

Executive Compensation Annual Report

Instructions: Upon entering into a contract with the Department of Children and Families (Department), and annually by May 1 of each year, providers in a contract with the Department must complete Sections 1 and 2 of this form, and Section 3 if required. Completion of this document is required to comply with the Federal Funding Accountability and Transparency Act (FFATA) and Executive Order 20-44. All references to entity or contract(s) in Sections 2 and 3 shall refer to the Entity and Contract(s) identified in Section 1. Upon completion submit this form to the relevant Department Contract manager(s).

Section 1: Attestation

I swear (or affirm) to my authority to make binding representations on behalf of the entity listed below, the information contained in this document is accurate and complete to the best of the below-listed entity's knowledge, and both I and the below-listed entity intend the Department rely upon the information contained in this document.

Treasure Coast Homeless Services Council

Entity Name

ZP003

Department Contract Numbers

ZKLNEBWUJY91

UEID Number

Rayme Nuckles

Printed Name of Authorized Person

Signature of Authorized Person

Date

4-25-24

STATE OF FLORIDA
COUNTY OF Indian River



Sworn to (or affirmed) before me by means of physical presence or online notarization, this 25 day of April, 2024, by Rayme Nuckles

Signature of Notary Public- State of Florida

Personally Known OR Produced Identification

Type of Identification Produced: personally known

Section 2: Qualifying Questions

1) Did one or more of the contract(s) result from the Entity being named in federal law or Florida Statutes (substantive or appropriation) as the required recipient of a single source, public-private agreement?

Yes

No

2) During the preceding fiscal year, did the Entity receive 50% or more of its budget from either the State of Florida or from a combination of State and Federal funds?

Yes

No

3) During the preceding fiscal year, did the Entity: (a) receive more than \$25 million in total federal funding, (b) the federal funds so received accounted for more than 80% of the Provider's annual gross revenue, and (c) was the compensation of top five executives for the preceding fiscal year not available publicly?

Yes

No

If the answer to **any** question in this section is Yes, you must proceed to and complete **Section 3**. Otherwise, submit this form to your relevant Department Contract Manager.

Section 3: Annual Executive Compensation Report

Attach the latest copy of the Entity's most recent IRS Form 990 and complete the following. If the IRS 990 form is unavailable for the last fiscal year, please explain why:

List the Entity's current directors, board members, chief executive officer, chief financial officer, chief operating officer, and any other person performing equivalent functions by their title, total annual compensation, and the percentage of compensation from state (FL %) or federal (Fed %) allocations. If any executive compensation changes prior to the next annual report, the Entity must submit an updated version of this report with those changes, and their total annual compensation. Total annual compensation includes salary, bonuses, cashed-in-leave, cash equivalents, paid personal leave, severance pay, retirement benefits, deferred compensation, real-property gifts, and any other payout [see also 17 CFR 229.402(c)(2)]. Include the percentage of the total compensation directly from the state or federal allocations to the contracted entity. If any of the above-listed persons also receive compensation from organizations that: (a) created or were created by the Entity; (b) that were created by any of the above-listed persons whose compensation therefrom also derives from state or federal allocations; or (c) contract with the Entity, then identify the organization(s), their relationship with the Entity or the above listed person, and that person's annual compensation from each such organization, and the percentage of that compensation from state (FL %) or federal (Fed %) allocations. The Entity is not required to disclose the additional compensation a person receives from organizations that contract with the Entity if the above listed person was identified solely upon the person's status as an uncompensated member of the Entity's board of directors, whatever the person's actual title in the organization.

Name	Title	Total Annual Compensation	FL %	Fed %	FL & Fed % (Total)
Rayme Nuckles	Executive Director	133000	100		100
Bruce Cady	Director of Operations	75000	25	75	100
Mark Halloran	Director of Finance	110000	100		100
Tina Farmer	Director of Human Resources/Quality Control	60000	50	50	100
Penny Dietzen	Director of Data and Systems Performance	60000		100	100

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning _____, and ending _____

TREASURE COAST HOMELESS SERVICES **52-2254571**
COUNCIL, INC.

Net Asset / Fund Balance at Beginning of Year 5,235,097

Revenue

Contributions	<u>3,967,926</u>	
Program service revenue	<u>377,709</u>	
Investment income	<u>357</u>	
Capital gain / loss	<u> </u>	
Fundraising / Gaming:		
Gross revenue	<u> </u>	
Direct expenses	<u> </u>	
Net income	<u> </u>	
Other income	<u>0</u>	
Total revenue		<u>4,345,992</u>

Expenses

Program services	<u>4,217,606</u>	
Management and general	<u>124,786</u>	
Fundraising	<u>7,086</u>	
Total expenses		<u>4,349,478</u>

Excess / (deficit) -3,486

Changes 11,194

Net Asset / Fund Balance at End of Year 5,242,805

Reconciliation of Revenue

Total revenue per financial statements	<u>4,357,186</u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u>11,194</u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u><u>4,345,992</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u>4,349,478</u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u><u>4,349,478</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>5,313,667</u>	<u>5,376,463</u>	
Liabilities	<u>78,570</u>	<u>133,658</u>	
Net assets	<u><u>5,235,097</u></u>	<u><u>5,242,805</u></u>	<u>7,708</u>

Miscellaneous Information

Amended return	
Return / extended due date	<u>11/15/23</u>
Failure to file penalty	<u> </u>

