2 22 Y		▶ _
18	Private foundation. If the organization did	d not check a box or	n line 13, 16a, 16b	, 17a, or 17b, chec	k this box and see	:	
	instructions						P []

Schedule A	(Form 990 or 990-EZ) 2014 HOT	e South F	lorida.	Inc.	65	-0670031	Page 3
Part III Support Schedule for Or (Complete only if you chec If the organization fails to o		rganizations D cked the box or	escribed in Solution Ine 9 of Part	ection 509(a)(2) nization failed to	o qualify under	
	. Public Support						
Calendar yea	r (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, ga fees rec grants *	rants, contributions, and membership beived (Do not include any *unusual ')						
sold or : furnishe	eceipts from admissions, merchandise services performed, or facilities ed in any activity that is related to the ation's tax-exempt purpose						
3 Gross re unrelate	eceipts from activities that are not an ed trade or business under section 513						
organi	venues levied for the zation's benefit and either paid xpended on its behalf						
furnish	alue of services or facilities sed by a governmental unit to the zation without charge		······				
6 Total.	Add lines 1 through 5						
	nts included on lines 1, 2, and 3 ed from disqualified persons						
received	s included on lines 2 and 3 d from other than disqualified that exceed the greater of \$5,000 f the amount on line 13 for the year						
c Add lin	es 7a and 7b						
line 6)							
	. Total Support						
•	r (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amoun	its from line 6						
paymen	ncome from interest, dividends, its received on secunties toans, rents, is and income from similar sources						
section	ted business taxable income (less i 511 taxes) from businesses ed after June 30, 1975						
c Add lin	es 10a and 10b						
activities	ome from unrelated business s not included in line 10b, whether tie business is regularly carned on						
loss fro	ncome Do not include gain or om the sale of capital assets n in Part VI)						
I3 Total s	support. (Add lines 9, 10c, 11,						
and 12)						
	ve years. If the Form 990 is for the		second, third, for	irth, or fifth tax yea	r as a section 501	(c)(3)	. \square
	ation, check this box and stop here					 	<u> </u>
	. Computation of Public Su						
	support percentage for 2014 (line 8,	• • •	•	n (f))		15	<u> %</u>
	support percentage from 2013 Sche	oule A, Part III, line	: ID			16	%_

Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from 2013 Schedule A, Part III, line 17 18 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests—2013. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

determine whether the organization had excess business holdings)

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Sections A.	te Part V	<u> </u>	
Sect	ion A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	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	1_		
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)	2		Ì
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a	ľ]
ь	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	3ь		ļ .
С	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	3c	1	1
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	100	-	
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a	·	l
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	4b	,	1
		40		
С	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)		1	
	purposes	4c		<u> </u>
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,			ľ
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	ا _ ا		l
	was accomplished (such as by amendment to the organizing document)	5a		
ь	Type I or Type II only. Was any added or substituted supported organization part of a class already	٠.		i
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the chantable class			
	benefited by one or more of its supported organizations, or (c) 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.	_6_		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			l
_	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		<u> </u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79			[
_	If "Yes," complete Part I of Schedule L (Form 990)	8		
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			Ì
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
ь	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) 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.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	40-	1	
	organizations)? If "Yes," answer (b) below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1		ľ

Yes National Approach who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11b 11b 11b 12b			<u>-0670031</u>		Page 5
11 Has the organization accepted a gift or contribution from any of the following persons? 2 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? 2 A family member of a person described in (a) above? 3 A family member of a person described in (a) above? 4 11b 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 of regularly appoint or elect at least a majority of the organization of the capture of the tax year? 5 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 of directors or trustees at all times during the tax year organization and what conditions or restrictors, if any, applied to such powers during the tax year organization operate for the benefit of any supported organization onther than the supported organization organization operate for the benefit of any supported organization of the trustees are allocated among the supported organization of any supported organization of life Yes, "explain in Part VI how providing such benefit carned out the purposes of the supported organization (I "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization (I "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization (I "Yes," explain in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed or any supported organization was vested in the same persons that controlled or managed organization of the organization was recently field as of the date of notification, and (3) copies of the organization or the vest. The organization is supported organizations, by the last day of the fifth month of the organization is west	Par	t IV Supporting Organizations (continued)			I N-
a A person who directly or undirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? 11b	11	Has the organization accepted a cuft or contribution from any of the following persons?		Yes	No
below, the governing body of a supported organization? A 18th with without providing organizations A 18th without providing organizations To did the directors, fusites, 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 directors or trustees at all times during the tax year? If "No," describe no Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," describe no Part VI how the supported organization's directors or trustees at all times during the tax year all organization and what conditions or restrictions, if any, applied to such powers during the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year Did the organization operate for the benefit of any, applied to such powers during the tax year Did the organization operate for the benefit of any, supported organization other than the supported organization organization of the supporting organizations. Section C. Type II Supporting Organizations Were a majority of the organizations' directors or trustees during the tax year also a majority of the directors or trustees of each of the grapizations' apported organizations or trustees of each of the grapizations' apported organizations or trustees of each of the grapizations' apported organizations or trustees of each of the organizations' apported organizations or trustees of each of the organizations' apported organizations and the supporting organization and the supporting organization and the supporting organization and the supporting organization and the supporting organization and the supporting organization and the supporting organization and the supporting organization and the supporting organization and the supporting organization and the supporting organization and the responsibility of t		· · · · · · · · · · · · · · · · · · ·	i		
b A family member of a person described in (a) above? c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, prowde detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly sponnt or lect 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 directors or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization of what conditions or restrictions, if any, applied to such powers during the tax year 2 Did the organization operate for the benefit of any supported organization of which that the supported organization organization organization organization, and the supported organization organization organization organization organization organization organization organization or trustees of each of the supporting organization as supported organization organization or management of the supporting Organization was vested in the same persons that controlled or managed the supported organization provide to each of its supported organizations. 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization organization managed the supported organization organizations. 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization organization organization organizations and the supported organizations and the supported organizations and the supported organizations and the supported organizations and the supported organizations and the organizations and supported organizations and supported organizations and supported organizations and			11a	[j
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activities but for the organization's involvement			2b		
3 Parent of Supported Organizations Answer (a) and (b) below.	3	Parent of Supported Organizations Answer (a) and (b) below.			1
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or					
trustees of each of the supported organizations? Provide details in Part VI.		trustees of each of the supported organizations? Provide details in Part VI.	3a		ļ
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 Schedule A (Form 990 or 990-EZ)					L

Schedule A (Form 990 or 990-EZ) 2014 Hope South Florida, Inc.		65-0670	031 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 . Check here if the organization satisfied the Integral Part Test as a qualifying trust on No.			1
other Type III non-functionally integrated supporting organizations must complete Section	ns A th	rough E	
Section A - Adjusted Net Income		(A) Pnor 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		<u> </u>
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	1		
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)
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		
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 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		
Section 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 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 argentization's first as a non-functionally-integrated	Type III	supporting organization (s	

Schedule A (Form 990 or 990-EZ) 2014

instructions)

	ule A (Form 990 or 990-EZ) 2014 Hope South Florida		65-0670	031 Page 7
	t V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	T
	ion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exempt purpor			
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supposes	orted organizations		
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6			ļ.—.
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			ļ
	Line 8 amount divided by Line 9 amount			<u></u>
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)	ļ		
3	Excess distributions carryover, if any, to 2014			
а				
b				
C				
d				
e	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section			
•	D, line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
3	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)	 		
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
7	instructions) Excess distributions carryover to 2015. Add lines 3			<u> </u>
•	· · · · · · · · · · · · · · · · · · ·			
_	and 4c Breakdown of line 7	 		
	DISARUUWII UI IIIIS /			
a				
<u> </u>				
<u>C</u>	Excess from 2013			
e	Excess from 2014		L	L

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Hope South Florida, Inc. 65-0670031 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions.)

· SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Employer identification number

OMB No 1545-0047 Open to Public

Name of the organization

Inspection

H	ope South Florida, Inc.			70031
P	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" to F		Accounts	3.
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	it the assets held in donor advised	·	
	funds are the organization's property, subject to the organization's excl			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in			
	only for charitable purposes and not for the benefit of the donor or done			
	conferring impermissible private benefit?			Yes No
Pa	Conservation Easements.	Corn 000 Boot N/ Inc. 7		
	Complete if the organization answered "Yes" to F			
1	Purpose(s) of conservation easements held by the organization (check			
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imp		area
	Protection of natural habitat	Preservation of a certified histor	ic structure	
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse easement on the last day of the tax year	rvation contribution in the form of a cons		
а				leld at the End of the Tax Year
b	Total access restricted by access to a constant		2a	
c	Total acreage restricted by conservation easements	haded in (e)	2b 2c	
	Number of conservation easements on a certified historic structure incl Number of conservation easements included in (c) acquired after 8/17/	• •	26	
u	historic structure listed in the National Register	oo, and not on a	2d	
3	Number of conservation easements modified, transferred, released, ex	dinguished or terminated by the organize		the .
•	tax year	miguished, or terminated by the organiza	ation during	uic
4	Number of states where property subject to conservation easement is I	located >		
5	Does the organization have a written policy regarding the periodic mon			
	violations, and enforcement of the conservation easements it holds?	mering, meperion, nonemig or		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements during the	year	
	•			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during the year		
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfy to	the requirements of section 170(h)(4)(B)((1)	
	and section 170(h)(4)(B)(ii)?	•		∐ Yes ∐ No
9	In Part XIII, describe how the organization reports conservation easem	•		
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that of	describes th	e
Pa	organization's accounting for conservation easements int III Organizations Maintaining Collections of Art,	Historical Trassures or Other	Similar A	ecate
	Complete if the organization answered "Yes" to F			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n	ot to report in its revenue statement and	balance she	eet
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of	
	public service, provide, in Part XIII, the text of the footnote to its financial	al statements that describes these items	i	
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and bala	ance sheet	
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of	
	public service, provide the following amounts relating to these items			
	(i) Revenues included in Form 990, Part VIII, line 1		>	\$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pr	ovide the	
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items .	_	
a	Revenue included in Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

Sch	edule D (Form 990) 2014 Hope Sout						<u>670031</u>	Page 2
P	art III Organizations Maintaining	Collections of	f Art, H	istorical T	reasures,	or Othe	r Similar As	sets (continued)
3	. Using the organization's acquisition, accessi collection items (check all that apply)							
а	Public exhibition	d∏	Loan or	exchange pro	grams			
b	Scholarly research	e □	Other	•	•			
C	Preservation for future generations							
4	Provide a description of the organization's co	illections and explai	n how th	ev further the	organization'	s exempt	ouroose in Part	
	XIII				- J			
5	During the year, did the organization solicit o							п. п.
	assets to be sold to raise funds rather than to		part of th	e organization	's collection'	'		Yes No
г			" - -	000 Da	4 IV 1			
	Complete if the organization	answered "Yes	" to Fo	rmi 990, Pai	π IV, line 9	, or repo	orted an amo	unt on Form
	990, Part X, line 21							
та	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributions o	r other asset	ts not		О. П
	included on Form 990, Part X?							∐ Yes ∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	illowing t	able				
								Amount
C	Beginning balance						1c	
d	Additions during the year						1d	
e	Distributions during the year						1e	
f	Ending balance						1f	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or cust	todial accour	t liability?	•	Yes No
	If "Yes," explain the arrangement in Part XIII							
	ert V Endowment Funds.			<u> </u>				· — · · · · · · · · · · · · · · · · · ·
	Complete if the organization	answered "Yes	" to Fo	m 990. Par	t IV. line 1	0.		
		(a) Current year		Prior year	(c) Two yes		(d) Three years t	oack (e) Four years back
1a	Beginning of year balance	10,00000	 		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(5)	
	Contributions							
С	go, game, and		Į					
	losses							
	Grants or scholarships							
в	Other expenditures for facilities and		l					
	programs		ļ					
f	Administrative expenses							
8	End of year balance		L		L			
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 19	g, column (a))	held as			
а	Board designated or quasi-endowment	%						
b	Permanent endowment ▶ %							
c	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%						
3a	Are there endowment funds not in the posses		ation that	are held and	administered	for the		
	organization by	-						Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
ь	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Sched	lule R?				3b
4	Describe in Part XIII the intended uses of the							
	rt VI Land, Buildings, and Equi							
. •	Complete if the organization		to For	m 990 Par	t IV. line 1	1a See	Form 990 P	art X. line 10
	Description of property	(a) Cost or other I		(b) Cost or o			ccumulated	(d) Book value
		(investment)		(othe			preciation	,=,====
4.5	Land	(., 23,870			323,870
					48,278		248,221	
	Buildings				20,4/8		240,421	500,057
	Leasehold improvements			-	56 060		111 457	44 603
	Equipment			<u></u>	56,060		111,457	44,603
	Other			(0) 1: 15				000 530
ota	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Par	X, colu	nn (B), line 10	IC)			868,530

