Form	99	0	Return	of Organization Exe	mnt Fra	om Incom	o Tax		OMB No. 1545-0047
FOIIII				0	•				2020
				527, or 4947(a)(1) of the Interna					
		he Treasury		ter social security numbers on		-	-		Open to Public
		le Service		<u>vww.irs.gov/Form990 for instru</u>					
_			ar year, or tax year begin		10-01	, 2020, and er			9-30,2021
		pplicable:		achua County Coalitic	on for t	the Homeles	ss and	H D Emp	loyer identification number
=	ddress c	-		ace Marketplace		_			43-1960048
=	ame cha	-		O. box if mail is not delivered to street addr	ress)	Room	n/suite	E l'elep	phone number
	itial retu		3055 NE 28th D						(352)792-0800
H		n/terminated		vince, country, and ZIP or foreign postal co	de				ss receipts
	mended		Gainesville, F				11/->	\$	4,095,101 for subordinates? Yes X No
	pplicatio	n pending		ncipal officer: Michael Raburn	L			this a group return	
		nt atatua. X	Same as C abov 501(c)(3) 501(c) (· –	527				tes included? Yes No
	/ebsite:		501(c)(3) 501(c)(.gracemarketplace		527			iroup exemption	st. See instructions
			· · ·	ociation Other ►	1. V	ear of formation: 2		M State of leg	
Par	_	Summar					002		
	T			on or most significant activities:	To end	d homeless	ness b	v provid	ling safe shelter,
	-	•	•	rmanent solutions to					ing bare biorcory
Se		01100011	berviere and pe		peopre	*********	50021115		
nan									
Activities & Governance	2	Check this bo	x ► □ if the organization	discontinued its operations or di	isposed of n	more than 25% o	of its net a	assets.	
ß	3			rning body (Part VI, line 1a)					7
ۍ ۵	4			s of the governing body (Part VI,					7
ties	5			calendar year 2020 (Part V, line					58
itivi	6			necessary)					1,311
Ac				Part VIII, column (C), line 12					0
				from Form 990-T, Part I, line 11					0
							Prior		Current Year
	8	Contributions	and grants (Part VIII, line	1h)		[930,783	4,060,523
ē	9			e 2g)				1,987	20,031
Revenue	10), lines 3, 4, and 7d)				81	419
Sev	11			es 5, 6d, 8c, 9c, 10c, and 11e)					(5,610)
-	12		,	must equal Part VIII, column (A),		· ·		932,851	4,075,363
	13			X, column (A), lines 1-3)	,			232,810	1,202,436
			to or for members (Part I)						0
				benefits (Part IX, column (A), lir				502,999	2,412,705
es				column (A), line 11e)					0
ens			sing expenses (Part IX, col			37,445			-
Expenses				nes 11a-11d, 11f-24e)				188,112	656,911
-	18			equal Part IX, column (A), line 25				923,921	4,272,052
	19			18 from line 12				8,930	(196,689)
ري م				· · · · · · · · · · · · · · · · · · ·			eginnina of	Current Year	End of Year
ts ol ance	20	Total assets	(Part X, line 16)					832,545	656,800
Asse Bala	21							160,160	181,104
Net Assets or Fund Balances	22		•	line 21 from line 20				672,385	475,696
Par			re Block						
Unde	r penaltie	es of perjury, I dec	lare that I have examined this retu	n, including accompanying schedules and			knowledge a	nd belief, it is	
true,	correct, a	and complete. Dec	laration of preparer (other than off	cer) is based on all information of which pr	reparer has any	/ knowledge.			
		Jona	than DeCarmine						
Sig	ו		e of officer					Da	ate
Here	e	Jona	than DeCarmine, E	xecutive Director					
			print name and title						
		Print/Type pre	parer's name	Preparer's signature	D	ate	с	heck if	PTIN
Paic	1	Stephen	H. Kattell	Stephen H. Kattell	03	3-16-2022		elf-employed	P01278226
	barer			and Company, P.L.			Firm's Ell		· · · •
	Only			16th Avenue			Phone no		
	- ···)			lle FL 32601					395-6565
Mav	he IRS	S discuss this		own above? (see instructions)					X Yes No
			on Act Notice, see the se						Form 990 (2020)
			,						

Form	990 (2020) Alachua County Coalition for the Homeless and H	43-1960048	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		x
1	Briefly describe the organization's mission:		
	To end homelessness by providing safe shelter, effective services and perman	ent solutions	to
	people without housing.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes] No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes 🗴] No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 2,627,672 including grants of \$ 703,140) (Revenue	\$)
	Campus and Shelter Programs: Since 2014, we've ended homelessness for over 2	,100 people,	reducing
	local homelessness by 47%. We provide crisis services and move people into 1	ong-term hous	ing. Our
	one-year housing retention rate is 92%. ACCHH operates GRACE, a one-stop hom	eless assista	nce
	campus and low-barrier emergency shelter. GRACE has received local, state an	d national	
	recognition for providing highly effective, compassionate, and cost-effective	e services in	cluding
	shelter, housing, and basic needs. The campus hosts community partners who p	rovide physic	al and
	mental health services, assistance applying for benefits, legal services, ve	teran service	s and
	employment services.		
4b	(Code:) (Expenses \$886,363 including grants of \$499,296) (Revenue	\$ 20,	031)
	Permanent Housing Programs. ACCHH also provides permanent housing programs u	nder the GRAC	E
	banner. These programs provided permanent housing for 60 people this year, i	ncluding shor	t- and
	long-term financial assistance and all required support services to keep peo	ple stably ho	used.
4c	(Code:) (Expenses \$255,977 including grants of \$) (Revenue	\$)
	Street Outreach Program. GRACE launched the community's first housing-focuse		
	team in 2021. This team brings GRACE services to people on the street and in		
	emphasis on building relationships and providing supplies and support. In th		
	team moved 79 people into permanent housing from the streets in and around D	owntown Gaine	sville.
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses > 3,770,012		
EA		Form	990 (2020)