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 2022, and ending 20

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

**TREASURE COAST HOMELESS SERVICES
COUNCIL, INC.**

EIN or SSN

52-2254571

Name and title of officer or person subject to tax

**RAYME NUCKLES
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<input checked="" type="checkbox"/> 1a Form 990 check here	<input type="checkbox"/> b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	4,345,992
<input type="checkbox"/> 2a Form 990-EZ check here	<input type="checkbox"/> b Total revenue, if any (Form 990-EZ, line 9)	2b	
<input type="checkbox"/> 3a Form 1120-POL check here	<input type="checkbox"/> b Total tax (Form 1120-POL, line 22)	3b	
<input type="checkbox"/> 4a Form 990-PF check here	<input type="checkbox"/> b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
<input type="checkbox"/> 5a Form 8868 check here	<input type="checkbox"/> b Balance due (Form 8868, line 3c)	5b	
<input type="checkbox"/> 6a Form 990-T check here	<input type="checkbox"/> b Total tax (Form 990-T, Part III, line 4)	6b	
<input type="checkbox"/> 7a Form 4720 check here	<input type="checkbox"/> b Total tax (Form 4720, Part III, line 1)	7b	
<input type="checkbox"/> 8a Form 5227 check here	<input type="checkbox"/> b FMV of assets at end of tax year (Form 5227, Item D)	8b	
<input type="checkbox"/> 9a Form 5330 check here	<input type="checkbox"/> b Tax due (Form 5330, Part II, line 19)	9b	
<input type="checkbox"/> 10a Form 8038-CP check here	<input type="checkbox"/> b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **KMETZ, ELWELL, GRAHAM & ASSOC. PLLC** to enter my PIN **22200** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date **11/15/23**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

6057916666

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date **11/15/23**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **TREASURE COAST HOMELESS SERVICES COUNCIL, INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) **2525 ST LUCIE AVENUE** Room/suite
 City or town, state or province, country, and ZIP or foreign postal code **VERO BEACH FL 32960**

D Employer identification number **52-2254571**

E Telephone number **772-567-7790**

G Gross receipts \$ **4,357,186**

F Name and address of principal officer:
RAYME NUCKLES
2525 ST. LUCIE AVE
VERO BEACH FL 32960

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **TCHHELPSPOT.ORG** **H(c)** Group exemption number

K Form of organization: Corporation Trust Association Other **L** Year of formation: **2000** **M** State of legal domicile: **FL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE TREASURE COAST HOMELESS SERVICES COUNCIL IS TO PREVENT AND END HOMELESSNESS ON THE TREASURE COAST AND TO ASSURE THAT IF HOMELESSNESS HAPPENS, IT IS BRIEF AND NON-RECURRING.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11			
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	4,378,783	3,967,926
	9	Program service revenue (Part VIII, line 2g)	312,562	377,709
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-161	357
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,691,184	4,345,992	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,935,350	3,115,854
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	642,232	637,282
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	7,086	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	523,824	596,342
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,101,406	4,349,478	
19	Revenue less expenses. Subtract line 18 from line 12	589,778	-3,486	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	5,313,667	5,376,463
	21	Total liabilities (Part X, line 26)	78,570	133,658
22	Net assets or fund balances. Subtract line 21 from line 20	5,235,097	5,242,805	

Part II Signature Block

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

Sign Here
 Signature of officer: **RAYME NUCKLES** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only
 Print/Type preparer's name: **PATRICK K. GRAHAM, CPA** Preparer's signature: _____ Date: **11/29/23** Check if self-employed PTIN: **P00292619**
 Firm's name: **KMETZ, ELWELL, GRAHAM & ASSOC. PLLC** Firm's EIN: **27-1238921**
 Firm's address: **2800 OCEAN DRIVE VERO BEACH, FL 32963-2064** Phone no.: **772-231-6902**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF THE TREASURE COAST HOMELESS SERVICES COUNCIL IS TO PREVENT AND END HOMELESSNESS ON THE TREASURE COAST AND TO ASSURE THAT IF HOMELESSNESS HAPPENS, IT IS BRIEF AND NON-RECURRING.

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 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 \$ **4,038,139** including grants of \$ **2,936,387**) (Revenue \$ **64,963**)

See Schedule O

4b (Code:) (Expenses \$ **179,467** including grants of \$ **179,467**) (Revenue \$ **312,746**)

See Schedule O

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **4,217,606**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	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 candidates for public office? If "Yes," complete Schedule C, Part I		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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
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		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
c	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		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	X	
e	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 "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		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
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		X
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		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		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		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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

Part IV Checklist of Required Schedules (continued)

		Yes	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	X	
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? If "Yes," complete Schedule J		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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? If "Yes," complete Schedule R, Part I		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		
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		X
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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

		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 on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	246
1b	0

Part 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 return	2a	13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
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			X
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
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 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			
b	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 required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
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			
9	Sponsoring organizations maintaining donor advised funds.				
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	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	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.)	11b			
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	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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
1a	7		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		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?		X
6	Did the organization have members or stockholders?		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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a		X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O.		X
9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10a			X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11a			X
b	Describe on 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	
12a		X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
13		X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
15a		X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
15b			X
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?		X
16a			X
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			

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	None
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 RAYME L. NUCKLES VERO BEACH	2525 ST. LUCIE AVENUE FL 32960 772-567-7790