Schedule D	Form 990) 2014 Hope South Florida, I	nc.	65-0670031	Page 3
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" to F		11b. See Form 990, P	art X, line 12
	(a) Description of security or category	(b) Book value	(c) Method o	
(A) E	(including name of security)		Cost or end-of-ye	ar market value
(1) Financial				
	neld equity interests			
(3) Other				
(A)				
(B)		 		
(C)				
(D)				
(E)				
(F)	·			
(G)				
(H)	and the most sound form one Delivery to the box			
Part VIII	nn (b) must equal Form 990, Part X, col (B) line 12)	L	L	
Par VIII	Investments—Program Related.	' 000 D-+11/ L	44- 0 F 000 D	V 1 40
	Complete if the organization answered "Yes" to F			
	(a) Description of investment	(b) Book value	(c) Method o	
(4)			Cost or end-of-ye	BI HISING! VEIGO
(1)				
(2)				
(3)				
(4)				
(5)				**************************************
(6)				
(7)				
(8)		<u></u>		
	nn (b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX	Other Assets.	L	<u> </u>	
. 4.4.174	Complete if the organization answered "Yes" to F	orm 990 Part IV line	11d See Form 990 P	art X line 15
	(a) Description	01111 000, 1 011, 17, 1110	110 0001 0111 000,1	(b) Book value
(1)				, , , , , , , , , , , , , , , , , , ,
(2)				
(3)				
(4)				
(5)				
(6)				•
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 15)		•	
Part X	Other Liabilities.			<u></u>
	Complete if the organization answered "Yes" to F	orm 990. Part IV. line	11e or 11f. See Form	990. Part X.
	line 25			
1.	(a) Description of liability	(b) Book value		
	Income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.) ▶			
2. Liability for	runcertain tax positions. In Part XIII, provide the text of the footr			
organization's	liability for uncertain tax positions under FIN 48 (ASC 740) Ch	eck here if the text of the fe	ootnote has been provided in	Part XIII
DAA				Schedule D (Form 990) 2014

Page 3

Schedule D (Form 990) 2014 Hope South Florida, Inc			Page 4
Part XI Reconciliation of Revenue per Audited Financial Complete if the organization answered "Yes" to Form		Return.	
Total revenue, gains, and other support per audited financial statements	11 990, Fait IV, line 12a	11	2,210,436
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		- 	2/220/150
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b 41,09	<u> 2</u>	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII)	2d 8,91		
e Add lines 2a through 2d		2e	50,002
3 Subtract line 2e from line 1		3	2,160,434
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	1 4a		
b Other (Describe in Part XIII)	4b	7	
C Add lines 4a and 4b		4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	5	2,160,434
Part XII Reconciliation of Expenses per Audited Financia		r Return	
Complete if the organization answered "Yes" to Forn			-
1 Total expenses and losses per audited financial statements		1	2,388,674
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2a 41,09)2	
b Prior year adjustments	2b	7	
C Other losses	2c	7	
d Other (Describe in Part XIII)	2d 8,91	0	
e Add lines 2a through 2d		2e	50,002
3 Subtract line 2e from line 1		3	2,338,672
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1	
b Other (Describe in Part XIII)	4b	7	
C Add lines 4a and 4b	\	4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18)	5	2,338,672
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b, Part V, line 4	, Part X, lin	e
2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part			
Part XI, Line 2d - Revenue Amounts Inc		- Othe	er
,			
Donated Materials Special Events		\$	8,910
-			,
Part XII, Line 2d - Expense Amounts In	cluded in Financials	- Oth	er
Donated Materials Special Events		\$	8,910
-			

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No 1545-0047 2015 Open to Public Inspection

Valve of the Police of the Police	calendar year, or tax year beginning	, and ending			
B Check if applicable	1				r identification number
Address change	Address change Hope South Florida, Inc.				
Name change	Doing business as See Schedule O Number and street (or P O box if mail is not delivered to street add	65-0670031 E Telephone number			
Instal return	5110 N Federal Highway #102	Room/suite		566-2311	
Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal co	ode			
Amended return	Fort Lauderdale FL 333	08		G Gross rece	eipts\$ 3,260,528
	F Name and address of principal officer				
Application pending	Dr. Fred Scarbrough		H(a) is this a gri	roup return for sul	bordinates? Yes X No
	5110 N Federal Highway #:		H(b) Are all suf	bordinates inclu	uded? Yes No
		33308	If "No.	," attach a list ((see instructions)
I Tax-exempt status		4947(a)(1) or 527			
	www.hopesouthflorida.org			emption number	>
K Form of organization		L	Year of formation 1	1996	M State of legal domicile FL
	ummary				
	escribe the organization's mission or most significant a		-	Set	s 94
HSF has	s moved further in the direction of the F				
20	Not only is rapid rehousing more cost ef			gned to h	elp individuals
and fam	milies to quickly exit homelessness and r				
6 2 Check th	nis box 🕨 🔛 if the organization discontinued its opera		25% of its net as:	sets	194 Jag
∞ 3 Number	of voting members of the governing body (Part VI, line			3	12
4 Number	of independent voting members of the governing body			4	12
5 Total nur	mber of individuals employed in calendar year 2015 (P	art V, line 2a)		5	33
	mber of volunteers (estimate if necessary)			6	180
7a Total unr	related business revenue from Part VIII, column (C), lir	ne 12		7a	0
b Net unre	elated business taxable income from Form 990-T, line 3	34	T Dona Va	7b	0
2 Contab			Prior Yes	7,584	1,856,776
g 8 Contribu	itions and grants (Part VIII, line 1h)				
9 Program	service revenue (Part VIII, line 2g)			4,530	90,657
a 10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		6,990	633,825	
11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a		29		123,359
12 Total rev	venue – add lines 8 through 11 (must equal Part VIII, co		2,16	0,434	2,704,617
A STATE TO THE PROPERTY COLUMN	and similar amounts paid (Part IX, column (A), lines 1-3	3)			0
14 Benefits	paid to or for members (Part IX, column (A), line 4)		1 00	3 005	1 000 000
Salaries	, other compensation, employee benefits (Part IX, colu	mn (A), lines 5-10)	1,06	2,835	1,022,329
15 Salaries, 16a Professio	onal fundraising fees (Part IX, column (A), line 11e)				0
b Total fun	ndraising expenses (Part IX, column (D), line 25)	RECEIVED			
17 Other ex	penses (Part IX, column (A), lines 11a–11d, 11f–2∮e)			5,837	1,313,105
18 Total exp	penses Add lines 13-17 (must equal Part IX, columb			8,672	2,335,434
19 Revenue	e less expenses Subtract line 18 from line 12	JUL 1 5 2016 💢		8,238	369,183
20 Total ass	\ <u>-</u>		Beginning of Cur		End of Year
20 Total ass	sets (Part X, line 16)	OGDEN, UT		9,635	1,475,481
# 2	polities (Part X, line 26)			2,142	158,805
	ets or fund balances Subtract line 21 from line 20		74	7,493	1,316,676
	gnature Block				
	perjury, I declare that I have examined this return, including a complete. Declaration of preparer other than officer) to based				wledge and belief, it is
1,00,00,00,00	h 7- 11/	BANK MARKET ST. HILLSON PROPERTY.	nsikalisi dhis	AND AND AUTO	
Sign I	Signature of the Signat	工作社员			
Sign s Here	Dr. Fred Scarbrough	建筑学派 多条套 多字形			
	Type or print name and title	表所继续的第三元			
	pe preparer's name Preparer's sig	onatura.			
D-14	$\vdash \vdash \lor \lor$	Taldio Committee			SELVEN AND A
Proposes	el J. Robbins				
Use Only		PA			
	222 S.E. 10th Street				
May the IDC discus		3			
	ss this return with the preparer shown above? (see inst	ructio			CALL SECTION OF THE PARTY.
DAA	uction Act Notice, see the separate instructions	學學是說,然而於			

1

_ <u></u>	The 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,"	l	
	complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	├
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	ļ	١
	candidates for public office? If "Yes," complete Schedule C, Part I	$+\!-\!\!-$	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	ŀ	
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	┼	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		l ,
_	Part III 5	+	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	ł	_x_
_	"Yes," complete Schedule D, Part I	+-	 ^-
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	ļ	X
		+	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III.	1	X
9	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	+-	 ^
J	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	1	 -
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	İ	_ 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 as applicable		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		1
_	complete Schedule D, Part VI	X	<u> </u>
ь	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 167 If "Yes," complete Schedule D, Part VII	<u> </u>	_X_
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<u> </u>	X
8	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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	┸	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		
	Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		l
	"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	_	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	┼	X
ь	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	.]	X_
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	+	├^-
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		_x
	to any longit organization. It is a complete company is a second to the	+-	-^-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		<u>x</u> _
4-7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	1	
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		L _X
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1	T
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	T	
	If "Yes," complete Schedule G, Part III		<u>_x</u>
		orm 99	0 (2015)

related organization? If "Yes," complete Schedule R, Part V, line 2

19? Note. All Form 990 filers are required to complete Schedule O

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

Form		<u>5-0670031 </u>		P	age 4
_P:	art IV Checklist of Required Schedules (continued)		. ,		
		_		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	f 	Da		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to	o this return?)b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domesti	_		- 1	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts	I and II	1		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domes			j	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	-	2		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation	4		ĺ	ı
	organization's current and former officers, directors, trustees, key employees, and highest			- (
	employees? If "Yes," complete Schedule J	<u> 2</u>	3		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes	," answer lines 24b		i	
	through 24d and complete Schedule K If "No," go to line 25a	2			<u>X</u>
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period	exception? 2	ь	 -∤	
C	Did the organization maintain an escrow account other than a refunding escrow at any time	e during the year	- 1		
	to defease any tax-exempt bonds?	24	c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during	ng the year?	d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage	ın an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part	t I	a		_X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified				
	year, and that the transaction has not been reported on any of the organization's prior Form	ms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	2:	b	_	<u>_X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or p	ayables to any	1	1	
	current or former officers, directors, trustees, key employees, highest compensated employees	oyees, or	- 1		
	disqualified persons? If "Yes," complete Schedule L, Part II	_2	6		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key	remployee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a				
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	<u>2</u>	7		X
28	Was the organization a party to a business transaction with one of the following parties (se	ee Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)				
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule		a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes,	." complete			
	Schedule L, Part IV	2	b		<u> X</u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a famil	y member thereof)	Í	ľ	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L	, Part IV			<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," comp	lete Schedule M	9	X	
30	Did the organization receive contributions of art, historical treasures, or other similar asset	ts, or qualified	-	- 1	
	conservation contributions? If "Yes," complete Schedule M		<u>•</u>		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," comp	plete Schedule N.	İ	- 1	
	Part I		1		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net asset			l	
	complete Schedule N, Part II		2		X
33	Did the organization own 100% of an entity disregarded as separate from the organization				
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		3	\dashv	<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Sche				1.
	or IV, and Part V, line 1		4	-	<u>X</u>
35a			ia		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any trans-				i
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,		ib _		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt i	non-charitable	1		