	990 (2020) Alachua County Coalition for the Homeless and H 43-19600	48	Р	age 3
Pa	rt 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,"			
•		1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			<u> </u>
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	Ŭ		
•	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		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		v
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	1 Id		x
D	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		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		<u>x</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
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		x
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	х	
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		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b		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		x

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Par	rt IV C	hecklist of Required Schedules (continued)				
			I		Yes	No
22	-	anization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
		umn (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	х	
23		anization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	-	n's current and former officers, directors, trustees, key employees, and highest compensated ? If "Yes," complete Schedule J		23		v
24a		anization have a tax-exempt bond issue with an outstanding principal amount of more than	•••••	23		<u>x</u>
2 - 4a	-	is of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
		d and complete Schedule K. If "No," go to line 25a		24a		x
b	-	anization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		Ť.
C		anization maintain an escrow account other than a refunding escrow at any time during the year				
	-	any tax-exempt bonds?		24c		
d		anization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 50	r1(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		х
b	Is the orga	nization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and th	nat the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," c	omplete Schedule L, Part I		25b		х
26	Did the org	anization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
		fficer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
		entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	,	26		X
27	-	anization provide a grant or other assistance to any current or former officer, director, trustee, key				
		creator or founder, substantial contributor or employee thereof, a grant selection committee				
		to a 35% controlled entity (including an employee thereof) or family member of any of these		07		
28		f "Yes," complete Schedule L, Part III		27		x
20		ons, for applicable filing thresholds, conditions, and exceptions):				
а		r former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
u		plete Schedule L, Part IV.		28a		x
b		ember of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	t t	28b		x
C		trolled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
		plete Schedule L, Part IV		28c		х
29		anization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	t t	29	х	
30	Did the org	anization receive contributions of art, historical treasures, or other similar assets, or qualified				
		on contributions? If "Yes," complete Schedule M		30		х
31	Did the org	anization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		31		х
32	Did the org	anization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	'	Chedule N, Part II		32		х
33		anization own 100% of an entity disregarded as separate from the organization under Regulations				
		01.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		Х
34		ganization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				_
~-		Part V, line 1		34		X
35a		anization have a controlled entity within the meaning of section 512(b)(13)?		35a		X
b		ine 35a, did the organization receive any payment from or engage in any transaction with a		25h		v
36		entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line</i> 2 (1(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	•••••	35b		X
30		anization?If "Yes," complete Schedule R, Part V, line 2		36		x
37		anization conduct more than 5% of its activities through an entity that is not a related organization	,	50		
		treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		x
38		anization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
		All Form 990 filers are required to complete Schedule O.		38	x	
Par		tatements Regarding Other IRS Filings and Tax Compliance				
		heck if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	<u></u>	
					Yes	No
1a		umber reported in Box 3 of Form 1096. Enter -0- if not applicable	6			
b		umber of Form W-2G included in line 1a. Enter -0- if not applicable	0			
С	-	anization comply with backup withholding rules for reportable payments to vendors and				
	reportable	gaming (gambling) winnings to prize winners?		1c		

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 returm 2a 58			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		х
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		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
с	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			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a	x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	x	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ũ	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		<u> </u>
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			x
g h		7g 7h		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	70		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	00		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
_		_		

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Pa	Tt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction			
	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	7		
	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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	7		
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?			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, stockholders, or other persons who had the power to elect or appoint			<u></u>
74	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,			
Ň		. 7b		v
8	stockholders, or persons other than the governing body?			x
0	the year by the following:			
•		80	v	
a ⊾	The governing body? Each committee with authority to act on behalf of the governing body?		x	
b		. 8b		x
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
600	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	. 9		<u>x</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	Did the same institution have been been been as a fifther a	40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	. <u>11a</u>	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	-	X	
13	Did the organization have a written whistleblower policy?		х	
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			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official			х
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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	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		x
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Florida			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on 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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Julie Brannon (352)792-0800, 3055 NE 28th Drive, Gainesville, FL 32609			