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

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

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 tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TODD HECKMANN PRESIDENT	1.00 0.00	X		X				0	0	0
(2) LORNE COYLE TREASURER	0.50 0.00	X		X				0	0	0
(3) ANITA COCOVES SECRETARY	1.00 0.00	X		X				0	0	0
(4) LEIGH ANNE URIBE DIRECTOR	0.50 0.00	X						0	0	0
(5) WILLIAM WIMS DIRECTOR	0.50 0.00	X						0	0	0
(6) JEFF FLICK DIRECTOR	0.50 0.00	X						0	0	0
(7) DIANA GROSSI DIRECTOR	0.50 0.00	X						0	0	0
(8) JULIANNE PRICE DIRECTOR	0.50 0.00	X						0	0	0
(9) RAYME NUCKLES EXECUTIVE DIRECTOR	40.00 0.00			X				0	0	0
(10)										
(11)										

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	3,652,551					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	315,375					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			3,967,926				
	Program Service Revenue	2a RENTAL INCOME (NSP)	Business Code					
		531110		312,746	312,746			
b RENTAL INCOME (AVE B)		531110		56,040	56,040			
c RENTAL INCOME (NAOMI)		531110		8,473	8,473			
d LATE FEE		531110		450	450			
e								
f All other program service revenue								
g Total. Add lines 2a-2f			377,709					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			357	357			
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real		(ii) Personal				
		6a	11,194					
		b Less: rental expenses	6b	11,194				
	c Rental inc. or (loss)	6c						
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	(i) Securities		(ii) Other				
		7a						
		b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c						
	d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a							
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events								
9a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11a	Business Code						
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions				4,345,992	378,066	0	0	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	3,115,854	3,115,854		
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				
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	579,927	499,551	77,526	2,850
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	12,508	11,045	1,371	92
10 Payroll taxes	44,847	39,601	4,916	330
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	20,000		20,000	
d Lobbying				
e 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.)	294,951	294,951		
12 Advertising and promotion				
13 Office expenses	9,113	7,928	1,002	183
14 Information technology				
15 Royalties				
16 Occupancy	78,303	68,124	8,613	1,566
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,917	1,917		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	148,365	140,368	6,766	1,231
23 Insurance	17,742	15,435	1,952	355
24 Other expenses. Itemize expenses not covered 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.)				
a DUES & SUBSCRIPTIONS	15,353	13,357	1,689	307
b TELEPHONE	8,550	7,439	941	170
c COMPUTER	1,953	1,953		
d REPAIRS & MAINTENANCE	95	83	10	2
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,349,478	4,217,606	124,786	7,086
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X 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
Assets	1 Cash—non-interest-bearing	2,041,443	1	2,210,514
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	484,858	4	461,558
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	40,945	9	32,717
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,666,334		
	b Less: accumulated depreciation	10b 1,321,220	2,391,010	10c 2,345,114
	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		355,411	15 326,560
16 Total assets. Add lines 1 through 15 (must equal line 33)		5,313,667	16 5,376,463	
Liabilities	17 Accounts payable and accrued expenses	42,702	17	32,896
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	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	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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		35,868	25 100,762
	26 Total liabilities. Add lines 17 through 25		78,570	26 133,658
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,677,172	27	2,983,284
	28 Net assets with donor restrictions	2,557,925	28	2,259,521
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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		5,235,097	32 5,242,805	
33 Total liabilities and net assets/fund balances		5,313,667	33 5,376,463	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,345,992
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,349,478
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,486
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,235,097
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 on Schedule O)	9	11,194
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,242,805

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	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	X	

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization TREASURE COAST HOMELESS SERVICES COUNCIL, INC.	Employer identification number 52-2254571
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Part I 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 12, 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).)
- 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).**
- 7 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.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,288,411	1,214,760	3,084,860	4,378,783	3,967,926	13,934,740
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	35,269	33,528	31,643	29,602		130,042
4 Total. Add lines 1 through 3	1,323,680	1,248,288	3,116,503	4,408,385	3,967,926	14,064,782
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						14,064,782

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	1,323,680	1,248,288	3,116,503	4,408,385	3,967,926	14,064,782
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,332	489	85	57	11,194	14,157
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	244,590	254,234	381,911	312,562	377,709	1,571,006
11 Total support. Add lines 7 through 10						15,649,945
12 Gross receipts from related activities, etc. (see instructions)					12	1,571,006

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	89.87 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	89.15 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2022. 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

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	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? <i>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.</i>	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? <i>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.</i>	2	

Section C. Type II 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)? <i>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).</i>	1	

Section 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3	By reason of the relationship described on 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental 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? <i>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.</i>	2a	
b	Did the activities described on 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? <i>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.</i>	2b	
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? <i>If "Yes" or "No," 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? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt 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 purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide 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 organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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.)