37

37

38

Part VI

Form	990 (2015) Hope South Florida, Inc. 65-06700	31		P	age 5			
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V							
	1	1		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 3	.					
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 b 0			į			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and							
	reportable gaming (gambling) winnings to prize winners?		1c					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				į			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 33	.		; !			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?	2b	X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a_		X			
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b	1				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	thority	} }					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	cial	1 1					
	account)?		4a		X			
þ	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	counts						
	(FBAR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u>X</u>			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	us	5b		X			
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,,				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a	X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or	l l	.,				
	gifts were not tax deductible?		6b	<u> X</u>				
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ods	_	v	i			
	and services provided to the payor?		7a	X				
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1	Х			
	required to file Form 8282?	1	7c	-				
d	ii 165, indicate the named of 1 dinis ober mod daming the year.	7d	7e		Х			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	iract /	7f		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	(/ - 0000 as sassurad?	7g		_ <u>~</u>			
8	If the organization received a contribution of qualified intellectual property, did the organization file Form	obee as required?	7h					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	n me a romi 1090-c7						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	8					
_	sponsoring organization have excess business holdings at any time during the year?		 					
9	Sponsoring organizations maintaining donor advised funds.		9a		İ			
а	Did the sponsoring organization make any taxable distributions under section 4966?		9b					
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		1					
10	Section 501(c)(7) organizations. Enter	10a						
a	manufaction loca data applica contributions managed and a series and series and	10b	1		ĺ			
b 11	Section 501(c)(12) organizations. Enter	· I	1					
11	- · · · · · · · · · · · · · · · · · · ·	1a			ĺ			
a	Gross income from other sources (Do not net amounts due or paid to other sources		1		ĺ			
b		l1b			l			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a		<u> </u>			
b		12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
a	and the second second banks are second second by the second secon							
3	Note. See the instructions for additional information the organization must report on Schedule O							
ь	Enter the amount of reserves the organization is required to maintain by the states in which				l			
_	the organization is licensed to issue qualified health plans	13b	_					
С		13c	<u> </u>		<u> </u>			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	<u> </u>	X			
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C)	14b	<u> </u>	Ц			
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	1990 (2015) Hope South Florida, Inc. 65-0670031					age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 throu	gh 7b b	elow, and	for a '	'No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	n Sched	lule O Se	e instr	uctioi	าร
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion 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	12			
	If there are material differences in voting rights among members of the governing body, or			1		
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O					
ь	Enter the number of voting members included in line 1a, above, who are independent	16	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		 	1		
	any other officer, director, trustee, or key employee?			2		X
3	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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	•		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint			┝╩┈		^
, a	· · · · · · · · · · · · · · · · · · ·			7a		Х
_	one or more members of the governing body?			/a		
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,					Х
_	stockholders, or persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ir by the	tollowing		v	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9_		<u>X</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Interi	nal Rev	<u>renue Co</u>	<u>de)</u>		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		_X_
þ	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the form	12	11a	X	
þ	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	Χ	
13	Did the organization have a written whistleblower policy?			13	Χ	
14	Did the organization have a written document retention and destruction policy?					
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	x	
ь	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a						
	with a taxable entity during the year?			16a		Х
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				-	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
<u>360</u>	List the states with which a copy of this Form 990 is required to be filed FL					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50	(c)(3)e -	nnlv)			
.0	available for public inspection. Indicate how you made these available. Check all that apply	. , , , , , , , , , , , , , , , , , , ,	,,			
40	X Own website	ob mal	and			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interesting and attended a visible to the public described to the p	st poncy,	anu			
	financial statements available to the public during the tax year					
20	State the name, address, and telephone number of the person who possesses the organization's books and record	os P				
	onna English 5110 N Federal Highway #102	0	054	_56	6_つ	211
	rt Lauderdale FL 3330	0	954			
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		,		-				CE 0.00	10001	_
Part VII Compensation							-	65-067	<u>/0031</u> ghest Compensated	Page 7
Independent C		Uli	ect	ors,	, 11	uste	es,	, Key Employees, Hi	gnest Compensated	Employees, and
		s a	resi	oon	se d	or no	ote '	to any line in this Part	VII	
								t Compensated Employe		
1a Complete this table for all perso organization's tax year	ns required to be	e list	ed F	Repo	rt co	mpe	nsat	ion for the calendar year e	nding with or within the	
 List all of the organization's compensation Enter -0- in columns 	(D), (E), and (F) if n	o co	mpei	nsat	on w	as p	aid	. •	f
 List all of the organization's cu List the organization's five cui 		•	-	•				•	• •	
who received reportable compensation and any related organization	tion (Box 5 of Fo									
 List all of the organization's for \$100,000 of reportable compensations 									who received more than	
 List all of the organization's for 	rmer directors	or t	uste	es t	hat r	ecen	∕ed.	in the capacity as a former		
organization, more than \$10,000 of List persons in the following order in						-		•		
compensated employees, and former			unec	1012	, 1115	utout	ша	uusiees, onicers, key emp	loyees, mgnest	
Check this box if neither the org	anization nor an	y rel	ated	orga	nıza	tion	com	pensated any current office	er, director, or trustee	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per			check		than c		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any					is both x/trust		from the	related organizations	other compensation
	hours for related	1						organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations below dotted	individual trustee or director	institutional trustee	Officer	Key employee	Highesi compensated employee	Former	(** = *********************************		and related organizations
	line)	18 8	쥖	İ	ŏye) g	l			Organizations
		a a	stee		-) insate				
(1) Dr. Fred Scarbro	hiap	╁─	┝	┝	-	=	-			
(,, br. fred bearbre	1.00									
Chair and Founder	0.00	Х		x				0	0	0
(2) Matt Lomenick										
Wine Chann	1.00			,		ĺ		,	_	0
Vice Chair (3) Andy Mitchell	0.00	X	-	X	┢╌	├-		0	0	0
(o)ay 111100C11	1.00									
Vice Chair	0.00	X		X	L			0	0	0
(4) Dave Smith					1					
M	1.00	,		,					•	0
(5) Gail Auguston-Ko	0.00	X	-	X	-			0	0	0
(a) Call Magaston M	1.00					Į				
Board Member	0.00	X						0	0	0
(6) Tim Dobbins										
Doord Mambou	1.00	l.	l	l	l					0
Board Member (7) Mat Gulley	0.00	X	\vdash	\vdash	\vdash	\vdash	_	0	0	<u> </u>
,,	1.00				l					
Board Member	0.00	X						0	0	0
(8) Fawn Mikel	1 00	j								
Board Member	1.00	x	ŀ					o	O	0
(9) Brett Opalinski	<u> </u>	┢	┢	-	-	Н		0	0	
(,,	1.00									
Board Member	0.00	X				Щ		0	0	0
(10) Kim Saiswick, Ed		∤ ^I	Мŀ	C	l					
Board Member	1.00 _0.00	X						اً م	0	0
(11) Jason Smith		 ^			一	\vdash	_	-	0	
	1.00									
Board Member	0.00	X	<u> </u>	L				0	0	O Form 990 (2015)
um										Form 33U (2015)

Form 990 (2015)

	reportable compensation from the organization O			
			Yes	N
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3_		Х
1	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Х
ec	tion B. Independent Contractors			

•

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of

1b Sub-total

DAA

Total (add lines 1b and 1c)

Total from continuation sheets to Part VII, Section A

148,468

148,468

19,755

19,755

Form 990 (2015)

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

(A)

Name and business address

(C)

Compensation

(C)

Compensation

(D)

Compensation

(D)

Compensation

(D)

Compensation

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Compensation

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Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated business (A) Total revenue (D) Revenue exempt excluded from tax under sections revenue revenue 512-514 , Gifts, Grants illar Amounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 111,356 1c d Related organizations 1d Contributions, and Other Sim 820,129 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 925,291 1f 158,907 g Noncash contributions included in lines 1a-1f 1,856,776 h Total. Add lines 1a-1f -Program Service Revenue Busn Code 624200 2a 90,657 90,657 Residence Fees b C d f All other program service revenue g Total. Add lines 2a-2f • 90,657 Investment income (including dividends, interest, and other similar amounts) 730 730 Income from investment of tax-exempt bond proceeds ▶ Royalties (ı) Real (II) Personal 45,852 6a Gross rents b Less rental exps 45,852 c Rental inc or (loss) d Net rental income or (loss) 45,852 45,852 7a Gross amount from (i) Securities (II) Other sales of assets 1,100,500 other than inventor b Less cost or other 467,405 basis & sales exps 633,095 c Gain or (loss) 633,095 633,095 d Net gain or (loss) 8a Gross income from fundraising events Revenue (not including \$ 111,356 of contributions reported on line 1c) 87,942 See Part IV, line 18 Other 88,506 b Less direct expenses b -564-564 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities • 10a Gross sales of inventory, less 78,007

78,007

64

64

2,704,617

78,007

168,728

64

•

Busn Code 900099

0

11a

b

returns and allowances b Less cost of goods sold

Other Revenue

Total revenue. See instructions

d All other revenue e Total. Add lines 11a-11d

c Net income or (loss) from sales of inventory Miscellaneous Revenue

b

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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				
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	148,468	34,530	44,541	69,397
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	703,397	574,492	102,924	25,981
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	99,203	44,347	43,917	10,939
10	Payroll taxes	71,261	50,452	12,756	8,053
11	Fees for services (non-employees)				
а		1 000			1 000
	Legal	1,000		10 500	1,000
C		12,500		12,500	
	Lobbying				
e					
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column				
y	(A) amount, list line 11g expenses on Schedule O)	35,824	35,211	613	
12	Advertising and promotion	5,115	4,095	385	635
13	Office expenses	63,525	22,373	26,791	14,361
14	Information technology	007020	22/0.0		
15	Royalties				
16	Occupancy	63,490	58,178	4,427	885
17	Travel	5,491	4,809	644	38
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,214	1,129	599	486
20	Interest	5,336	3,458	1,878	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,578	37,363	14 004	1,215
23	Insurance	47,498	31,627	14,934	937
24					
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column				
а	(A) amount, list line 24e expenses on Schedule (O) Client Assistance	635,639	635,639		
b	Contributed Food	119,535	119,535		
c	Utilities	105,211	105,076	135	
d	Repairs and Maintenance	38,499	28,093	10,406	
	All other expenses	133,650	86,397	44,872	2,381
25	SALAMA SA	2,335,434	1,876,804	322,322	136,308
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				

	art)	K Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	130,662	1	56,654
	2	Savings and temporary cash investments	3,536	2	800,207
	3	Pledges and grants receivable, net	176,938	3	165,781
	4	Accounts receivable, net		4	
- 1	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		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			
g		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use	35,713	8	
l	9	Prepaid expenses and deferred charges	22,322	9	9,971
	10a	Land, buildings, and equipment cost or	, , , , , , , , , , , , , , , , , , , ,		
		other basis Complete Part VI of Schedule D 10a 700, 718			
ł	ь	Less accumulated depreciation 10b 262, 671	868,530	10c	438,047
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	11,934	15	4,821
ĺ	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,249,635	16	1,475,481
\neg	17	Accounts payable and accrued expenses	133,577	17	86,339
- }	18	Grants payable	20070	18	00/005
ı	19	Deferred revenue	583	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ı	22	Loans and other payables to current and former officers, directors,			
3		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L	1	22	
≝	23	Secured mortgages and notes payable to unrelated third parties	76,967	23	72,466
l	24	Unsecured notes and loans payable to unrelated third parties	91,015	24	
- 1	25	Other liabilities (including federal income tax, payables to related third	72,020		
		parties, and other liabilities not included on lines 17-24) Complete Part X			
l		of Schedule D		25	
ĺ	26	Total liabilities. Add lines 17 through 25	302,142	26	158,805
-		Organizations that follow SFAS 117 (ASC 958), check here ► X and	302/1.2		
စ္တ		complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	650,039	27	1,051,527
물	28	Temporarily restricted net assets	297,454	28	265,149
2	29	Permanently restricted net assets	25.7.5.	29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
5		complete lines 30 through 34.			
र्घ	30	Capital stock or trust principal, or current funds	1	30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
I	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	947,493	33	1,316,676
	~~	TOTAL NOT 000000 OF 10110 OBISTIONS	1,249,635	34	1,475,481

<u>Forn</u>	990 (2015) Hope South Florida, Inc. 65-0670031		_	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,7		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,3		
3	Revenue less expenses Subtract line 2 from line 1	3			<u> 183</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9	<u>47,</u>	<u> 493</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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33. column (B))	10	1,3	<u>16,</u>	<u>676</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1	
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u> 2a</u>	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			1	
b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				١
	the Single Audit Act and OMB Circular A-133?		3a	-	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	<u></u>	<u> </u>
			Fo	rm 99 1	0 (2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Total

Form 990 or 990-EZ.

For Paperwork Reduction Act Notice, see the Instructions for

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.

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

Name of the organization

2015

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2015

Employer identification number Hope South Florida, Inc. 65-0670031 Part L Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. b | Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (IV) is the organization (1) Name of supported (n) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing other support (see organization (described on lines 1-9 support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2015 Hope South Florida, Inc.

65-0670031

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

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

Sec	tion A. Public Support		<u> </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,672,607	1,521,047	1,589,720		1,856,776	8,407,734
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,672,607	1,521,047	1,589,720	1,767,584	1,856,776	8,407,734
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						8,407,734
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning ın) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1,672,607	1,521,047	1,589,720	1,767,584	1,856,776	8,407,734
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	70,920	73,189	31,650	30,215	46,582	252,556
9	Net income from unrelated business activities, whether or not the business is regularly carried on			3,638			3,638
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			i			8,663,928
12	Gross receipts from related activities, etc	(see instructions)				12	168,728
13	First five years. If the Form 990 is for the	organization's first	, second, third, fou	rth, or fifth tax yea	r as a section 501	(c)(3)	_
	organization, check this box and stop here						<u>_</u>
Sec	tion C. Computation of Public Su	ipport Percent	age				
14	Public support percentage for 2015 (line 6		•	ነ (በ)		14	97.04%
15	Public support percentage from 2014 Sche					_15	96.41%
16a	33 1/3% support test—2015. If the organic box and stop here. The organization quali			•	3 1/3% or more, c	heck this	► X
b	33 1/3% support test—2014. If the organic check this box and stop here. The organiz				5 is 33 1/3% or mo	ore,	▶ 🗆
17a	10%-facts-and-circumstances test—201	5. If the organization	on did not check a	box on line 13, 16	a, or 16b, and line	14 is	
	10% or more, and if the organization meet: Part VI how the organization meets the "fa				•		
	organization		•	•			▶ 🗌
þ	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization	•				i line	_
	Explain in Part VI how the organization me			•	•	blicly	
18	supported organization Private foundation. If the organization did			-		-	▶ 🗌
	Instructions	. IIII CIIECR & DOX O		.,			▶ 🗆

Schedule A (Form 990 or 990-EZ) 2015 Hope South Florida, Inc.