Independent Contractors	·							, U		nployees, and
Check if Schedule O contains a response	or note to an	y line	in thi	s Par	t VII					
ection A. Officers, Directors, Trustees, Key Emple		-						F		
a Complete this table for all persons required to be liste	ed. Report co	mper	isatio	n for	the	calen	dar	year ending with c	or within the	
rganization's tax year.		(b . a .		ن باله م						
 List all of the organization's current officers, direct ompensation. Enter -0- in columns (D), (E), and (F) if no 	-	•			dual	s or o	rgar	lizations), regardle	ess of amount of	
 List all of the organization's current key employee 					r dof	inition	of '	'key employee "		
 List the organization's five current highest competi- 	-								key employee)	
ho received reportable compensation (Box 5 of Form W										
rganization and any related organizations.						,				
• List all of the organization's former officers, key er	mployees, an	d high	nest c	comp	ensa	ated e	mpl	oyees who receive	ed more than	
100,000 of reportable compensation from the organization	on and any rel	ated o	organ	izatio	ons.					
• List all of the organization's former directors or tr			-		•	-			trustee of the	
ganization, more than \$10,000 of reportable compensat	ion from the o	rganiz	zatior	n and	any	relate	ed o	rganizations.		
ee instructions for the order in which to list the persons a										
Check this box if neither the organization nor any rela	ted organizat	ion co	mper			ny curr	ent	officer, director, or	trustee.	
				(C						
(A)	(B)	(do	not che	Posi eck mo		an one		(D)	(E)	(F)
Name and title	Average hours					both an trustee)		Reportable compensation	Reportable compensation	Estimated amount of other
	per week							from the	from related organizations	compensation from the
	(list any hours for	or d	Insti	Officer	Key	High	Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	irecto	tution	Der	Key employee	nest c Noyee	ner			related organizations
	organizations below	or director	Institutional trustee		oyee	e compe				
	dotted line)	ee	stee			Highest compensated employee				
							/			
) Jon DeCarmine	40.00									
xecutive Director				x				88,861	0	16,900
) Angela Pate irector	<u> </u>	v						0	0	0
B) Jeremy Thomas	1.00	x						0	0	0
irector		x						0	0	0
) John Thornby	1.00									
irector		х						0	0	0
) Bryan Eastman	<u>1.00</u>									
irector	1 00	х	$\left \right $	-+	+		_	0	0	0
) Michael Raburn hair	<u>1.0</u> 0	x		x				0	0	0
) Julia Graddy	1.00			-	+			0	0	<u> </u>
ecretary		x		x				0	0	0
) Bob Ackerman	1.00									
reasurer		х		x				0	0	0
2										
2)										
<u>0</u>)										
1)										
2)										
3)										
3)4)										

	90 (2020) Alachua County Coa									43-196	0048	Page 8
Part	VII Section A. Officers, Directors, Trustee	s, Key Emp	loyee	s, an		•	est Co	ompo	ensated Employe	es (continued)		
	(A) Name and title	(B) Average	(C) Position (do not check more than one box, unless person is both a					h	(D) Reportable	(E) Reportable	Estim	(F) ated amount
		hours per week (list any hours for related organizations below dotted line)		er and			trustee) Highest compensated		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	con fi orgai	of other npensation om the nization and l organizations
15)												
16)												
17)												
				_								
					2							
25)												
1b c	Subtotal				· · ·	•••	•••	· •				
d 2	Total (add lines 1b and 1c)								88,861	0 0		16,900
3	Did the organization list any former officer, direct	•										0 Yes No
4	employee on line 1a? If "Yes," complete Schedul For any individual listed on line 1a, is the sum of re organization and related organizations greater that	portable cor	mpensa	ation	and	othe	er com	npen	sation from the		. 3	x
5	individual					•••		•••			. 4	x
-	for services rendered to the organization? If "Yes			-			-				5	x
ecti	on B. Independent Contractors											
1	Complete this table for your five highest compensat											
	compensation from the organization. Report compensation (A)		the cal	enaa	ar yea	ar e	naing	with	(B)		(C)	
	Name and business address	5							Description of servic		Compens	
2	Total number of independent contractors (including received more than \$100,000 of compensation from	-		those	e list	ted a	above)) wh	0			

orm 99	<u>`</u>	20) Alachua County (Coal	ition for the	<u>Homeless</u> a:	nd H	43-19600	048 Page 9
art V	/111	Statement of Revenue						
		Check if Schedule O contains a respons	e or n	ote to any line in thi	s Part VIII			<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a	19,092				
	b	Membership dues	1b					
Ints	с	Fundraising events	1c	28,395				
5 e	d	Related organizations	1d					
I A	е	Government grants (contributions)	1e	3,318,147				
, m nis	f	All other contributions, gifts, grants,						
and Other Similar Amounts		and similar amounts not included above	1f	694,889				
E S	g	Noncash contributions included in						
je		lines 1a-1f	1g	\$ 341,299				
a	h	Total. Add lines 1a-1f		<u> </u>	4,060,523			
				Business Code				
	2a	Tenant Rent Payments		532000	20,031	20,031		
	b							
Program Service Revenue	С							
	d							
	е							
.		All other program service revenue						
	g	Total. Add lines 2a-2f			20,031		V	
	3	Investment income (including dividends, inter-						
		other similar amounts)			419			419
	4		•					
	5	Royalties						
	62	Gross rents 6a	I	(ii) Personal				
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)						
		Gross amount from (i) Securiti		(ii) Other				
	70	sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis						
e		and sales expenses 7b						
Other Revenue	с	Gain or (loss) 7c						
e l	d	Net gain or (loss)		· · · · · · •				
er 🛛	8a	Gross income from fundraising						
8		events (not including \$ 28,395						
		of contributions reported on line						
		1c). See Part IV, line 18	8a	14,128				
		Less: direct expenses	8b	19,738				
		Net income or (loss) from fundraising event	is <u>.</u>	· · · · · · •	(5,610)			(5,610)
	9a	Gross income from gaming						
		activities, See Part IV, line 19	9a					
		Less: direct expenses	9b					
		Net income or (loss) from gaming activities	•••	· · · · · · •				
	10a	Gross sales of inventory, less	4.0					
		returns and allowances						
		Less: cost of goods sold						
	C	Net income or (loss) from sales of inventor	y					
	11-			Business Code				
ש								+
	b							+
	с С							+
Kevenue		Total. Add lines 11a-11d						
		Total revenue. See instructions			4,075,363	20,031	0	(5,191)
	14		• • •	· · · · · · · F	-,0/5,303	<u> </u>	0	