Part II, Line 10 - Other Income Detail

\$ 1,571,006

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization TREASURE COAST HOMELESS SERVICES COUNCIL, INC.	Employer identification number 52-2254571
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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

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

Name of organization **TREASURE COAST HOMELESS SERVICES** Employer identification number **52-2254571**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FLORIDA DEPT OF CHILDREN AND FAMILIES ADDRESS ON FILE TALLAHASSEE FL 32303	\$ 1,458,870	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DEPT OF HOUSING & URBAN DEVELOPMENT ADDRESS ON FILE JACKSONVILLE FL 32202	\$ 142,001	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	U.S. DEPARTMENT OF VETERAN AFFAIRS ADDRESS ON FILE VERO BEACH FL 32960	\$ 351,165	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ST. LUCIE COUNTY ADDRESS ON FILE FT. PIERCE FL 34982	\$ 1,730,891	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: TREASURE COAST HOMELESS SERVICES COUNCIL, INC. Employer identification number: 52-2254571

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after July 25, 2006... 3 Number of conservation easements modified, transferred, released, extinguished, or terminated... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 8 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 9 In Part XIII, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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 Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment
 - b Permanent endowment
 - c Term endowment
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		391,155		391,155
b Buildings		3,175,326	1,239,579	1,935,747
c Leasehold improvements		68,060	59,080	8,980
d Equipment		31,793	22,561	9,232
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,345,114

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "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: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LEASEHOLD INTEREST	326,560
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	326,560

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED REVENUE	48,705
(3) OTHER	35,666
(4) DUE TO GRANT BENEFICIARY	16,391
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	100,762

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	4,357,186
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	11,194	
	e Add lines 2a through 2d		2e	11,194
3	Subtract line 2e from line 1		3	4,345,992
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,345,992

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	4,349,478
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	4,349,478
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,349,478

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

RENT EXPENSES NETTED IN REVENUES FOR 990 \$ 11,194

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022 Open to Public Inspection

Name of the organization TREASURE COAST HOMELESS SERVICES COUNCIL, INC.

Employer identification number 52-2254571

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-9.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

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

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

(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 HOMELESS ASSISTANCE	1029	2,936,387			
2 NSP	102		179,467	FMV	DISCOUNTED RENT
3					
4					
5					
6					
7					

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

See Schedule I Supplemental Information Worksheet

SCHEDULE I (Form 990)	Supplemental Information	2022
For calendar year 2022, or tax year beginning _____, and ending _____		
Name of the organization	TREASURE COAST HOMELESS SERVICES COUNCIL, INC.	Employer identification number 52-2254571

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

THE ORGANIZATION UTILIZES A MONTHLY MONITORING PROGRAM FOR ALL ASSISTANCE PROVIDED TO INDIVIDUALS IN THE NSP PROGRAM. THE ORGANIZATION'S PROGRAM OF PROVIDING FINANCIAL ASSISTANCE TO INDIVIDUALS REQUIRES APPROPRIATE DOCUMENTATION FOR ELIGIBILITY, WHICH IS ALSO MONITORED FOR COMPLIANCE ON A MONTHLY BASIS.

Part IV - Additional Information

PART III, COLUMN (A):

(A) TYPE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE TO ASSIST IN THE PREVENTION OF HOMELESSNESS IN MARTIN COUNTY, ST. LUCIE COUNTY, AND INDIAN RIVER COUNTY. THESE SERVICES ALSO INCLUDE OPERATIONAL COSTS ASSOCIATED WITH SUPPORTING THE NAOMI'S HOUSE RAPID RE-HOUSING PROGRAM FOR HOMELESS WOMEN WITHOUT CHILDREN.

SCHEDULE O
(Form 990)

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization	TREASURE COAST HOMELESS SERVICES COUNCIL, INC.	Employer identification number	52-2254571
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Form 990, Part III, Line 4a - First Accomplishment

THE COUNCIL DEVELOPS AND MAINTAINS THE CONTINUUM OF CARE FOR HOMELESS SERVICES AND QUALIFIES COUNTY SERVICE AGENCIES FOR HUD AND DCF FUNDED PROGRAMS. THE COUNCIL PREPARES FUNDING AND GRANT APPLICATIONS ON BEHALF OF SERVICE AGENCIES, SURVEY HOMELESS, AND PREPARE STRATEGIES TO SERVE THE HOMELESS. THE COUNCIL OPERATES NAOMI'S HOUSE, QUADPLEX HOUSING ACQUIRED FOR THE PURPOSE OF PROVIDING RAPID REHOUSING FOR HOMELESS WOMEN WITHOUT CHILDREN (12 INDIVIDUALS SERVED).

THE COUNCIL IS RESPONSIBLE FOR THE ADMINISTRATION AND SERVICES OF THE ST. LUCIE COUNTY HOUSING HUB. THE COUNCIL PROVIDES ONGOING RENTAL SUBSIDES FOR INDIVIDUALS AND FAMILIES.

IN ADDITION TO OTHER NON-PROFIT HOMELESS SERVICE AGENCIES SERVED BY THE COUNCIL, 4,414 INDIVIDUALS IN FAMILIES WERE PROVIDED DIRECT SERVICES DURING THE CURRENT YEAR.