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

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

	If the organization fails to	quality under t	he tests listed t	pelow, please c	omplete Part I	1)	
	tion A. Public Support		1			· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, coninbutions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on tines 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)						
	tion B. Total Support						
Caler	idar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less 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 or not the business is regularly camed 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)					L	
14	First five years. If the Form 990 is for the organization, check this box and stop here	9		urth, or fifth tax yea	ir as a section 501	I(c)(3) 	▶ □
	tion C. Computation of Public Su						
15	Public support percentage for 2015 (line 8,	,	•	π (f))		15	
16	Public support percentage from 2014 Sche					16	%_
	tion D. Computation of Investme					14-1	
17	Investment income percentage for 2015 (ii		-	, column (f))		17	<u>%</u>
18 10a	Investment income percentage from 2014	•		.44 and less 48	mars the - 22 4/01	18	%_
19a	33 1/3% support tests—2015. If the organization is not more than 33 1/3%, check this body.						▶ □
b	33 1/3% support tests—2014. If the organ	-	-	•			
	line 18 is not more than 33 1/3%, check th	is box and stop h	ere. The organizati	on qualifies as a p	ublicly supported	organization	▶ 🔲
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or	19b, check this bo	x and see instruct	ions	▶□

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sect	ion A. All Supporting Organizations			
			Yes	No
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	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	l		
	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)	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	3a		
þ	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	3b		
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	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
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	4b		
¢	Did the organization support any foreign supported organization that does not have an IRS determination	1		
	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	4c		
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)	5a		
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?	_5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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)	7		
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)	8		
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		- 1	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
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.	9b		
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.	9c		
I0a	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	10a		
h	Did the organization have any excess business holdings in the tay year? (Use Schedule C. Form 4720, to		1 1	

determine whether the organization had excess business holdings)

	tute A (Form 990 or 990-EZ) 2015 Hope South Florida, Inc. 65-0 et IV Supporting Organizations (continued)	670031		Page (
			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)			İ
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		!
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Sect	ion B. Type I Supporting Organizations			
		<u></u>	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	_1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			l
Cook	supervised, or controlled the supporting organization			<u> </u>
Sect	ion C. Type II Supporting Organizations			1 11-
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sect	the supported organization(s) ion D. All Type III Supporting Organizations			L
Occi	On D. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	110
•	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 1		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		1
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			ĺ
	supported organizations played in this regard	3]
Sect	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 Instr	uctions)		
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	a instructions)		
		(
2 /	Activities Test Answer (a) and (b) below.		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			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
þ	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.			ĺ
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	000 1	

Schedule A (Form 990 or 990-EZ) 2015 Hope South Florida, Inc.		<u>65-0670</u>	031 Page (
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	aniza	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v 20, 19	970 See instructions. All	
other Type III non-functionally integrated supporting organizations must complete Section	ns A th	rough E	
Section 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		
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) Pпот 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	T		
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 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		
Section 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 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-functionally-integrated	Type II	Il supporting organization ((see
instructions)			

Schedule A (Form 990 or 990-EZ) 2015

	ule A (Form 990 or 990-EZ) 2015 Hope South Florida		<u>65-0670</u>	031 Page 7
<u>Par</u>	t V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		
_4	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			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations	ition is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
a				
b				
с				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section			
	D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3			
	and 4c			
8	Breakdown of line 7			
а				
ь				
С	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015 Hope South Florida, Inc.

65-0670031

Page 8

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

Open to Public Inspection

Namo	of the organization		Employer	dentification number
н	ope South Florida, Inc.		65-0	670031
	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on I	nds or Other Similar Funds or A	Account	s.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			<u> </u>
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)		-	
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised		
_	funds are the organization's property, subject to the organization's excl			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in	-		
	only for charitable purposes and not for the benefit of the donor or donor			
	conferring impermissible private benefit?	,		Yes No
Pa	art II Conservation Easements.			
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check	all that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imp	ortant land	area
	Protection of natural habitat	Preservation of a certified historic	c structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conser	rvation contribution in the form of a conse		
	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	• • • • • • • • • • • • • • • • • • • •		2b	
			2c	
d	Number of conservation easements included in (c) acquired after 8/17/	06, and not on a		
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	tion during	the
	tax year ▶			
4	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic moni	ttoring, inspection, nandling of		☐ Yes ☐ No
	violations, and enforcement of the conservation easements it holds?	f weighten and enforces concentration of	acomonto.	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling o	i violations, and emolcing conservation e	asements	during the year
-		ations and onforming companiotion occord	sonte duere	a the year
7	Amount of expenses incurred in monitoring, inspecting, handling of viole > \$	ations, and emorcing conservation easen	nents dum	g the year
0	Does each conservation easement reported on line 2(d) above satisfy t	ha requirements of section 170/h\/4\/B\/	١.	
8	•	ine requirements of section 17 o(1)(4)(b)(i	,	☐ Yes ☐ No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements.	ente in ite ravanija and avnanca statomar	nt and	
3	balance sheet, and include, if applicable, the text of the footnote to the			18
	organization's accounting for conservation easements			
Pa	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar A	\ssets.
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no	ot to report in its revenue statement and t	balance sh	eet
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of	
	public service, provide, in Part XIII, the text of the footnote to its financia	al statements that describes these items		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to			
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance 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	ather annulus appets for financial according	• 44 obus	\$
2	If the organization received or held works of art, historical treasures, or		ovide the	
_	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items	•	\$
a				
	Assets included in Form 990, Part X Paperwork Reduction Act Notice, see the Instructions for Form 990.			Schedule D (Form 990) 2015
DAA				• • •

_	edule D (Form 990) 2015 Hope Sou					70031	Page 2
***********	urt III Organizations Maintaini Using the organization's acquisition, access						(continued)
J	collection items (check all that apply)	sion, and other record	as, check any of the fo	llowing that ar	e a signific	ant use of its	
а	Public exhibition	d 🔲	Loan or exchange pro	ograms			
b	Scholarly research	e 📙	Other				
C	Preservation for future generations						
4	Provide a description of the organization's XIII	collections and explai	n how they further the	organization's	exempt p	urpose in Part	
5	During the year, did the organization solicit	or receive donations	of art, historical treasi	ires, or other s	sımılar		
	assets to be sold to raise funds rather than		part of the organization	n's collection?			Yes No
Pa	int IV Escrow and Custodial A						_
	Complete if the organization 990, Part X, line 21.	on answered "Yes	" on Form 990, Pa	art IV, line 9	, or repo	rted an amount	on Form
1a	Is the organization an agent, trustee, custo	dian or other intermed	diary for contributions	or other assets	s not		
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part X	III and complete the fo	ollowing table			r 	
	_						Amount
C	Beginning balance					1c	
	Additions during the year					1d	
e f	Distributions during the year Ending balance					1e	 _
	Did the organization include an amount on	Form 990 Part X line	21 for escrow or cus	todial account	hability?	<u> </u>	Yes No
	if "Yes," explain the arrangement in Part X				-		
	at V Endowment Funds.						
	Complete if the organization	on answered "Yes	" on Form 990, Pa	art IV, line 1	0		
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three years back	(e) Four years back
1a	Beginning of year balance			ļ			
þ	Contributions						
C	Net investment earnings, gains, and				ļ		
	losses						
	Grants or scholarships	· · · · · · · · · · · · · · · · · · ·					
a	Other expenditures for facilities and programs						
f	Administrative expenses						
9	End of year balance						
2	Provide the estimated percentage of the cu	rrent year end balanc	e (line 1g, column (a))	held as			
а	Board designated or quasi-endowment ▶	%					
b	Permanent endowment ▶ %						
C	Temporarily restricted endowment ▶	%					
_	The percentages on lines 2a, 2b, and 2c sh	*					
3a	Are there endowment funds not in the poss	ession of the organiza	ation that are held and	administered	for the		Yes No
	organization by (i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" on line 3a(ii), are the related organi	zations listed as requi	red on Schedule R?				3b
4	Describe in Part XIII the intended uses of the	· · · · · · · · · · · · · · · · · · ·					
Pa	rt VI Land, Buildings, and Equ	Jipment.					
	Complete if the organization	n answered "Yes	<u>" on Form 990, Pa</u>	irt IV, line 1	1a See I	Form 990, Part	
	Description of property	(a) Cost or other t	•	B		belslumus	(d) Book value
		(investment)	(oth		depr	eciation	102 070
	Land			23,870		146,793	123,870 289,888
	Buildings			36,681		170,/73	203,000
	Leasehold improvements Equipment	 	- - 1	40,167		115,878	24,289
	Other			-0, -0,			
	. Add lines 1a through 1e (Column (d) must	equal Form 990, Par	t X, column (B), line 1	Oc)		>	438,047

Schedule D (F	Form 990) 2015 Hope South Florida, I	nc.	65-0670031	Page 3
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, lin	e 11b See Form 990,	Part X, line 12
	(a) Description of security or category	(b) Book value	(c) Method	
	(including name of security)		Cost or end-of-ye	ear market value
(1) Financial (
(2) Closely-he	eld equity interests	<u></u>		
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)			 	
(H)			 	
* -	n /h) must squal Form 000. Dark V. sel. /B) line 42 \ N			
Part VIII	n (b) must equal Form 990, Part X, col (B) line 12)	Ĺ	L	
rait VIII	Investments—Program Related.	Farm 000 Bank 1/ !!=	- 11- C F 000 !	Sant V. June 40
	Complete if the organization answered "Yes" on I			
	(a) Description of investment	(b) Book value	(c) Method of	
		ļ	Cost or end-of-ye	ar market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on F	Form 990. Part IV. line	e 11d See Form 990. F	Part X. line 15
	(a) Description			(b) Book value
(1)				
(2)				
				
(3)				
(4)				<u> </u>
(5)				
(6)				
(7)				
(8)				
(9)		<u></u>		
	(b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	<u> </u>
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line	e 11e or 11f. See Form	990, Part X,
	line 25.			
l .	(a) Description of liability	(b) Book value		
(1) Federal ı	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
		· · · · · · · · · · · · · · · · · · ·		
(9) Total (Column	(b) must equal Form 990, Part X, col (B) line 25)			
	uncertain tax positions. In Part XIII, provide the text of the footn	note to the organization's f	nancial statements that sace	orts the
	lability for uncertain tax positions under FIN 48 (ASC 740) Chi	ecy liele ii file fext of fue to		
AA			9	Schedule D (Form 990) 2015

<u>Sche</u>	dule D (Form 990) 2015 Hope South Florida, Inc.		65-067003	1	Page 4
	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents W	ith Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, P				
1	Total revenue, gains, and other support per audited financial statements			1	2,729,382
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a			
ь	Donated services and use of facilities	2b	18,000		
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	6,765		
	Add lines 2a through 2d			2e	24,765
3	Subtract line 2e from line 1			3	2,704,617
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
ь	Other (Describe in Part XIII)	4b			
C	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	2,704,617
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ients V	Vith Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, P				
1	Total expenses and losses per audited financial statements			1	2,360,199
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	18,000		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII)	2d	6,765		
	Add lines 2a through 2d			2e	24,765
3	Subtract line 2e from line 1			3	2,335,434
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			
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	2,335,434
	rt XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV	, lines 1	b and 2b, Part V, line 4, P	art X, I	ine
2, Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide	any addi	tional information		
Pε	art XI, Line 2d - Revenue Amounts Included	in 1	Financials -	Oth	er
	·				
Do	onated Materials Special Events		\$		6,765
	-				
Ρέ	art XII, Line 2d - Expense Amounts Included	d in	Financials -	Ot	her
Dr	onated Materials Special Events		\$		6,765

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization enswered "Yos" on Form 990, Part IV, tines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, time 6a

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Name of the organization Hope South Florida		Employer identification number 65-0670031				
Part i Fundraising Activities. Complete if	the organization	n an	swe	red "Yes" on Form 9		
Form 990-EZ filers are not required t	o complete this	par	<u>:</u>			
1 Indicate whether the organization raised funds through a				• • •		
	_			rernment grants		
b Internet and email solicitations	f Solicitation			=		
c Phone solicitations	g 📙 Special fun	draisi	ng ev	rents		
d In-person solicitations						
2a Did the organization have a written or oral agreement we or key employees listed in Form 990, Part VII) or entity it	n connection with	profes	sion	al fundraising services?		Yes No
b If "Yes," list the ten highest paid individuals or entities (fi compensated at least \$5,000 by the organization	undraisers) pursua	nt to	agree	ments under which the fu	indraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(in) Du raiser custo contri contrib	have dy or rol of	(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2			_			
3						
4						
5						
6						
7						
8						
						1
9						
10						
Total			▶			
List all states in which the organization is registered or liveregistration or licensing	censed to solicit co	ontribi	itions	or has been notified it is	exempt from	

_	edu art		vents. Complete if the organ		Form 990, Part IV, line	
			f fundraising event contributing reater than \$5,000.	ons and gross income on Fo	orm 990-EZ, lines 1 and	d 60. List events with
		gross receipts t	(a) Event#1	(b) Event #2	(c) Other events	(d) Total events
ē			Golf Tournament (event type)	G.I.G.O. (event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	133,068	33,150	33,080	199,298
		Less Contributions Gross income (line 1 minus	93,148	6,630	11,578	111,356
_	_	line 2)	39,920	26,520	21,502	87,942
	4	Cash prizes				
	5	Noncash prizes				
penses		Rent/facility costs				
Direct Expenses		Food and beverages				
ā		Entertainment	42 552	24 550	21 404	99 506
	10		42, 552 Add lines 4 through 9 in column (d	24,550	21,404	88,506 88,506
		Net income summary Su	88,506 -564			
P	art	III Gaming, Comp	plete if the organization answ	vered "Yes" on Form 990. Pa	art IV, line 19, or report	ted more
			n Form 990-EZ, line 6a	·	<u> </u>	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	_1	Gross revenue				
ses	2	Cash prizes				
ct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary	Add lines 2 through 5 in column (d)	•	
	8	Net gaming income summ	nary Subtract line 7 from line 1, col	lumn (d)	•	
	is t	* ·	organization conducts gaming acti conduct gaming activities in each			Yes No
		re any of the organization's Yes," explain	s gaming licenses revoked, suspen	ded or terminated during the tax ye	ear?	Yes No
DAA					Schedule G (F	orm 990 or 990-EZ) 2015

Sch	edule G (Form 990 or 990-EZ) 2015 Hope South Florida, Inc.	65-067003	1	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	$\overline{}$
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer charitable gaming?		Yes	∐ No
13	Indicate the percentage of gaming activity conducted in The organization's facility	المدا	1	
a b	An outside facility	13a 13b		<u>%</u> _ %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	130		
	records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming		п	—
b	revenue? If "Vos." enter the amount of coming coverue received by the emeritation.	and the	∐ Yes	∐ No
Ü	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$	and the		
С	If "Yes," enter name and address of the third party			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		_	_
	retain the state gaming license?		Yes	∐ No
ь	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
Par	spent in the organization's own exempt activities during the tax year ▶ \$ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, or	columns (m) and (v)	and	
1 121	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any ad instructions).			
	instituctions).			
		Schedule G (Form 990	or 990-F7	2) 2015
		Ochedule O (Folia 330	J. 380-E2	., 2010

SCHEDULE M (Form 990)

Noncash Contributions

204

2015

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number

Hope South Florida, Inc. 65-0670031 Part I **Types of Property** (c) (b) (d) Noncash cont Check if Number of contributions of Method of determining amounts reported on applicable dems contributed noncash contribution amounts Form 990. Part VIII. Ima 1a 1 Art -- Works of art Art --- Historical treasures 2 Art - Fractional interests 3 4 Books and publications Clothing and household 5 goods 4,407 Fair Market Value Х 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution --- Historic structures Qualified conservation 14 contribution - Other Real estate - Residential 15 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles X 4781 119,535 Fair Market Value 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 28 34,965 Fair Market Value X 25 Other ▶ (Supplies 26 Other ▶(27 Other ▶(Other ▶(28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Schedule M (Form 990) (2015) Hope South Florida, Inc. 65-0670031

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

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Hope South Florida, Inc.