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 (B) Program service (D) Fundraising (A) Total expenses (C) Do not include amounts reported on lines 6b. 7b. Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic 2 1,202,436 1,202,436 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 Compensation of current officers, directors, 5 48,763 121,908 48,763 24,382 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 1,619,732 112,577 1,827,242 94,933 Pension plan accruals and contributions (include 8 3,760 section 401(k) and 403(b) employer contributions) . . 4,372 350 262 9 299,426 265,281 18,545 15,600 10 159,757 137,391 12,781 9,585 11 Fees for services (nonemployees): а b Legal..... 12,750 12,750 11,900 11,900 С d Professional fundraising services. See Part IV, line 17 . е f Other. (If line 11g amount exceeds 10% of line 25, column a (A) amount, list line 11g expenses on Schedule O.) 58,299 10,502 32,477 15,320 12 Advertising and promotion 3,379 2,201 1,178 13 Office expenses 149,750 113,156 8,276 28,318 14 Information technology 39,686 7,010 32,676 15 16 298,443 292,821 2,811 2,811 . 17 16,181 16,181 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest • • • Payments to affiliates 21 22 Depreciation, depletion, and amortization Insurance 23 • • • 42,060 36,171 3,365 2,524 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A) amount, list line 24e expenses on Schedule O.) Other а 24,463 14,607 9,856 b С d е All other expenses Total functional expenses. Add lines 1 through 24e. . 25 4,272,052 3,770,012 264,595 237,445 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) . . .

Form 990 (2020) Alachua County Coalition for the Homeless and H Part IX Statement of Functional Expenses

EEA

orm 990 Part X	<u>`</u>	20) Alachua County Coalition for the Homeless an Balance Sheet	ан 43	5-19	60048 Page 11
		Check if Schedule O contains a response or note to any line in this Part X	<u></u>	<u>.</u>	<u></u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	259,942	1	42,603
	2	Savings and temporary cash investments	250,567	2	110,848
	3	Pledges and grants receivable, net	286,058	3	462,322
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	20,250	7	16,050
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	15,728	9	24,977
1	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
1	11	Investments - publicly traded securities		11	
1	12	Investments - other securities. See Part IV, line 11		12	
1	13	Investments - program-related. See Part IV, line 11		13	
1	14	Intangible assets		14	
1	15	Other assets. See Part IV, line 11		15	
1	16	Total assets. Add lines 1 through 15 (must equal line 33)	832,545	16	656,800
1	17	Accounts payable and accrued expenses	160,160	17	181,104
1	18	Grants payable		18	
1	19	Deferred revenue		19	
2	20	Tax-exempt bond liabilities		20	
2	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
, :	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
1 2	23	Secured mortgages and notes payable to unrelated third parties		23	
2	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
2	26	Total liabilities. Add lines 17 through 25	160,160	26	181,104
		Organizations that follow FASB ASC 958, check here			
,		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	449,615	27	411,392
	28	Net assets with donor restrictions	222,770	28	64,304
		Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	672,385	32	475,696
	33	Total liabilities and net assets/fund balances	832,545	33	656,800
4					Form 990 (2020

m 990 (2020) Alachua County Coalition for the Homeless and H	43-1960048	Pa	age 12
art XI Reconciliation of Net Assets			
Check if Schedule O contains a response or note to any line in this Part XI			. 🗌
Total revenue (must equal Part VIII, column (A), line 12)	1	4,075,	363
Total expenses (must equal Part IX, column (A), line 25)	2	4,272,	052
Revenue less expenses. Subtract line 2 from line 1	3	(196,	689)
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	672,	385
Net unrealized gains (losses) on investments	5		
Donated services and use of facilities	6		
	7		
Prior period adjustments	8		
Other changes in net assets or fund balances (explain on Schedule O)	9	4	0
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
32, column (B))	10	475,	696
art XII Financial Statements and Reporting			
Check if Schedule O contains a response or note to any line in this Part XII			· 🗌
		Yes	No
Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain in			
Schedule O.			
a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	x
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
reviewed on a separate basis, consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
• 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 x	
If the organization changed either its oversight process or selection process during the tax year, explain on			
Schedule O.			
a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
Single Audit Act and OMB Circular A-133?		3a X	
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 on Schedule O and describe any steps taken to undergo such audits		3b X	
	F	orm 990 (2	2020)