Form 990, Part III, Line 4b - Second Accomplishment

THE DEPARTMENT OF COMMUNITY AFFAIRS AWARDED A NEIGHBORHOOD STABILIZATION PROGRAM COMMUNITY DEVELOPMENT BLOCK GRANT (NSP) TO INDIAN RIVER COUNTY TO ACQUIRE, REHABILITATE, AND ACCEPT TITLE TO AND MANAGE HOUSING UNIT RENTALS, FOR WHICH THE COUNCIL ENTERED INTO A CONTRACT WITH INDIAN RIVER COUNTY TO SERVE AS DEVELOPER. AS A RESULT, THE COUNCIL ACQUIRED AND REHABILITATED, IN COOPERATION WITH INDIAN RIVER

COUNTY, SIXTEEN HOUSES DEBT FREE. ELEVEN HOUSES SERVE THE PURPOSE OF

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

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

TREASURE COAST HOMELESS SERVICES

52-2254571

BENEFITTING HOUSEHOLDS WITH HOUSEHOLD INCOMES NOT EXCEEDING 50 PERCENT OF THE AREA MEDIAN INCOME. THE ADDITIONAL FIVE HOUSES BENEFIT HOUSEHOLDS WITH HOUSEHOLD INCOMES NOT EXCEEDING 120 PERCENT OF THE AREA MEDIAN INCOME.

BEGINNING IN 2014, THE COUNCIL ENTERED INTO A SUBRECIPIENT CONTRACT WITH ST. LUCIE COUNTY TO SERVE AS THE OWNER AND MANAGER OF RENTAL PROPERTIES UNDER AN NSP GRANT AWARDED TO ST. LUCIE COUNTY BY THE DEPARTMENT OF COMMUNITY AFFAIRS. AS A RESULT, ST. LUCIE COUNTY TRANSFERRED OWNERSHIP OF 11 PROPERTIES IN ST. LUCIE COUNTY TO THE COUNCIL DEBT FREE. ALL ELEVEN PROPERTIES SERVE THE PURPOSE OF BENEFITTING HOUSEHOLDS WITH HOUSEHOLD INCOMES NOT EXCEEDING 50 PERCENT OF THE AREA MEDIAN INCOME.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 THE TREASURER PRESENTS A COPY OF THE FORM 990 TO THE EXECUTIVE COMMITTEE FOR REVIEW PRIOR TO FILING.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE WRITTEN CONFLICT OF INTEREST POLICY ON AN ONGOING BASIS. WHEN CONFLICTS OF INTEREST ARISE, THEY ARE DISCUSSED AT THE EXECUTIVE COMMITTEE MEETING AND ARE PRESENTED AT THE ANNUAL MEETING.

Form 990, Part VI, Line 15a - Compensation Process for Top Official THE EXECUTIVE COMMITTEE EVALUATES PERFORMANCE, DISCUSSES COMPARABLE SALARIES AND RECOMMENDS COMPENSATION AND BONUS STRUCTURE.

Name of the organization

Employer identification number

TREASURE COAST HOMELESS SERVICES

52-2254571

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE DISTRIBUTED QUARTERLY AT PUBLIC MEETINGS.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