Employer identification number 65-0670031

Doing Business As - Additional Names
Faith in Action Community Housing;
Hope Central; God's Little Lambs;
The Shepherd's Way

Form 990, Part III, Line 4a - First Accomplishment

HOPE South Florida is a Christian-based 501(c)(3) non-profit organization,

operating since 1995, that has provided emergency shelter, housing

assistance, and support services to thousands of homeless families and
individuals.

Our goal is to bring about transformation in the lives of homeless and hurting families through the provision of housing solutions and family services; and to serve as a guiding partner in transforming, educating, and bringing the Christian community into relationship with those served.

Housing:

- -With a strong emphasis on families and veterans, LiveHOPE provides creative housing solutions through crisis and Rapid re-Housing for those facing homelessness in our community. 102 units of housing: 338 homeless families annually;
- -142 crisis housing, 110 rapid re-housing/vouchers. 96% transition to more stable housing/graduated.

Name of the organization

Hope South Florida, Inc.

Employer identification number 65-0670031

Shared Meals:

- -Working together with a network of churches and volunteers, TasteHOPE provides shared meals for the homeless every week. 3.5 shared meals weekly: 31,850 + meals annually;
- -312 Shared Meals (150-200 people each night) = 54,600 shared meals were provided to homeless individuals in our community.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 All board members review Form 990 at board meeting and an electronic version is also sent for review before we file.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Policy is reviewed and discussed by Board members and employees at meetings
and any possible conflicts that arise are required to be disclosed.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Compensation is thoroughly review by the board on an annual basis.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Made available upon request.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 4

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047 2016

Open to Public Inspection

A F	or the 2016	calendar year, or tax year beginning 01-01-2016 , and ending 12-31-	2016						
B Check if applicable ☐ Address change ☐ Name change		C Name of organization HOPE SOUTH FLORIDA INC	D Employer 65-067003	identification number					
	eur middi euromaan meestiri	Doing business as		~					
☐ Initial return Final ☐eturn/terminated ☐ Amended return		SEE SCHEDULE O	*						
		Number and street (or P O box if mail is not delivered to street address) Room/suite 5110 N FEDERAL HIGHWAY 102	E Telephone n (954) 566						
⊔ Ар	plication pendi	City or town, state or province, country, and ZIP or foreign postal code FORT LAUDERDALE, FL 33308	G Gross receiv	pts \$ 2,504,485					
		F Name and address of principal officer	H(a) Is this a group retur						
		DR TED GREER JR	subordinates?	□Yes ☑No					
		5110 N FEDERAL HIGHWAY 102 FORT LAUDERDALE, FL 33308	H(b) Are all subordinates	☐ Yes ☐No					
I Ta	x-exempt statu	ss ☑ 501(c)(3) ☐ 501(c)() ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	included? If "No," attach a list						
) W	ebsite: ► V		H(c) Group exemption nu	•					
K Form	m of organizati	on ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ ☐	Year of formation 1996 M	State of legal domicile FL					
Da	rt I Su	mmary							
		escribe the organization's mission or most significant activities							
е	PROVID	ING HOPE FOR HOMELESS AND HURTING FAMILIES THROUGH SERVICES AND	PARTNERSHIPS WITH THE	CHRISTIAN COMMUNITY					
Activities & Governance									
Ë									
оле		this box \blacktriangleright \square if the organization discontinued its operations or disposed of mor	e than 25% of its net asse	ets ,					
9	3 Numbe	r of voting members of the governing body (Part VI, line 1a)		3 12					
×8	4 Numbe	r of independent voting members of the governing body (Part VI, line 1b) .		4 12					
Щe	5 Total n	umber of individuals employed in calendar year 2016 (Part V, line 2a)		5 25					
Ę	6 Total n	umber of volunteers (estimate if necessary)		6 300					
ğ	7a Total u	nrelated business revenue from Part VIII, column (C), line 12		7a 0					
	b Net uni	related business taxable income from Form 990-T, line 34		7b					
			Prior Year	Current Year					
9	8 Contrib	utions and grants (Part VIII, line 1h)	1,856,776	2,319,558					
enueven	9 Program	m service revenue (Part VIII, line 2g)	90,657	62,361					
٧٠٠	10 Investr	nent income (Part VIII, column (A), lines 3, 4, and 7d)	633,825	23,040					
_	11 Other r	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	123,359						
	12 Total re	2 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,704,617							
	13 Grants	and similar amounts paid (Part IX, column (A), lines 1–3)		0					
	14 Benefit	s paid to or for members (Part IX, column (A), line 4)		0					
38	15 Salarie	s, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,022,329	1,208,550					
Expenses	16a Profess	sional fundraising fees (Part IX, column (A), line 11e)		0					
χĎ	b Total fur	ndraising expenses (Part IX, column (D), line 25) ▶194,063							
ш	17 Other e	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,313,105	1,604,278					
	18 Total e	xpenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,335,434	2,812,828					
	19 Revenu	e less expenses Subtract line 18 from line 12	369,183						
Net Assets or Fund Balances			Beginning of Current Year	End of Year					
set	20 Total as	ssets (Part X, line 16)	1,475,481	1,085,591					
AB	Passes Davidore on	abilities (Part X, line 26)	158,805						
Fun	15.50	ets or fund balances Subtract line 21 from line 20	1,316,676						
	The second secon	nature Block	Sent Control and Control	ALCOHOL: IN THE RESERVE					
Under	penalties of	perjury, I declare that I have examined this return, inclu							
	ledge and bel nowledge	lef, it is true, correct, and complete Declaration of prepa		在美国的特别的。 第二章					
3117 10	I s								
	Sign	ature of officer		是最近近的 真色层侧 74分					
Sign	,	Active of officer							
Here	310	ED GREER JR CEO or print name and title							
	/ Type								
Dair	,	Print/Type preparer's name MICHAEL J ROBBINS Preparer's signature MICHAEL J ROBBINS							
Paid	Y2.1	Firm's name ► ROBBINS & LANDINO PA	要为是特色的						
	oarer	Firm's address ► 222 SE 10TH STREET		THE THE PARTY OF					
use	Only	FORT LAUDERDALE, FL 33316							
	h. IDC			是不是我们的"P.M.					
may t	ne 1K5 discus	ss this return with the preparer shown above? (see instru							

Form	1 990 (2016)				Page 2							
Pai	t III Stateme	ent of Program Service A	ccomplishments									
	Check if S	chedule O contains a response	or note to any line in this	Part III	🗹							
1		he organization's mission										
PRO	VIDING HOPE FOR I	HOMELESS AND HURTING FAM	ILIES THROUGH SERVICES	AND PARTNERSHIPS WITH THE CHR	STIAN COMMUNITY							
_												
2	Did the organizat	ion undertake any significant n	rogram services during the	year which were not listed on								
_	the prior Form 99			, , , , , , , , , , , , , , , , , , , ,	☐ Yes ☑ No							
	•	these new services on Schedu										
3		ion cease conducting, or make		it conducts, any program								
	services?	ion cease conducting, or make	significant changes in now	ic conducts, any program	. □Yes ☑No							
		these shapes on Schodule O	• • • • • •		. Lifes Lino							
4		these changes on Schedule O										
7	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported											
4a	(Code) (Expenses \$	2,299,343 including grants	of \$) (Revenue \$	62,361)							
	EMERGENCY SHELTE ABOUT TRANSFORM TO SERVE AS A GUI HOUSING -IN 2016 BROWARD COUNTY CHURCH PARTNERSI PROVISION AND SEI TEAMS FOR HOMELE	ER, HOUSING ASSISTANCE, AND SU IATION IN THE LIVES OF HOMELESS DING PARTNER IN TRANSFORMING, IN HIST PROVIDED ACCESS TO RAPIO HSF IS NOW RECOGNIZED AS THE HIPS -HSF HAS INCREASED ITS CH RVING OF SHARED MEALS, PROVIDI	IPPORT SERVICES TO THOUSAI AND HURTING FAMILIES THRO EDUCATING, AND BRINGING OF REHOUSING ALONG WITH CAS PREMIER ORGANIZATION FOR BURCH PARTNERSHIPS TO 72 C E CRISIS HOUSING FOR HOME!	FIT ORGANIZATION, OPERATING SINCE 199 NDS OF HOMELESS FAMILIES AND INDIVIDU DUGH THE PROVISION OF HOUSING SOLUTI THE CHRISTIAN COMMUNITY INTO RELATIO SE MANAGEMENT SERVICES TO 150 HOMELI HOUSING HOMELESS FAMILIES AND VETER HURCHES IN BROWARD COUNTY CHURCH I LESS FAMILIES AT THEIR CHURCH FACILITIE INCREASING OPPORTUNITIES FOR RAPID RE	ALS OUR GOAL IS TO BRING ONS AND FAMILY SERVICES, AND NSHIP WITH THOSE SERVED ESS FAMILIES AND VETERANS IN ANS IN BROWARD COUNTY PARTNERS PARTICIPATE IN THE ES, SERVE AS FAMILY SUPPORT							
4b	(Code) (Expenses \$	including grants	of \$) (Revenue \$								
40	(Code	/ (Expenses 5	including grants	(Revenue 5	,							
												
4c	(Code) (Expenses \$	including grants	of \$) (Revenue \$								
70	(code	/ (Expenses a	including grants	O(\$) (Nevertide \$)							
					· · · · · · · · · · · · · · · · · · ·							
4d	Other program se	rvices (Describe in Schedule O)									
	(Expenses \$	-	grants of \$) (Revenue \$)							
4e	Total program s	ervice expenses ▶	2,299,343									

Par	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III "	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 2	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII "	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 📽	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	•	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
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		No
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 (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III	19		No

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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 Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part	28b		No
С	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	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ĺ	No
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

		 	ay
Part V	Statements Regarding Other IRS Filings and Tax Compliance	 	

	Check if Schedule O contains a response or note to any line in this Part V		• •							
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3		Yes	No						
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0									
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		1						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return									
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No						
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No						
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes							
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes							
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?									
đ	If "Yes," indicate the number of Forms 8282 filed during the year									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8								
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations, Enter									
	Initiation fees and capital contributions included on Part VIII, line 12									
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter		J							
11	Gross income from members or shareholders	Ì								
_	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)									
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
	12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	}								
a	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	13a								
b	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									
С	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No						
ь	If "Yes," has it filed a Form 720 to report these payments 7 If "No," provide an explanation in Schedule O	14b		12015						
		F	orm 990	(2016)						

Part VI

Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI . Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 No Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 No of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 No 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . No 6 Did the organization have members or stockholders? Nο Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a No Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Nο Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Yes 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 Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a No 10a Did the organization have local chapters, branches, or affiliates? . If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a Yes 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 Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c Yes 13 Yes 13 14 Did the organization have a written document retention and destruction policy? Yes 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? 15a Yes The organization's CEO, Executive Director, or top management official . . . 15b No Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a No If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶ Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply ✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

▶DONNA ENGLISH 5110 N FEDERAL HIGHWAY 102 FORT LAUDERDALE, FL 33308 (954) 566-2311

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

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

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

- 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, or 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

(A) Name and Title	(B) Average hours per week (list any hours for related	than o	ne b	ox, in of tor/t	t ch unle fice rust	 son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Formal Highest compensated employee Key employee Officer Instructional Trustee		(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations		
(1) DR FRED SCARBROUGH CHAIR AND FO	1 00	x		x			0	0	0
(2) MATT LOMENICK VICE CHAIR	1 00	х		x			0	0	0
(3) ANDY MITCHELL VICE CHAIR	1 00	х		x			0	0	0
(4) DAVE SMITH TREASURER	1 00	х		x			0	0	0
(5) KIM SAISWICK EDD RN LMHC SECRETARY	1 00	X		×			0	0	0
(6) TIM DOBBINS BOARD MEMBER	1 00	х					0	0	0
(7) MAT GULLEY BOARD MEMBER	1 00	х					0	0	0
(8) FAWN MIKEL BOARD MEMBER	1 00	х					0	o	0
(9) BRETT OPALINSKI BOARD MEMBER	1 00	х					0	0	0
(10) JASON SMITH BOARD MEMBER	1 00	x					0	0	0
(11) JENNIFER STEPELTON BOARD MEMBER	1 00	х					0	0	0
(12) GAIL AUGUSTON-KOPPEN BOARD MEMBER	1 00	х					0	0	0
(13) DR TED GREER JR CEO	40 00			×			82,412	0	2,914
(14) CHRISTOPHER R LLOYD CEO	40 00			x			66,257	0	7,881
(15) ROBIN MARTIN EXECUTIVE DI	40 00			x			28,531	0	8,332