~~··-								OMB No. 1545-0047					
	DULE A 90 or 990-EZ)	P	ublic Charit										
(,	Complete if the organiz		01(c)(3) organization or a		7(a)(1) none	exempt charitable trus						
	nt of the Treasury	5 God		ch to Form 990 or Form		lataat infa	mation	Open to Public Inspection					
	evenue Service he organization		o www.irs.gov/F	orm990 for instruction	s and the l	atest info	Employer identifica						
	-	oalition for t	he Homeless	and H			43-19600						
Part I				organizations must	complete	this par							
The org	anization is not a	private foundation bec	ause it is: (For line	s 1 through 12, check or	nly one box.	.)							
1				urches described in sec	• •								
2	A school desc	ribed in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990	or 990-EZ)	.)	(
3			•	n described in section									
4		• ·	rated in conjunction	on with a hospital descri	bed in sect	tion 170(b)	(1)(A)(iii). Enter the						
		e, city, and state:	- Ct C				al construction and the						
5	-	(1)(A)(iv). (Complete	-	university owned or oper	ated by a g	governmen	al unit described in						
6				init described in sectior	170(h)(1)	(Δ)(γ)							
7 X		•	or governmental unit described in section 170(b)(1)(A)(v). s a substantial part of its support from a governmental unit or from the general public										
	-	ection 170(b)(1)(A)(vi					Jan San San Papilo						
8	1	rust described in secti											
9	An agricultura	l research organization	described in sect	tion 170(b)(1)(A)(ix) op	erated in co	onjunction	with a land-grant coll	ege					
	or university o	r a non-land-grant colle	ege of agriculture (see instructions). Enter th	ne name, ci	ty, and stat	e of the college or						
	university:												
10	-			3 1/3% of its support from				S					
				subject to certain except									
				isiness taxable income (rom businesses						
11 🗌		•		section 509(a)(2). (Con test for public safety. Se									
11 L	-	•	•	the benefit of, to perform				95					
		•	•	bed in section 509(a)(1			• • •						
			-	ne type of supporting or			•						
а		•		vised, or controlled by its		•		•					
				y appoint or elect a majo				-					
	supporting) organization. You mι	ust complete Part	IV, Sections A and B.									
b	Type II. A	supporting organization	on supervised or co	ontrolled in connection v	vith its supp	ported orga	nization(s), by havin	g					
		•		on vested in the same pe	ersons that	control or r	nanage the supported	d					
	-	on(s). You must com											
С				anization operated in co				with,					
d				u must complete Part g organization operated				ion(o)					
u				generally must satisfy a o									
				te Part IV, Sections A a		•							
е				determination from the I			Type II, Type III						
				ntegrated supporting org		31							
f								[]					
g	Provide the fol	lowing information abo	ut the supported o	rganization(s).	1								
	(i) Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see					
				above (see instructions))	docum		instructions)	instructions)					
					Yes	No							
					162		<u></u>						
(A)													
(D)													
(B)	Ŧ												
(C)													
,													
(D)													
(E)													
(E)													
Total													
or Pap	erwork Reducti	on Act Notice, see the	e Instructions for	⊢orm 990 or 990-EZ.			Schedu	le A (Form 990 or 990-EZ) 2020					

		ounty Coali						
10	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							
Sec	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support							
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and	(.,	(,	(0) = 0.10	(,	(0)	(7	
	membership fees received. (Do not							
	include any "unusual grants.")	2,508,636	2,847,434	3,772,274	930,783	4,060,523	14,119,650	
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 the							
	organization without charge							
4	Total. Add lines 1 through 3	2,508,636	2,847,434	3,772,274	930,783	4,060,523	14,119,650	
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)							
_	Public support. Subtract line 5 from line 4						14,119,650	
-	ction B. Total Support							
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7		2,508,636	2,847,434	3,772,274	930,783	4,060,523	14,119,650	
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties, and income from							
•	similar sources	1,640	488	312	81	419	2,940	
9	activities, whether or not the business							
	is regularly carried on							
10	Other income. Do not include gain or							
10	loss from the sale of capital assets							
	(Explain in Part VI.)		, i i i i i i i i i i i i i i i i i i i					
11	Total support. Add lines 7 through 10.						14,122,590	
	Gross receipts from related activities, etc. (se	e instructions)				12	36,864	
	First five years. If the Form 990 is for the or							
	organization, check this box and stop here							
Sec	ction C. Computation of Public Suppor	t Percentage)					
14	Public support percentage for 2020 (line 6, c	olumn (f), divid	ed by line 11, o	column (f)) .		14	99.98 %	
15	Public support percentage from 2019 Schedu						99.96 %	
16a	33 1/3% support test - 2020. If the organiza							
	box and stop here. The organization qualifie							
k	33 1/3% support test - 2019. If the organiza							
	this box and stop here. The organization qua			-				
17a	10%-facts-and-circumstances test - 2020.	•						
	10% or more, and if the organization meets t				-	-		
	Part VI how the organization meets the facts			•		• • • •		
	organization							
k	10%-facts-and-circumstances test - 2019.	-						
	15 is 10% or more, and if the organization m							
	in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported							
10	organization							
IŐ	5				•			
	instructions	•••••	•••••			• • • • • • • •	•••• 🗾	

Sche				he Homeless		43-1960048	Page 3
Pa	rt III Support Schedule for Organiz						
	(Complete only if you checked the						r Part II.
	If the organization fails to qualify	/ under the te	sts listed be	low, please co	omplete Part I	l.)	
	ction A. Public Support	1	I		T		
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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.						
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 lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🛌	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the orga	nization's first,	second, third	fourth, or fifth	tax year as a s	ection 501(c)(3)	
	organization, check this box and stop here						· · · ► 🗌
Se	ction C. Computation of Public Suppor						
	Public support percentage for 2020 (line 8, c			column (f)) .		15	%
<u>16</u>	Public support percentage from 2019 Sched	ule A, Part III, I	line 15	<u></u> .	<u></u> .	16	%
_	ction D. Computation of Investment Inc						
17	Investment income percentage for 2020 (line		-	line 13, column	n (f))	17	%
18						18	%
19a	33 1/3% support tests - 2020. If the organiz					than 33 1/3%, an	d line
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2019. If the organiz	-	-	-			
	line 18 is not more than 33 1/3%, check this	box and stop I	here. The org	anization qualif	ies as a publicl	y supported organ	nization 🕨