RENT EXPENSES NETTED IN REVENUES FOR 990 \$ 11,194

52-2254571

Federal Asset Report

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:										
9	Roof	9/30/09	0				0 0	HY	0	0
11	Land - 872 Majestic Ave.	5/07/10	0				0 0	HY	0	0
12	Blding - 872 Majestic Ave	5/07/10	0				0 0	HY	0	0
13	Blding Rehab - 872 Majestic Ave	12/29/10	0				0 0	HY	0	0
14	Land - 160 Spring Valley	5/12/10	0				0 0	HY	0	0
15	Blding - 160 Spring Valley	5/12/10	0				0 0	HY	0	0
16	Blding Rehab - 160 Spring Valley	7/27/10	0				0 0	HY	0	0
17	Land - 781 Carnival Ter.	5/14/10	0				0 0	HY	0	0
18	Blding - 781 Carnival Ter.	5/14/10	0				0 0	HY	0	0
19	Blding Rehab - 781 Carnival Ter.	10/12/10	0				0 0	HY	0	0
20	Blding - 1680 42nd Sq.	5/12/10	0				0 0	HY	0	0
21	Blding Rehab - 1680 42nd Sq.	8/18/10	0				0 0	HY	0	0
22	Land - 1068 Seamist	6/11/10	0				0 0	HY	0	0
23	Blding - 1068 Seamist	6/11/10	0				0 0	HY	0	0
24	Blding Rehab - 1068 Seamist	9/07/10	0				0 0	HY	0	0
25	Land - 1497 Barber St.	6/25/10	0				0 0	HY	0	0
26	Blding - 1497 Barber St	6/25/10	0				0 0	HY	0	0
27	Blding Rehab - 1497 Barber St.	9/27/10	0				0 0	HY	0	0
28	Land - 4555 56th Ave.	7/15/10	0				0 0	HY	0	0
29	Blding - 4555 56th Ave.	7/15/10	0				0 0	HY	0	0
30	Blding Rehab - 4555 56th Ave	12/08/10	0				0 0	HY	0	0
31	Land - 3166 1st St.	7/19/10	0				0 0	HY	0	0
32	Blding - 3166 1st St.	7/19/10	0				0 0	HY	0	0
33	Blding Rehab - 3166 1st St.	11/18/10	0				0 0	HY	0	0
34	Land - 1075 24th Pl. SW	7/28/10	0				0 0	HY	0	0
35	Blding - 1075 24th Pl. SW	7/28/10	0				0 0	HY	0	0
36	Blding Rehab - 1075 24th Pl. SW	10/22/10	0				0 0	HY	0	0
37	Land - 4760 48th Ave.	7/27/10	0				0 0	HY	0	0
38	Blding - 4760 48th Ave.	7/27/10	0				0 0	HY	0	0
39	Blding Rehab - 4760 48th Ave.	10/22/10	0				0 0	HY	0	0
40	Land - 526 23rd Ave	9/03/10	0				0 0	HY	0	0
41	Blding - 526 23rd Ave	9/03/10	0				0 0	HY	0	0
42	Blding Rehab - 526 23rd Ave.	12/12/10	0				0 0	HY	0	0
43	Land - 115 41st Ct.	8/25/10	0				0 0	HY	0	0
44	Blding - 115 41st Ct.	8/25/10	0				0 0	HY	0	0
45	Blding Rehab - 115 41st Ct.	1/03/11	0				0 0	HY	0	0
46	Land - 1131 19th Ave.	9/24/10	0				0 0	HY	0	0
47	Blding - 1131 19th Ave.	9/24/10	0				0 0	HY	0	0
48	Blding Rehab - 1131 19th Ave.	12/12/10	0				0 0	HY	0	0
49	Land - 1209 11th Ave.	11/12/10	0				0 0	HY	0	0
50	Blding - 1209 11th Ave.	11/12/10	0				0 0	HY	0	0
51	Blding Rehab - 1209 11th Ave.	2/07/11	0				0 0	HY	0	0
52	Painting - Exterior	2/11/11	0				0 0	HY	0	0
53	Painting - Exterior	3/02/11	0				0 0	HY	0	0
54	Landscape Improvements	6/02/11	0				0 0	HY	0	0
55	Well	5/10/11	0				0 0	HY	0	0
56	Hurricane Shutters	8/30/11	0				0 0	HY	0	0
57	Hurricane Shutters	8/30/11	0				0 0	HY	0	0
58	Hurricane Shutters	8/30/11	0				0 0	HY	0	0
59	Hurricane Shutters	8/30/11	0				0 0	HY	0	0
60	Hurricane Shutters	8/30/11	0				0 0	HY	0	0
61	Hurricane Shutters	8/30/11	0				0 0	HY	0	0
62	Hurricane Shutters	8/30/11	0				0 0	HY	0	0
66	Land - 118 Marsh Street	9/27/12	0				0 0	HY	0	0
67	Blding - 118 Marsh Street	9/27/12	0				0 0	HY	0	0
68	Land - 1524-1526 41st Ave.	11/28/12	0				0 0	HY	0	0
69	Bldg - 1524-1526 41st Ave.	11/28/12	0				0 0	HY	0	0
75	118 Marsh St. Improvements	1/31/13	0				0 0	HY	0	0
76	1524-1526 41st Ave Improvements	6/28/13	0				0 0	HY	0	0
77	Electrical Improvements	6/28/13	0				0 0	HY	0	0
78	Land - 5300 Sanibel Avenue	6/22/14	0				0 0	HY	0	0
79	Blding - 5300 Sanibel Avenue	6/22/14	0				0 0	HY	0	0
80	Land - 5414 Winter Garden Pkwy	6/22/14	0				0 0	HY	0	0
81	Blding - 5414 Winter Garden Pkwy	6/22/14	0				0 0	HY	0	0
82	Land - 5702 University Lane	6/22/14	0				0 0	HY	0	0
83	Blding - 5702 University Lane	6/22/14	0				0 0	HY	0	0
84	Land - 6905 North Blvd.	6/22/14	0				0 0	HY	0	0
85	Blding - 6905 North Blvd.	6/22/14	0				0 0	HY	0	0