(A) Name and Title	(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more Reported in the company of t							D) ortable ensation in the ation (W-	(E) Reportable compensation from related organizations (W-			
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/109	9-MISC)	2/1099-MISC	-)	organizal relai organiz	ted
						- ,							
						-							
					<u> </u>								
c Total from continuation sheets to Pa	art VII, Section	nA.			•	A A		1	77,200				19,127
Total number of individuals (including of reportable compensation from the compensa	but not limited				ove) who	rece	eived mor	e than \$1	00,000	-		
3 Did the organization list any former of	fficar director				nnlo		or bu	abost son	noncatod	l amplayed on		Yes	No
line 1a? If "Yes," complete Schedule J			·	•	-	• •	•	• •		• •	3		No
4 For any individual listed on line 1a, is organization and related organizations	the sum of repo greater than \$	rtable o 150,000	ompo)? <i>If</i>	ensa <i>"Yes,</i>	tion ." co	and o mplet	ther e Sc	compens	ation fron for such	n the			
individualDid any person listed on line 1a receiv	e or accrue con	· ·	on fr	om a	• any	unrela	ted .	• • organizat	on or indi	· · · ·	4		No
services rendered to the organization?		ete Sch	edule	J fo	r suc	ch per	son				5		No
Section B. Independent Contracto Complete this table for your five higher	st compensated										npens	ation	
from the organization Report compen	(A) nd business addre		year	enai	ng v	WIEN O	Witi	nin the or		(B)		(C Comper	
2 Total number of independent contractors compensation from the organization ▶	(including but	not limi	ted t	o the	se l	isted a	abov	e) who re	eceived m	ore than \$100,00		Form 00	0 (2016)

	Statement of Revenue Check if Schedule O contains a response	or note to any	line in t	his Part VII	Ι.			🗆
			(A) revenue	Re	(B) elated or exempt unction evenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s z	1a Federated campaigns 1a							
continuations, Gills, Grants and Other Similar Amounts	b Membership dues 1b							
5 5	c Fundraising events 1c	61,638						
IL A	d Related organizations 1d							
nila	e Government grants (contributions) 1e	1,291,099						
Sin	f All other contributions, gifts, grants, and similar amounts not included							
ler	above 1f	966,821						
5	g Noncash contributions included in lines 1a-1f \$ 184,985							
pu								
_	h Total.Add lines 1a-1f	. ▶ Business		,319,558				
Mogram Service Revenue	20 000000000000000	business	624200		62,361	67	,361	
4	2a RESIDENCE FEES	_	024200		02,301	02	,301	
	b ————							
	d							
5	8							
	f All other program service revenue							
5			62,361					
_	SACAMORA CALAMARANA TERRATORIA ANTIGATA PARA TARIA ANTIGATA ANTIGATA ANTIGATA ANTIGATA ANTIGATA ANTIGATA ANTIGATA ANTIGATA ANTIGATA ANTIGATA ANTIGATA ANTIGATA ANTIGATA ANTIGATA ANTIGATA ANTIGATA ANTIGATA ANTIGATA ANTIGATA		1	-				
	3 Investment income (including dividends, intere similar amounts)	st, and other		1,04	0			1,040
	4 Income from investment of tax-exempt bond p	roceeds						
	5 Royalties	.)	•					
		i) Personal						
	6a Gross rents 34,716							
	b Less rental expenses		1					
			4					
	c Rental income or (loss) 34,716							
	d Net rental income or (loss)		1	34,710	5			34,716
	(I) Seconties	(II) Other						
	7a Gross amount from sales of	22,00	0					
	assets other than inventory							
	b Less cost or		-		1			
	other basis and sales expenses							
1	C Gain or (loss)	22,00	0					
	d Net gain or (loss)	*	1	22,000)	22,000		
	8a Gross income from fundraising events							
	(not including \$61,638_ of contributions reported on line 1c)							
	See Part IV, line 18 a	64,810						
	b Less direct expenses b	64,773]					
1	c Net income or (loss) from fundraising events	· · •		37				37
1	9a Gross income from gaming activities See Part IV, line 19							
	а							
	b Less direct expenses b		1					
	c Net income or (loss) from gaming activities .							
:	LOaGross sales of inventory, less returns and allowances							
	a							
	b Less cost of goods sold b		1					
	c Net income or (loss) from sales of inventory .		_					
		siness Code						
	11a							
	b							
1								
	c							
	d All other revenue							
	e Total. Add lines 11a-11d	. •						
	12 Total revenue. See Instructions			4				
- 1			1	2,439,712		84,361		35,793

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any	line in this Part IX			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	177,200	9,510	74,385	93,305
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	825,287	650,987	122,743	51,557
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	121,053	83,140	26,946	10,967
10	Payroll taxes	85,010	55,625	16,938	12,447
11	Fees for services (non-employees)				
ē	Management				
ŧ	Legal				
	Accounting	11,000		11,000	
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	28,790	21,617	5,760	1,413
12	Advertising and promotion	2,358	1,021	1,252	85
13	Office expenses	59,503	19,985	22,793	16,725
14	Information technology				
	Royalties				
16	Occupancy	21,520	19,520		2,000
	Travel	11,225	10,531	411	283
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	1,221	145	500	576
20	Interest	1,960		1,960	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	26,483	26,381	77	25
23	Insurance	46,900	38,665	5,165	3,070
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
18	a CLIENT ASSISTANCE	1,040,295	1,040,295		
	b CONTRIBUTED FOOD	150,785	150,785		
	c UTILITIES	68,848	65,885	2,963	
	d REPAIRS AND MAINTENANCE	42,833	42,694	139	
	e All other expenses	90,557	62,557	26,390	1,610
25	Total functional expenses. Add lines 1 through 24e	2,812,828	2,299,343	319,422	194,063
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to a	ny line in this Part IX	<u></u>		🗆
					(A) Beginning of year		(B) End of year
ts	1	Cash-non-interest-bearing		•	56,654	1	1,595
	2	Savings and temporary cash investments		[800,207	2	168,894
	3	Pledges and grants receivable, net		. [165,781	3	417,520
	4	Accounts receivable, net				4	9,744
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L		5			
	7	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations (voluntary employees' beneficiary organizations (Part II of Schedule L. Notes and loans receivable, net		6			
Assets	8	Inventories for sale or use		8			
Ř	9	Prepaid expenses and deferred charges	•	·	9.971	9	10,884
	_	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	 10a	712.992			, signature
	ь	Less accumulated depreciation	10b	240.859	438,047	10c	472,133
	11	Investments—publicly traded securities .	100	240,000	400,047	11	472,100
	12	Investments—other securities See Part IV, line	11	-		12	
	13	Investments—program-related See Part IV, line		<u> </u>		13	<u> </u>
			· ·				
	14	Intangible assets	· · · · · ·	4 924	14	4 004	
	15	Other assets See Part IV, line 11	4,821	15	4,821		
	16	Total assets.Add lines 1 through 15 (must equal line 34)			1,475,481	16	1,085,591
	17	Accounts payable and accrued expenses			86,339	17	71,563
	18	Grants payable		18			
	19	Deferred revenue		19	<u> </u>		
	20	Tax-exempt bond liabilities					
Š	21	Escrow or custodial account liability Complete P	 		21		
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employees					
<u>a</u>		persons Complete Part II of Schedule L			22		
ᅴ	23	Secured mortgages and notes payable to unrelate	72,466	23	70,468		
	24	Unsecured notes and loans payable to unrelated		24			
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25	158,805	26	142,031		
or Fund Bal	37	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets			1,051,527	27	640,547
	27	Temporarily restricted net assets		 	265,149		303,013
	28	•	200,149	28	303,013		
	29	Permanently restricted net assets		29			
		Organizations that do not follow SFAS 117 (check here ▶ □ and complete lines 30 thi					
ايد	30	Capital stock or trust principal, or current funds		30			
Asse	31	Paid-in or capital surplus, or land, building or equ		<u> </u>		31	
	32	Retained earnings, endowment, accumulated inc	ome,	or other funds	4 040 070	32	040.500
힑	33	Total net assets or fund balances	1,316,676	33	943,560		
긔	34	Total liabilities and net assets/fund balances .	•	· · · · · ·	1,475,481	34	1,085,591

Par	t XI Reconcilliation of Net Assets			-	
	Check if Schedule O contains a response or note to any line in this Part XI	•	<u></u>	• •	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	,439,712
2	Total expenses (must equal Part IX, column (A), line 25)	2	-		,812,828
3	Revenue less expenses Subtract line 2 from line 1	3			·373,116
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		1,316,6		
5	Net unrealized gains (losses) on investments	5			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6	Donated services and use of facilities	6			
7		7			
	Investment expenses	8			
8	Prior period adjustments	9			
9	Other changes in net assets or fund balances (explain in Schedule O)				043 560
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			943,560
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	• •	• •	Yes	No
1 2a	Accounting method used to prepare the Form 990	on a	2 a		No
	separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis	,		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule (9		
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a_		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ıred	3b		

Additional Data

Software ID:

Software Version:

EIN: 65-0670031

Name: HOPE SOUTH FLORIDA INC

Form 990 (2016)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493174001477

SCHEDULE A

(Form 990 or 990EZ)

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.

OMB No 1545-0047

		the Treasury	▶ Inf	formation abo	www.irs.o			uctions is at	Open to Public Inspection
Nam	e of th	he organization	ion			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Employer identific	
								65-0670031	
OR STORY OF THE PERSON NAMED IN	rt I	Reason 1	or Public	Charity Stat	us (All organization	s must comple	ete this part.)	See instructions.	
1	// garii.z				ssociation of churches			(A)(i)	
2								(A)(I).	
3					(1)(A)(ii). (Attach Sc			· · · · · · · · · · · · · · · · · · ·	
4		A medical r	esearch orga	anization operat	vice organization desc ed in conjunction with				nter the hospital's
5			tion operate		it of a college or unive	rsity owned or o	perated by a gov	vernmental unit descri	bed in section 170
6					r governmental unit de	scribed in sectio	on 170(b)(1)(A)(v).	
7	$ \mathbf{\nabla}$			rmally receives	a substantial part of it Part II)	s support from a	governmental u	unit or from the gener	al public described in
8		A communit	y trust desc	ribed in sectio i	n 170(b)(1)(A)(vi)	(Complete Part I	Π)		
9					escribed in 170(b)(1) See instructions Enter				ege or university or a
10		from activit investment	es related to income and	o its exempt fur unrelated busir	(1) more than 331/3% nctions—subject to cer ness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
11					d exclusively to test fo	r public safety S	See section 509	(a)(4).	
12		more public	ly supported	d organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a	
a		organization	(s) the pow		rated, supervised, or c appoint or elect a majo •				
b		managemer	it of the sup		pervised or controlled in ation vested in the sar and C.				
С					supporting organizatio ions) You must com				ted with, its
d		functionally	integrated	The organizatio	 d. A supporting organi n generally must satis rt IV, Sections A and 	fy a distribution	requirement and		
e		Check this bintegrated,	ox if the org or Type III r	ganization recei non-functionally	ved a written determir integrated supporting	ation from the I organization	RS that it is a Ty	pe I, Type II, Type III	I functionally
f	Enter	the number	of supported	d organizations				-	
g					pported organization(
(1)N	ame of								
						Yes	No		

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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)	2016	(f)Total
1	Gifts, grants, contributions, and				-			
	membership fees received (Do not	1,521,047	1,589,720	1,767,584	1,856,776		2,319,558	9,054,685
2	include any "unusual grant ") Tax revenues levied for the							
2	organization's benefit and either paid							
	to or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
4	the organization without charge Total. Add lines 1 through 3	1,521,047	1,589,720	1,767,584	1 056 776		2 210 550	0.054.695
5	The portion of total contributions by	1,321,047	1,369,720	1,707,364	1,856,776		2,319,558	9,054,685
5	each person (other than a							
	governmental unit or publicly			ļ	1		J	
	supported organization) included on							586,472
	line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)			į	1			
6	Public support. Subtract line 5 from							8,468,213
_	line 4	<u> </u>			<u> </u>			
	Section B. Total Support Calendar year				(1) 26 (7			
	(or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e).	2016	(f)Total
7		1,521,047	1,589,720	1,767,584	1,856,776		2,319,558	9,054,685
8				-				
	dividends, payments received on	73,189	31,650	30,215	46,582		35,756	217,392
	securities loans, rents, royalties and income from similar sources	1					· 1	
9	Net income from unrelated business							
_	activities, whether or not the		3,638					3,638
	business is regularly carried on							
10								
	or loss from the sale of capital assets (Explain in Part VI)	}]		j	
11								0.225.215
	10							9,275,715
	Gross receipts from related activities,					12		306,723
13	First five years. If the Form 990 is for	_	•	•	•		· · · · · <u>-</u>	nization,
	check this box and stop here			· · · · · · · · ·	<u> </u>	• • •	<u>▶⊔</u>	
	ection C. Computation of Public							
	Public support percentage for 2016 (III			lumn (f))		14		91 290 %
15	· · · ·					15		97 040 %
16a	33 1/3% support test—2016. If the	organization did n	ot check the box or	n line 13, and line	14 is 33 1/3% or	more, c	neck this bo	
	and stop here. The organization quali							▶ ☑
b	33 1/3% support test—2015. If th	e organization did i	not check a box on	line 13 or 16a, an	nd line 15 is 33 1/3	3% or m	ore, check	
	box and stop here. The organization							▶ □
17a	10%-facts-and-circumstances test							
	is 10% or more, and if the organization							
	in Part VI how the organization meets	the racts-and-circ	umstances test ii	ne organization qu	latifies as a public	iy suppo	rtea	. □
	organization			-ll l l	. 10 16- 16b	. 47		▶□
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz						io line	
	Explain in Part VI how the organization						cly	
	supported organization			, , , , , , , , , , , , , , , , , , ,	•	•	•	►□
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a. or 17b	o, check this box a	and see		. -
	instructions		•					▶□