	A (Form 990 or 990-EZ) 2020 Alachua County Coalition for the Homeless and H 43-196004	8	Page 4
Part		•	
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete		
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I		
Sect	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete lion A. All Supporting Organizations	Part V.)	
0000	on A. An oupporting organizations	Y	es 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		
	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		
_	lines 3b and 3c below.	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	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	20	
45	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If	3c	
4a	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	та	
	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	
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 lines 5b and 5c 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	C 1-	
•	designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	50	
U	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		
	(as 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 in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
a	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	0.5	
~	the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9b	
C	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 section 4943 because of section	30	
100	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		
	supporting organizations)? If "Yes," answer 10b below.	10a	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		
	determine whether the organization had excess business holdings.)	10b	
			<u> </u>

Schedule A (Form 990 or 990-EZ) 2020

_	ule A (Form 990 or 990-EZ) 2020Alachua County Coalition for the Homeless and H43-1960048rt IVSupporting Organizations (continued)			age :
			Yes	No
1	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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
¢	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		
¢	tion C. Type II Supporting Organizations			
			Yes	No
	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).	1		
) (tion D. All Type III Supporting Organizations			
			Yes	No
	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			

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).
By reason of the relationship described in line 2, above, 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.

Section 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 instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*

```
c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
```

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described in line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **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? *If "Yes" or "No," provide details in Part VI.*
- **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.*

Yes No

2

Chedule A (Form 990 or 990-EZ) 2020 Alachua County Coalition for the Homel			0048	Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			· ·	
1 Check here if the organization satisfied the Integral Part Test as a qualifying				
instructions. All other Type III non-functionally integrated supporting organized	zation	s must complete Sectio		
Section A - Adjusted Net Income		(A) Prior Year	(B) Currer (optior	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or collection				
of gross income or for management, conservation, or maintenance of				
property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Currer (optior	
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 0.015 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 0.035.	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 0.85 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	integr	ated Type III supporting	organization	

(see instructions)

Schedule A (Form 990 or 990-EZ) 2020

EEA

Sched	Alachua County Coalition (Form 990 or 990-EZ) 2020 Alachua County Coalition (TV Type III Non-Functionally Integrated 509(a)				0048 Page 7
	tion D - Distributions) e apper ing e gam		<u>u</u> /	Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - pa	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is respons	sive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
-	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
EEA				Sched	lule A (Form 990 or 990-EZ) 2020

Schodulo A (Eor	m 990 or 990-EZ) 2020 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, 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 B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Schedule of Contributors

OMB No. 1545-0047

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

2020

Internal Revenue Service					
Name of the organization	n				

Name of the organization	Employer identification number		
Alachua County Coalition for the Homeless and H	43-1960048		
Organization type (check one):			

Filers of:	Section:
Form 990 or 990-EZ	■ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

	(Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
\$372,474	PersonImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
\$ <u>305,107</u>	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
\$ <u>388,671</u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
\$369,711 Schedule B (For	Person x Payroll Noncash (Complete Part II for noncash contributions.) m 990, 990-EZ, or 990-PF) (2020)
	Total contributions \$ 1,783,357 \$ (c) Total contributions \$ 372,474 (c) Total contributions \$ 305,107 \$ 305,107 (c) Total contributions \$ 305,107 \$ 388,671 \$ 388,671 \$ 369,711

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Part I

(a) No.

1

Employer identification number Alachua County Coalition for the Homeless and H

\$

(c) Total contributions

117,917

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b) Name, address, and ZIP + 4

Person

Payroll

Noncash

(d) Type of contribution

х

 Page 2

_7		\$ <u>243,274</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Part I

(a) No.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Employer identification number 43-1960048

(d)

Type of contribution

Alachua County Coalition for the Homeless and H

(b)

Name, address, and ZIP + 4

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(c) Total contributions

	rm 990, 990-EZ, or 990-PF) (2020)		Page 3
ame of orga			Employer identification number
	County Coalition for the Homeless and H Noncash Property (see instructions). Use duplicate copies	of Part II if addition	43-1960048
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instructions.	(d)
		\$243	,274
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instructions.	
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instructions.	
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instructions.	
		. \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instructions.	
		. \$	

SCHEDULE G	Supplement	tal Informatio	n Regard	ling Fund	Iraising or Gar	ning Activi	ties 📙	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete i	f the organization organization	answered "Ye	es" on Form n \$15 000 on	he	2020		
Department of the Treasury Internal Revenue Service	►G	Att	ach to Form	990 or Form				Open to Public Inspection
Name of the organization							mployer iden	tification number
Alachua County Co							43-196	
Part I Fundraisi	ng Activities.	Complete if the	ne organiz	ation ans	wered "Yes" or	n Form 990,	Part IV,	line 17.
	Z filers are not							
1 Indicate whether the	organization raise	d funds through a	•	-				
a Mail solicitations	Le ell'elle d'ese				f non-government g			
b Internet and email c Phone solicitation					f government grants aising events	5		
d In-person solicitati			9 🗆 🤇		aising events			
2a Did the organization		oral agreement wi	th any individ	dual (includir	ng officers, directors	s, trustees,		
or key employees list		-	-		-		🗌 Ye	es 🗌 No
b If "Yes," list the 10 hi	ghest paid individu	uals or entities (fu	ndraisers) pu	ursuant to ag	reements under wh	nich the fundrai	ser is to be	
compensated at leas	st \$5,000 by the or	ganization.						
(i) Name and address or entity (fundra		(ii) Activity	custody or	draiser have control of utions?	(iv) Gross receipts from activity	(v) Amount (or retain fundraiser I col. (ed by) isted in	(vi) Amount paid to (or retained by) organization
			Yes	No				
1								
2				(
3								
4								
5								
6								
7								
8								
9								
10								
<u>Total</u>	<u></u>			•				
3 List all states in which registration or licensin		s registered or lic	ensed to soli	cit contributi	ons or has been no	tified it is exem	npt from	

Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Op/En Op/En <th< th=""><th></th><th></th><th>gioss receipts greater than</th><th>\$5,000.</th><th></th><th></th><th></th></th<>			gioss receipts greater than	\$5,000.			
age (xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx				Farm/Table		None	(add col. (a) through
2 Less: Contributions 28,395 28,395 3 Gross income (line 1 minus line 2) 14,128 14,128 4 Cash prizes 648 648 5 Noncash prizes 648 648 6 Rentfacility costs 6,810 6,810 7 Food and beverages 8,013 8,013 8 Entertainment 300 300 9 Other direct expenses 3,967 3,967 10 Direct expense summary. Add lines 4 through 9 in column (d) 19,738 11 Net income summary. Subtract line 10 form line 3, column (d) 19,738 10 Direct expense summary. Subtract line 10 form line 3, column (d) 19,738 11 Net income summary. Subtract line 10 form line 3, column (d) 19,738 12 Cash prizes (a) Brigo (b) Pultabärtsent 13 Noncash prizes (b) Pultabärtsent (c) (e) through oci (e)) 2 Cash prizes (b) No No No 3 Noncash prizes No No No 4 Rentrfacility costs No No				(event type)	(event type)	(total number)	
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9 Other direct expenses 3,967 3,967 10 Direct expense summary. Add lines 4 through 9 in column (d)	2020	6	Rent/facility costs	6,810			6,810
9 Other direct expenses 3,967 3,967 10 Direct expense summary. Add lines 4 through 9 in column (d) 19,738 (5,610) 11 Net income summary. Subtract line 10 from line 3, column (d) (5,610) (5,610) 2nt III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (e) Other gaming (f) Total gaming (add col. (a) through col. (c)) 11 Gross revenue (a) Bingo (b) Pult tablifystant. (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 12 Cash prizes (a) Bingo (b) Pult tablifystant. (c) Other gaming (d) through col. (c)) 13 Noncash prizes (a) Bingo (b) Pult tablifystant. (c) Other gaming (d) through col. (c) 2 Cash prizes (b) Pult tablifystant. (c) Other gaming (d) through col. (c) 3 Noncash prizes (b) Pult tablifystant. (c) Other gaming (d) through col. (c) 3 Noncash prizes (c) Other gaming (b) Pult tablifystant. (c) Other gaming (c) Other gaming 4 Rent/facility costs No No No No (d) For g	be	-		0.010			
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(a) Bingo bingo/progressive bingo (c) Other gaming col. (a) through col. (c)) 1 Gross revenue			φ15,000 on Form 990-EZ,			[]	
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 0 If "No," explain:	<u>p</u>			(a) Bingo		(c) Other gaming	
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8 Net gaming income summary. Subtract line 7 from line 1, column (d)		6	Volunteer labor	No	No	∐ No	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)							
Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?		7	Direct expense summary. Add lines	2 through 5 in column (d)		· · · · · · · · · · · •	
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a Is the organization licensed to conduct gaming activities in each of these states?	1	8	Net gaming income summary. Subt	ract line 7 from line 1, colu	mn (d)		
a Is the organization licensed to conduct gaming activities in each of these states?							
b If "No," explain:	9	En	ter the state(s) in which the organizat	ion conducts gaming activi	ties:		
Da Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No	а	ls t	he organization licensed to conduct g	aming activities in each of	f these states?		Yes 🗌 No
Da Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No	b	lf "	No," explain:				
	0a	We	ere any of the organization's gaming l	icenses revoked suspende	ed, or terminated during the	e tax vear?	Yes No
	5						

SCHEDULE I (Form 990) Department of the Treasury	Gove		Individuals in nswered "Yes" on For Attach to Form 990.	the United Sta m 990, Part IV, line 21	tes	C	OMB No. 1545-0047 2020 Open to Public
Internal Revenue Service Name of the organization		► Go to www.irs.	gov/Form990 for the	latest information.		Employer identification	Inspection
5							
Alachua County Coalition Part I General Informat	for the Homeles	stanco				43-1960048	
1 Does the organization maintain			stance the grantees' of	gibility for the grants or	accistance and		
the selection criteria used to aw		•					. 🕱 Yes 🗌 No
2 Describe in Part IV the organiza							
	ssistance to Domestic Or			ts Complete if the	organization answered	"Yes" on Form 99	 າ
	ny recipient that received m	-			-		,
1 (a) Name and address of organization or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							

chedule I (Form 990) (2020) Alachua County C	oalition for the H	iomeless and H			43-1960048 Page
Part III Grants and Other Assistance t Part III can be duplicated if addit			organization ansv	vered "Yes" on Form 99	0, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Meals	2,962		330,919	Cost	Food
2Rental Assistance	287		426,438	Cost	Housing
3 Supplies	3,121		308,421	Cost	Clothing and general supplies
4Job Training	39	15,150			
5 Transportation	1,560		50,166	Cost	Bus tickets and Lyft
6 Utilities	287		71,342	Cost	Payments to utility company
7					
Part IV Supplemental Information. Pro	vide the information re	equired in Part I, line	e 2; Part III, colum	n (b); and any other add	litional information.
1. Monitoring procedures (Part I, line	2)			
ndividuals are pre-approved for ass			housing assist	tance may be up to	one vear