52-2254571

Federal Asset Report

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
86	Land - 7405 Palomar Street	6/22/14	0				0	0	HY	0	0
87	Blding - 7405 Palomar Street	6/22/14	0				0	0	HY	0	0
88	Land - 7406 Coquina Avenue	6/22/14	0				0	0	HY	0	0
89	Blding - 7406 Coquina Avenue	6/22/14	0				0	0	HY	0	0
90	Land - 7408 Ocala Avenue	6/22/14	0				0	0	HY	0	0
91	Blding - 7408 Ocala Avenue	6/22/14	0				0	0	HY	0	0
92	Land - 7101 Winter Garden Pkwy	6/22/14	0				0	0	HY	0	0
93	Blding - 7101 Winter Garden Pkwy	6/22/14	0				0	0	HY	0	0
94	Land - 7706 Palomar Street	6/22/14	0				0	0	HY	0	0
95	Blding - 7706 Palomar Street	6/22/14	0				0	0	HY	0	0
96	Land - 7806 Palomar Street	6/22/14	0				0	0	HY	0	0
97	Blding - 7806 Palomar Street	6/22/14	0				0	0	HY	0	0
98	Land - 8504 Paso Robles Blvd.	6/22/14	0				0	0	HY	0	0
99	Blding - 8504 Paso Robles Blvd.	6/22/14	0				0	0	HY	0	0
104	Well	8/14/14	0				0	0	HY	0	0
107	Rheem A/C Unit	6/05/15	0				0	0	HY	0	0
108	Septic Tank Distribution Box	5/29/15	0				0	0	HY	0	0
109	System Repaire - Water Conditioning	6/19/15	0				0	0	HY	0	0
110	New Roof	8/20/15	0				0	0	HY	0	0
111	14 -seer AC System	12/01/15	0				0	0	HY	0	0
112	Water Heater	12/30/16	0				0	0	HY	0	0
113	Cabinets	6/20/16	0				0	0	HY	0	0
114	A/C Evaporation Coil	3/28/16	0				0	0	HY	0	0
115	Rheem Water Heater	2/12/16	0				0	0	HY	0	0
116	A/C Unit - 1131 19th Ave	9/06/16	0				0	0	HY	0	0
117	A/C Unit - 1209 11th Ave	9/06/16	0				0	0	HY	0	0
118	A/C Unit - 4555 56th	9/06/16	0				0	0	HY	0	0
119	A/C Unit - 872 Majestic Ave	9/06/16	0				0	0	HY	0	0
120	Water Treatment	2/12/16	0				0	0	HY	0	0
121	Septic Drainfield	3/28/16	0				0	0	HY	0	0
122	Septic Drain Lines	10/20/16	0				0	0	HY	0	0
123	Water Treatment	11/15/16	0				0	0	HY	0	0
126	Rheem A/C Unit - 1497 Barber Street	11/08/16	0				0	0	HY	0	0
127	Telephone System	11/08/17	0				0	0	HY	0	0
128	Office A/C System - 2525 St Lucie Ave	9/25/17	0				0	0	HY	0	0
129	Naomi's House Land	2/06/17	0				0	0	HY	0	0
130	Naomi's House Bldg	2/06/17	0				0	0	HY	0	0
131	Naomi's House - 8 Twin Beds	5/24/17	0				0	0	HY	0	0
132	Naomi's House - A/C Units - DeSoto (4 Uni	4/28/17	0				0	0	HY	0	0
133	Naomi's House - Tile	5/22/17	0				0	0	HY	0	0
134	Naomi's House Water Heaters	9/06/17	0				0	0	HY	0	0
135	Naomi's House Security System	8/29/17	0				0	0	HY	0	0
136	Naomi's House Fencing	10/25/17	0				0	0	HY	0	0
137	A/C Unit - 7101 Wintergarden	3/23/18	0				0	0	HY	0	0
138	Vinyl Flooring	5/02/18	0				0	0	HY	0	0
139	Vinyl Flooring	6/12/18	0				0	0	HY	0	0
140	Painting - Interior	8/31/18	0				0	0	HY	0	0
141	Water Pump	3/23/18	0				0	0	HY	0	0
142	2 Windows	3/23/18	0				0	0	HY	0	0
144	Pex Plumbing pipes	12/13/18	0				0	0	HY	0	0
145	Window	5/16/18	0				0	0	HY	0	0
146	Television	4/26/18	0				0	0	HY	0	0
147	Carpet flooring	9/14/18	0				0	0	HY	0	0
148	A/C Unit - 160 Spring Valley	11/20/18	0				0	0	HY	0	0
149	A/C Unit - 2525 - Vets Office	4/23/18	0				0	0	HY	0	0
150	New A/C - 4760 48th Avenue	2/20/19	0				0	0	HY	0	0
151	Flooring - 115 41st Court	4/02/19	0				0	0	HY	0	0
152	Flooring - 5702 University Lane	4/24/19	0				0	0	HY	0	0
153	New A/C Unit - 7405 Palamar Street	6/11/19	0				0	0	HY	0	0
154	New A/C Unit - 781 Carnival Terrace	4/15/19	0				0	0	HY	0	0
155	TCHC-PC1 (Desktop+Monitor)	1/02/20	0				0	0	HY	0	0
156	TCHC-PC2 (Desktop+Monitor)	1/02/20	0				0	0	HY	0	0
157	TCHC-PC3 (Desktop+Monitor)	1/02/20	0				0	0	HY	0	0
158	Back-Up Drive	1/02/20	0				0	0	HY	0	0
159	TCHC-PC4	2/28/20	0				0	0	HY	0	0
160	TCHC-PC5	2/28/20	0				0	0	HY	0	0
161	TCHC-LAP2	10/05/20	0				0	0	HY	0	0
162	TCHC-LAP3	10/05/20	0				0	0	HY	0	0
163	Server	10/05/20	0				0	0	HY	0	0
164	TCHC-PC-13 (Desktop+Monitor)	10/20/20	0				0	0	HY	0	0
165	Server Licenses	10/26/20	0				0	0	HY	0	0