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

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

	ection A. Public Support	quality under	the tests hateu	below, please Co	ompiete Part II.	<u></u>	
	Calendar year		1		<u> </u>		
	(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 ")						
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		1				
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
	Amounts instituted as have 5 and 5						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of	i					
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
S	ection B. Total Support						
	Calendar year			,			
	(or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	·	-					
L0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	ſ					
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,				ĺ	ľ	
	whether or not the business is			1			
	regularly carried on						
12							
	loss from the sale of capital assets (Explain in Part VI)						
13							
	11, and 12)						
14	First five years. If the Form 990 is for	the organization	's first, second, th	ırd, fourth, or fifti	n tax year as a sec	tion 501(c)(3) or	· <u></u>
	check this box and stop here						▶□_
Se	ection C. Computation of Public S						
15	Public support percentage for 2016 (line	• • •	•	column (f))		15	
16	Public support percentage from 2015 Sc	chedule A, Part II	II, line 15			16	
Se	ection D. Computation of Investn						
17	Investment income percentage for 201	6 (line 10c, colun	nn (f) divided by l	ine 13, column (f))	17	
18	Investment income percentage from 20	15 Schedule A, F	Part III, line 17			18	
19a	331/3% support tests-2016. If the o	rganization did n	ot check the box	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 and s	top here. The or	ganization qualifie	es as a publicly su	pported organizat	ion	▶ □
	33 1/3% support tests-2015. If the						% and line 18 is
	not more than 33 1/3%, check this box	and stop here. T	The organization q	ualifies as a publi	cly supported orga	anization	▶ 🗆
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check	this box and see i	nstructions	▶ 🗆

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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)

Se	ction A. All Supporting Organizations			
			Yes	No
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.			
_		1	<u> </u>	
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 agreement on have a supported agreement of combod in costion E01(c)(4) (E) or (6)3 If "Vec " anguer (b) and (c)			
34	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	_		
	Deliver and the second of the	3a		
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	3b		
_	Did the agreement of a section that all according to the section and according to the section 170/a//2//B) according	30		
С	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	3с		
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	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	70		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b		
С	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	4c		
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)	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing			
	organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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)			
_		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)			
۸-		_8_		
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 .	9a		
h	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.	9b		
С	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.	9c		
0-		70		
.0a	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 line 10b below	10-		
L		10a		
Ь	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)	10b		

Ε	ar	t IV Supporting Organizations (continued)			
=				Yes	No
1		Has the organization accepted a gift or contribution from any of the following persons?	Γ	163	110
		- · · · · · · · · · · · · · · · · · · ·			
	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	-	
	ь	A family member of a person described in (a) above?	11b	<u> </u>	·
	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		
	•	17 33 % controlled charty of a person described in (a) or (b) above 11 103 to a, b, or c, provide detail in Part 41			<u> </u>
	Se	ction 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, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
			1		
2		Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
		organization	2		<u> </u>
_	<u>-</u>	ection C. Type II Supporting Organizations	_		
_	<u> </u>	ction C. Type 11 Supporting Organizations		Yes	No
1		Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		163	140
			1		
					
	Se	ction D. All Type III Supporting Organizations			
				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 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		L
	50	ction E. Type III Functionally-Integrated Supporting Organizations			
1	<u> </u>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	onsì		
-	а				
	b				
	С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
2		Activities Test Answer (a) and (b) below.	1	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 those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
		substantially all of its activities	2a		
	D	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.			
		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? <i>Provide details in Part VI</i> .	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			

₽a	Type III Non-Functionally Integrated 509(a)(3) Supporting C			
1	Check here if the organization satisfied the Integral Part Test as a qualifying true Type III non-functionally integrated supporting organizations must complete Se			ructions. All other
	Section 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		
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)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		<u></u>
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, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section 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	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-functionally-in instructions)	tegrate	ed Type III supporting or	ganization (see

e Excess from 2016.

Part V Type III Non-Functionally Integrated	1509(a)(3) Supporting	Organizations (continu	ed)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish	ovemet purposes		
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	l organizations, in	
3 Administrative expenses paid to accomplish exempt pur	rposes of supported organizat	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require	d)		
6 Other distributions (describe in Part VI) See instruction	ns		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to whe details in Part VI) See instructions	nich the organization is respon	sive (provide	
9 Distributable amount for 2016 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
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, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			

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).

Facts And Circumstances Test

Schodula A (Form 000 or 000_F7) 2016

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

OMB No 1545-0047

DLN: 93493174001477

Open to Public Inspection

Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number HOPE SOUTH FLORIDA INC 65-0670031 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor 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 an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 2c 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 listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 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)and section 170(h)(4)(B)(II)? ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1

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

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenue included on Form 990, Part VIII, line 1

▶ \$

> \$

Pai	13 111	Organizations M	laintaining Col	lections of Art	Histor	ical Tre	asures	or Othe	r Similar A	ccetc	Continu	ad)
3	Using	the organization's acc	quisition, accession									
а		s (check all that apply) Public exhibition			d	□ ı	oan or exc	hange pro	ograms			
b		Scholarly research			е	_	Other		•			
С		Preservation for futur	re generations									
4		de a description of the	-	lections and explain	n how th	ey furthe	r the organ	nization's	exempt purp	ose in		
5	Part : Durir	xIII ig the year, did the org	janization solicit o	r receive donations	of art, h	nistorical	treasures o	or other si	mılar			
	asset	s to be sold to raise fu	nds rather than to	be maintained as	part of t	he organı	zation's co	llection?		<u> </u>	es [] No
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			orm 990), Part I	V, line 9,	or report	ted an amo	unt on	Form 9	90, Part
1a	Is the	e organization an agen ded on Form 990, Part	t, trustee, custodi X?	an or other interme	ediary fo	r contribu	itions or ot	her assets	s not	□ Y	es [] No
b	If "Ye	es," explain the arrang	ement in Part XIII	and complete the	following	j table				Amount		<u></u>
c	Begir	ning balance						1c				-
d	Addıt	ions during the year						1d				
е	Dıstrı	butions during the yea	r					1e				
f		g balance						1f				
2a	Did ti	ne organization include	an amount on Fo	rm 990, Part X, line	e 21, for	escrow o	or custodial	account l	iability?	□ Y	es [] No
b	If "Ye	s," explain the arrange	ement ın Part XIII	Check here if the	explanat	on has b	een provid	led in Part	XIII		[
Pā	art V	Endowment Fun	ds. Complete if	the organization	answe	red "Yes	on Forn	n 990, Pa	art IV, line :	10.		
	_			(a)Current year	(b)F	Prior year	(c)Two	years back	(d)Three ye	ars back	(e)Four	years back
la		ing of year balance .		<u> </u>	<u> </u>							
		outions	l		 	_			-			
		restment earnings, gai	•		<u> </u>				 			
		or scholarships expenditures for faciliti										
e		ograms	es		j							
f	Admını	strative expenses .										
g	End of	year balance										
2	Provid	de the estimated perce	entage of the curre	ent year end balanc	e (line 1	g, columi	n (a)) held	as				
а	Board	designated or quasi-e	endowment 🟲									
b	Perm	anent endowment 🕨										
C	Temp	orarily restricted endo	wment ►									
_		ercentages on lines 2a										
3a		nere endowment funds Jization by	not in the posses	sion of the organiza	ation tha	t are held	and admi	nistered f	or the		Γ _Y .	es No
	_	related organizations						i		3	a(i)	
		elated organizations								3.	a(ii)	
		s" on 3a(II), are the re	=							· L_	3b	
4	rt VI	the in Part XIII the inte			owment	Tunas						
РŒ	IL AT	Land, Buildings, Complete if the or			rm 990,	, Part IV	, line 11a	. See Fo	rm 990, Pai	rt X, lın	e 10.	
	Descri	ption of property	(a) Cost or oth (investme	er basis (b)Cos		basis (oth			depreciation		(d)Book	value
1a	Land	• • •				123,	870					123,870
b	Buildin	gs				436,	681		165,837			270,844
С	Leaseh	old improvements										
d	Equipm	nent				152,	441		75,022			77,419
	Other											
Tota	al. Add	lines 1a through 1e (C	olumn (d) must ed	ual Form 990, Pari	t X, colui	mn (B), li	ne 10(c))	• •	•			472,133
									Sch	edule l	ノ (Form	990) 2016

See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b)Book value	(c)Method of valuation Cost or end-of-year market value
L)Financial derivatives		
2)Closely-held equity interests 1)Other	<u>· · · ·</u>	
v)		
3)		
c)		
D)		
E)		
F)		
G)		
н)		
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	.	
Investments-Program Related. Complete if	the organization answer	ed 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
1)		Cost or end-of-year market value
2)	- -	
3)		
4)		
5)		
5)		· · · · · · · · · · · · · · · · · · ·
7)		
8)		
9)		
Total. (Column (b) must equal Form 990, Part X, col (8) line 13) Part IX Other Assets. Complete if the organization answered	Vos' on Form 990, Bast IV	line 11d See Form 000 Part V line 15
(a) Description		(b) Book value
1)		
2)		
3)		
4)		
5) 		
5)		
7)		
8)	<u> </u>	
9)		
otal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a		990. Part IV. line 11e or 11f.
	nswered 'Yes' on Form 9	· - · , · - · · · · · · · · · · · · · ·
See Form 990, Part X, line 25.		
See Form 990, Part X, line 25. (a) Description of liability	(b) Book v	ralue
See Form 990, Part X, line 25 (a) Description of liability		ralue
See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes		value
See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes		value
See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes		value
See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes 2)		value
See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes 2)		ralue
See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes 2) 3) 4)		ralue
See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes 2) 3) 4)		ralue
See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes 2) 3) 4) 5)		ralue
See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes 2) 3) (3)		ralue
See Form 990, Part X, line 25.		ralue

Schedule D (Form 990) 2015

Pa		i tion of Revenue per Audited Financ Complete if the organization answered 'Y					
1		upport per audited financial statements .				1	2,518,139
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12					
а	Net unrealized gains (losses) on i	nvestments	2a				
b	Donated services and use of facili	ties	2b		72,427		
c	Recoveries of prior year grants		2c				
d	Other (Describe in Part XIII) .		2d		6,000		
e	Add lines 2a through 2d		•			2e	78,427
3	Subtract line 2e from line 1 .					3	2,439,712
4	Amounts included on Form 990, P	art VIII, line 12, but not on line 1					
а	Investment expenses not included	d on Form 990, Part VIII, line 7b .	4a				
Ь	Other (Describe in Part XIII) .		4b				
С	Add lines 4a and 4b		•			4c	
5	Total revenue Add lines 3 and 4c	. (This must equal Form 990, Part I, line 12)				5	2,439,712
Pai		ion of Expenses per Audited Financi					
		omplete if the organization answered 'Y			IV, lin	T	
1	·	dited financial statements	•			1	2,891,255
2	Amounts included on line 1 but no	·		ı			
a	Donated services and use of facility		2a		72,427		
Ь	Prior year adjustments		2b			ŀ	
С	Other losses		2c				
d	Other (Describe in Part XIII) .		2d	L	6,000		
e	Add lines 2a through 2d		•			2e	78,427
3	Subtract line 2e from line 1					3	2,812,828
4	Amounts included on Form 990, P			1		l	
а	·	on Form 990, Part VIII, line 7b	4a				
Ь	Other (Describe in Part XIII) .		4b	L		ŀ	
С	Add lines 4a and 4b					4c	
5	Total expenses Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18) .	· · · ·		5	2,812,828
Рa	t XIII Supplemental Info	rmation					
		art II, lines 3, 5, and 9, Part III, lines 1a and	4 Dar	t IV lines 1h and 2	h		
Par	: V, line 4, Part X, line 2, Part XI, lii	nes 2d and 4b, and Part XII, lines 2d and 4b	Also c	omplete this part t	o provid	le any	additional information
	Return Reference		Ex	planation			
See /	Additional Data Table						

Scl	hed	ule	D (Form	990	2015
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Page **5**

Part XIII Supplemental Information (conti	inued)
Return Reference	Explanation

Schedule D (Form 990) 2016

Additional Data

Software ID:

Software Version:

EIN: 65-0670031

Name: HOPE SOUTH FLORIDA INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	DONATED MATERIALS SPECIAL EVENTS 6,000

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	DONATED MATERIALS SPECIAL EVENTS 6,000

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SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding
Fundraising or Gaming Activities
Complete of the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 15