SCHE	EDULE M	I	No	ncash Contribut	ions		c	MB No.	1545-00	47
	n 990)	Complete if the				s 20 or 20		20	20	
			 Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. 							
•	ent of the Treasury			990 for instructions and the	latest information			pen to	ectio	
	Inal Revenue Service Go to www.irs.gov/rormsgo for instructions and the latest information. ne of the organization Employer identification nu								CCIIO	
	•	Coalition for th	he Homel	ess and H		43-1960				
Part		of Property	ne nomer			45-1900	/040			
			(a)	(b)	(c)			(d)		
			Check if applicable	Number of contributions or items contributed	Noncash contr amounts repor Form 990, Part V	ted on	Methoo noncash c	d of dete		
1	Art - Works of art									
2	Art - Historical tre	asures								
3	Art - Fractional in	terests								
4	Books and public	ations								
5	Clothing and house	sehold								
	goods		x			98,025	Estimat	ed FM	v	
6	Cars and other ve	ehicles								
7	Boats and planes							,		
8	Intellectual proper	rty								
9	Securities - Public	cly traded								
10	Securities - Close	ely held stock								
11	Securities - Partn	ership, LLC,								
	or trust interests									
12	Securities - Misce	ellaneous								
13	Qualified conserv	ration								
	contribution - Hist	oric								
	structures									
14	Qualified conserv	ration								
	contribution - Oth	er								
15	Real estate - Res	sidential								
16	Real estate - Con	nmercial								
17	Real estate - Oth	er								
18	Collectibles									
19	Food inventory		x	1		243,274	Estimat	ed FM	v	
20	Drugs and medica	al supplies								
21	Taxidermy									
22	Historical artifacts									
23	Scientific specime	ens								
	Archeological arti									
25	Other ► (
26	Other ► (
27	Other ► (,								
28	Other ► (
29	Number of Forms	8283 received by the	organization	during the tax year for contribu	tions for					
X			-	, Donee Acknowledgement			29			
									Yes	No
30a	During the year, d	lid the organization rece	eive by contr	ribution any property reported ir	n Part I, lines 1 throu	ugh				
		-	-	late of the initial contribution, ar		-				
		empt purposes for the e						30a		x
		the arrangement in Par	-							
		-		that requires the review of any i	nonstandard					
								31	x	
32a				ated organizations to solicit, pro		sh				
	contributions?			· · · · · · · · · · · · · · · · · · ·				32a		x
b	If "Yes," describe									
	-		nt in column	(c) for a type of property for wh	ich column (a) is ch	ecked.				
'	describe in Part I			() - 9F - FF9 (0) 100						

EEA

	43-1960048	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32		
the organization is reporting in Part I, column (b), the number of contributions, the nu	mber of items rec	eived,
or a combination of both. Also complete this part for any additional information.		
01. Additional Information for Schedule M		
VI. Additional information for Schedule M		
The food inventory value for meat and produce is calculated based on average	values per pour	nd per
Bureau of Labor Statistics Reclaim and bakery items are valued at \$2 per pour	nd. The Organ	ization
receives these donations daily.		
▼		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

43-1960048

01. Committee meeting documentation (Part VI, line 8b)

Alachua County Coalition for the Homeless and H

There are no committees with authority to act on behalf of the governing body.

02. Form 990 governing body review (Part VI, line 11)

The Form 990 was prepared with the assistance of an independent CPA and approved by the

board prior to submission.

03. Conflict of interest policy compliance (Part VI, line 12c)

The Corporation's Bylaws state that no Director or Officer of the Corporation shall be

interested, directly or indirectly, in any contract relating to the operations conducted

by it, nor in any contract of furnishing services or supplies unless such contract shall

be authorized by an absolute majority of Directors present and voting at a meeting at

which the presence of such Director is not necessary to constitute a quorum and the vote

of such Directors is not necessary for such authorization. The fact and nature of such

interest shall have been fully disclosed or known to the members of the Board of Directors

present at the meeting at which such contract is so authorized.

04. Governing documents, etc, available to public (Part VI, line 19)

Governing documents are made available upon request.

05. Significant program services not listed on prior year return (Part III, line 2)

The Organization began a new program Street Outreach which is housing-focused service

delivery to connect unsheltered individuals with appropriate assistance programs.

06. General explanation attachment

 ACCHH changed its reporting year end from June 30, 2020 to September 30, 2020. In keeping

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

 EEA

chedule O (Form 990 or 990-EZ) (2020) ame of the organization	Page 2 Employer identification number
lachua County Coalition for the Homeless and H	43-1960048
ith that change, ACCHH prepared a short period Form 990 for the period f	rom July 1 2020
o September 30, 2020 and has prepared this Form 990 for the year ended S	September 30,
021. However, ACCHH has prepared financial statements for the 15-month	period ended
eptember 30, 2021 and has obtained an audit on those financial statement	s. We have
nswered no to Question 12a from Part IV since the Organization did not c	obtain audited
inancial statements for the tax year. However, we answered yes to Quest	tion 2b of Part
II since the Organization's financial statements are regularly audited.	
\blacksquare	