DLN: 93493174001477 OMB No 1545-0047

2016

	rtment of the Treasury		▶/	Attach to Fo	than \$15,000 on Form 990-E orm 990 or Form 990-EZ. 990-EZ) and its instructions		gov/form990.	Open to Public Inspection
	ne of the organization E SOUTH FLORIDA INC							entification number
Pa		g Activities.Comple Z filers are not requi			on answered "Yes" on	Form 990,	Part IV, line	17.
1				•	e following activities Che	ck all that as	only	
а	Mail solicitations		<u>-</u>		e Solicitation of n		2004 5	
b	☐ Internet and ema	ail solicitations			f Solicitation of g			
С	Phone solicitation	15			g Special fundrais	•		
d	☐ In-person solicita	itions				•		
2 a	or key employees list	ted in Form 990, Part V	II) or entity	in connec	ndividual (including office ction with professional fui	ndraising ser	vices?	es 🗆 No
b	If "Yes," list the ten l to be compensated a	highest paid individuals t least \$5,000 by the or	or entities ganization	(fundraise	rs) pursuant to agreeme	nts under wh	ich the fundrai	ser is
((i) Name and address individual or entity (fundraiser)	of (ii) Activity	fundra cust con	i) Did iser have ody or trol of butions?	(iv) Gross receipts from activity	(or ret	ount paid to ained by) ser listed in ol (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No				
2								
3								
4			-					
5			-					
6								
7								
8								
9								
0								
ota	ıl	t		•				
	ist all states in which i icensing	the organization is regis	tered or lic	ensed to s	solicit contributions or ha	been notifie	ed it is exempt	from registration or
	Innoviced Bodistion A	t Notice see the Instruc		000	000 E7 Cat N	o 50083H	Eshadula C	(Form 990 or 990-F7) 2016

				(d)
	GOLF TOURNAMENT	TASTE HOPE	(total number)	Total events (add col (a) through col (c))
	(event type)	(event type)	(cotal number)	coi (cy)
Gross receipts	74,915	51,355	178	126,44
Less Contributions	31,240	30,220	178	61,63
line 2)	43,675	21,135		64,810
·				
Rent/facility costs				
Food and beverages				
Entertainment				
Other direct expenses	42,029	22,744	····	64,773
	-		•	64,77
		s" on Form 990 Part IV	/ line 19 or reported	more than \$15,000
on Form 990-EZ, line 6a.				111010 (11411 \$13,000
	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Gross revenue				
Cash prizes				
Noncash prizes				
Rent/facility costs				
Other direct expenses				
Volunteer labor	☐ Yes <u></u> %		☐ Yes%☐ No	
Direct expense summary Add lines 2 t	through 5 in column (d)		•	
Net gaming income summary Subtrac	t line 7 from line 1, column	n (d)	<u></u> ▶	<u> </u>
• • • • • • • • • • • • • • • • • • • •				
"No," explain		_		Yes No

	Less Contributions	Gross receipts	Gross receipts	Gross receipts

III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

Explanation

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DLN: 93493174001477

OMB No 1545-0047

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Department of the Treasury

SCHEDULE M

(Form 990)

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

ntern	ial Revenue	Service					Insp	ection	1
		organization				Employer identifica	ition n	umbe	r
HOPE	SOUTH FL	ORIDA INC				65-0670031			
Pa	rt I	Types of Property				03-00/0031			
	Andrew Co.	Types of Froperty	(-)	45	(1)				
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of c noncash contrib	letermi		ts
		rks of art							
		torical treasures .							
		ctional interests							
		nd publications							
	goods	and household							
6		d other vehicles							
7		nd planes							
8		ual property							
9		es—Publicly traded .							
		es—Closely held stock .							
	or trust	es—Partnership, LLC, interests							
		es—Miscellaneous							
13	contrib	d conservation ution—Historic es							
14		d conservation ution—Other							
15	Real est	ate—Residential .							
16	Real est	ate—Commercial							
17	Real est	ate-Other							
18	Collectib	oles							
19	Food inv	ventory	X	6,031	150,785	FAIR MARKET VALUE			
20	Drugs a	nd medical supplies .							
		my							
		al artifacts							
		c specimens							
24	Archeolo	ogical artifacts							
	Other ▶ PLIES)	(Х	28	34,200	FAIR MARKET VALUE			
26	Other ▶	()							
27	Other ▶	()							
28	Other ►	()							
29		of Forms 8283 received by the the organization completed				29			
30a	During	the year, did the organization	receive by	contribution any property r	eported in Part I, lines 1 th	rough 28, that		Yes	No
	it must	hold for at least three years f	rom the da	ate of the initial contribution,	and which is not required	to be used			
	for exer	mpt purposes for the entire h	olding perio	od?			30a		No
		describe the arrangement in		8	2 2 2 2	V. 3			
31	Does th	e organization have a gift acc	eptance po	olicy that requires the review	of any non-standard contr	ibutions?	31		No
	contribu			or related organizations to so	olicit, process, or sell nonca	sh • • •	32a		No
ь		" describe in Part II							
33	If the o	rganization did not report an	amount in	column (c) for a type of prop	perty for which column (a)	s checked,			
	describe	e in Part II							

Schedule M (Form 990) (2016)

Part II Supplement

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2016)

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DLN: 93493174001477

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No 1545-0047

2016

Open to Public Inspection

Internal Revenue Service
Name of the organization
HOPE SOUTH FLORIDA INC

Employer identification number

65-0670031

Return Reference	Explanation
FORM 990, PAGE 1, ITEM C	FAITH IN ACTION CRISIS HOUSING, HOPE CENTRAL

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	HOPE SOUTH FLORIDA IS A CHRISTIAN-BASED 501(C)(3) NON-PROFIT ORGANIZATION, OPERATING SINCE 1995, THAT HAS PROVIDED EMERGENCY SHELTER, HOUSING ASSISTANCE, AND SUPPORT SERVICES TO TH OUSANDS OF HOMELESS FAMILIES AND INDIVIDUALS OUR GOAL IS TO BRING ABOUT TRANSFORMATION IN THE LIVES OF HOMELESS AND HURTING FAMILIES THROUGH THE PROVISION OF HOUSING SOLUTIONS AND FAMILY SERVICES, AND TO SERVE AS A GUIDING PARTNER IN TRANSFORMING, EDUCATING, AND BRINGI NG THE CHRISTIAN COMMUNITY INTO RELATIONSHIP WITH THOSE SERVED HOUSING -IN 2016, HSF PRO VIDED ACCESS TO RAPID REHOUSING ALONG WITH CASE MANAGEMENT SERVICES TO 150 HOMELESS FAMILI ES AND VETERANS IN BROWARD COUNTY HSF IS NOW RECOGNIZED AS THE PREMIER ORGANIZATION FOR HOUSING HOMELESS FAMILIES AND VETERANS IN BROWARD COUNTY CHURCH PARTNERSHIPS -HSF HAS INC REASED ITS CHURCH PARTNERSHIPS TO 72 CHURCHES IN BROWARD COUNTY CHURCH PARTNERS PARTICIPA TE IN THE PROVISION AND SERVING OF SHARED MEALS, PROVIDE CRISIS HOUSING FOR HOMELESS FAMILIES AT THEIR CHURCH FACILITIES, SERVE AS FAMILY SUPPORT TEAMS FOR HOMELESS FAMILIES AND VETERANS IN BROWARD COUNTY

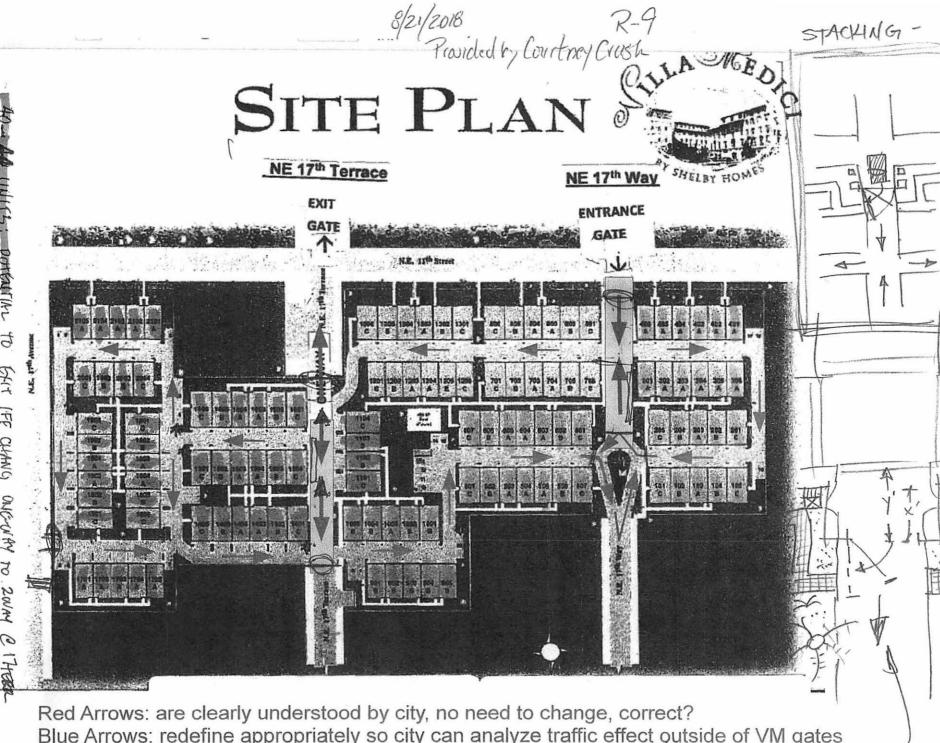
Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	ALL BOARD MEMBERS REVIEW FORM 990 AT BOARD MEETING AND AN ELECTRONIC VERSION IS ALSO SENT FOR REVIEW BEFORE WE FILE

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	POLICY IS REVIEWED AND DISCUSSED BY BOARD MEMBERS AND EMPLOYEES AT MEETINGS AND ANY POSSIB LE CONFLICTS THAT ARISE ARE REQUIRED TO BE DISCLOSED

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION IS THOROUGHLY REVIEW BY THE BOARD ON AN ANNUAL BASIS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	MADE AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DONATED MATERIALS SPECIAL EVENTS 6,000 DONATED MATERIALS SPECIAL EVENTS -6,000



Red Arrows: are clearly understood by city, no need to change, correct?

Blue Arrows: redefine appropriately so city can analyze traffic effect outside of VM gates

ALSO: YM SHOULD BLOW UP 2 NEW (ATESSHOWIMG DPENING LOCATION/EXACT SWING WI PEGFECT TO

11-45T, SIDEWALKS, GTC

UNLESS THEY OPEN MAIN GATE

STAND

46 UNITS: WILL NOT HAVE ACCESS

EXHIBIT TO RESOLUTION 18-

AVIATION ADVISORY BOARD

John Dool (Commissioner Moraitis) is appointed to the Aviation Advisory Board for a one year term beginning August 21, 2018 and ending August 20, 2019 or until his successor has been appointed.

BUDGET ADVISORY BOARD

Jeff Lowe (Mayor Trantalis) is appointed to the Budget Advisory Board for a one year term beginning October 1, 2017 and ending September 30, 2018 or until his successor has been appointed.

Jeff Lowe (Mayor Trantalis) and Johnnie Smith (Commissioner McKinzie) are appointed to the Budget Advisory Board for one year terms beginning October 1, 2018 and ending September 30, 2019 or until their successor have been appointed.

Wes Parker (Vice-Mayor Sorensen) and David Orshefsky (Commissioner Glassman) are appointed to the Budget Advisory Board for a one year term beginning October 1, 2018 and ending September 30, 2019 or until his successor has been appointed.

CEMETERY SYSTEM BOARD OF TRUSTEES

Alan Garber (Vice-Mayor Sorensen) is appointed to the Cemetery System Board of Trustees for a one year term beginning August 21, 2018 and ending August 20, 2019 or until his successor has been appointed.

CENTRAL CITY REDEVELOPMENT ADVISORY BOARD

Alex Karamanoglou (Consensus), Peter Kosinski (Consensus), and Danella Williams (Consensus) are appointed to the Central City Redevelopment Advisory Board for one year terms beginning August 31, 2018 and ending August 30, 2019 or until their successors have been appointed.

COMMUNITY SERVICES BOARD

Wanda Francis (Commissioner Moraitis) is appointed to the Community Services Board for a one year term beginning 10/1/2018 and ending 9/30/2019 or until her successor has been appointed.

EDUCATION ADVISORY BOARD

Terry Large (Vice-Mayor Sorensen) is appointed to the Education Advisory Board for a one year term beginning September 5, 2018 and ending September 4, 2019 or until his successor has been appointed.

ECONOMIC DEVELOPMENT ADVISORY BOARD

Bernice Lee(Mayor Trantalis) is appointed to the Economic Development Advisory Board for a two year term beginning January 6, 2018 and ending January 5, 2020 or until her successor has been appointed.

LAUDERTRAIL WORKING GROUP COMMITTEE

Shea Smith (Mayor Trantalis) Caleb Gunter (Commissioner Moraitis) and Eric Barton (Vice-Mayor Sorensen) are appointed to the LauderTrail Working Group Committee for two year terms beginning August 1, 2018 and ending July 31, 2020 or until their successors have been appointed.

PARKS, RECREATION AND BEACHES BOARD

Brucie Cummings (*Vice-Mayor Sorensen*) is appointed to the Parks, Recreation and Beaches Board for a one year term beginning October 20, 2017 and ending October 19, 2018 or until her successor has been appointed.