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
166	1526 18 CF Refrigerator Jetson	3/02/20	0			0	0 HY	0	0
167	New water system: Rec. con. - 7706 Paloma	3/06/20	0			0	0 HY	0	0
168	New A/C - 5300 Sanibel Ave	3/18/20	0			0	0 HY	0	0
169	Amana 24.6 cu ft. refridg. - 1680 42nd Sq	5/18/20	0			0	0 HY	0	0
170	New Refrigerator - 526 23rd Ave	5/29/20	0			0	0 HY	0	0
171	Self Clean Oven - 7806 Palomar	6/01/20	0			0	0 HY	0	0
172	A/C Unit 3 ton 14 seer - 7408 Ocala Ave	6/02/20	0			0	0 HY	0	0
173	New fridge - 6905 North Blvd.	6/12/20	0			0	0 HY	0	0
174	Refrigerator 26 CF - 4760 48th Ave	6/18/20	0			0	0 HY	0	0
175	Shingle roof repair - 872 Majestic Ave	8/10/20	0			0	0 HY	0	0
176	New A/C Unit - 1524 41st Ave	10/19/20	0			0	0 HY	0	0
177	New Refrigerator	10/02/20	0			0	0 HY	0	0
178	New A/C Unit - 118 Marsh St. Unit A	11/05/20	0			0	0 HY	0	0
179	New A/C Unit - 118 Marsh St. Unit B	11/05/20	0			0	0 HY	0	0
180	New A/C Unit - 1526 41st St.	11/05/20	0			0	0 HY	0	0
181	New Drainfield - 5414 Winter Garden	6/15/20	0			0	0 HY	0	0
182	Culvert - 5702 University Lane Ft. Pierce	8/17/20	0			0	0 HY	0	0
183	New Drainfield - 1068 Seamist Lane	11/19/20	0			0	0 HY	0	0
184	New A/C - Office	12/30/21	0			0	0 HY	0	0
185	New A/C - 5702 University Lane - 14 seer	1/14/21	0			0	0 HY	0	0
186	3.5 Ton 16 Seer A/C Unit - 6905 North Blv	2/23/21	0			0	0 HY	0	0
187	Refrigerator - 7405 Palomar St	3/02/21	0			0	0 HY	0	0
188	Refrigerator - 1121 9th Ave	3/02/21	0			0	0 HY	0	0
189	Refrigerator - 3166 1st Street	3/02/21	0			0	0 HY	0	0
190	Range - 1075 24th Place	3/04/21	0			0	0 HY	0	0
191	2.5 Ton 14 Seer A/C - 5302 Sanibel Ave	6/03/21	0			0	0 HY	0	0
192	New A/C - 526 23rd Ave	8/18/21	0			0	0 HY	0	0
193	Electric Range - 872 Majestic Ave	9/09/21	0			0	0 HY	0	0
194	Electric Range - 1524 41st Ave	9/09/21	0			0	0 HY	0	0
195	Electric Range - 5702 University Lane	9/09/21	0			0	0 HY	0	0
196	Roof - 526 23rd Ave	12/06/21	0			0	0 HY	0	0
197	Drainfield - 7405 Palomar Street	3/10/21	0			0	0 HY	0	0
198	Naomi's House Refrig. 2415 DeSoto Ave U	7/15/21	0			0	0 HY	0	0
199	TCHC-PC16 Louise's Computer	7/20/21	0			0	0 HY	0	0
200	NEW FRIDGE - 5702 UNIVERSITY LN	4/27/22	0			0	0 HY	0	0
201	NEW DISHWASHER - 160 SPRING VAL	4/27/22	0			0	0 HY	0	0
202	NEW DISHWASHER - 4760 48TH AVE	5/16/22	0			0	0 HY	0	0
203	NEW DISHWASHER - 7806 PALOMAR S	5/19/22	0			0	0 HY	0	0
204	NEW ROOF - 4555 56TH AVE	5/23/22	0			0	0 HY	0	0
205	NEW ROOF - 1497 BARBER ST	5/23/22	0			0	0 HY	0	0
208	NEW ROOF - 118 MARSH ST	7/12/22	0			0	0 HY	0	0
209	NEW AC - 5414 WINTER GARDEN	8/08/22	0			0	0 HY	0	0
210	NEW REFRIDGERATOR - 5300 SANIBEL	9/06/22	0			0	0 HY	0	0
212	1497 BARBER ST PIPING AND WATER	9/14/22	0			0	0 HY	0	0
213	NEW APPLIANCES - 160 SPRING VALL	10/06/22	0			0	0 HY	0	0
214	NEW KITCHEN APPLIANCES - 1209 111	10/06/22	0			0	0 HY	0	0
215	BUILDING REPAIR - 1497 BARBER ST	10/11/22	0			0	0 HY	0	0
216	5300 SANIBEL EVAP COIL & LIQ LINE	10/19/22	0			0	0 HY	0	0
217	MARTIE COMPUTER SETUP	12/23/22	0			0	0 HY	0	0
218	DRYWALL - 1497 BARBER ST	10/04/22	0			0	0 HY	0	0
219	NEW DISHWASHER - 7806 PALOMAR S	10/10/22	0			0	0 HY	0	0
220	IPAD - EXECUTIVE DIRECTOR	7/15/22	0			0	0 HY	0	0
221	DELL COMPUTER	1/04/22	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		0			0		0	0
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

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AMT Asset Report

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Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:								
9	Roof	9/30/09	0		0 0	HY	0	0
11	Land - 872 Majestic Ave.	5/07/10	0		0 0	HY	0	0
12	Blding - 872 Majestic Ave	5/07/10	0		0 0	HY	0	0
13	Blding Rehab - 872 Majestic Ave	12/29/10	0		0 0	HY	0	0
14	Land - 160 Spring Valley	5/12/10	0		0 0	HY	0	0
15	Blding - 160 Spring Valley	5/12/10	0		0 0	HY	0	0
16	Blding Rehab - 160 Spring Valley	7/27/10	0		0 0	HY	0	0
17	Land - 781 Carnival Ter.	5/14/10	0		0 0	HY	0	0
18	Blding - 781 Carnival Ter.	5/14/10	0		0 0	HY	0	0
19	Blding Rehab - 781 Carnival Ter.	10/12/10	0		0 0	HY	0	0
20	Blding - 1680 42nd Sq.	5/12/10	0		0 0	HY	0	0
21	Blding Rehab - 1680 42nd Sq.	8/18/10	0		0 0	HY	0	0
22	Land - 1068 Seamist	6/11/10	0		0 0	HY	0	0
23	Blding - 1068 Seamist	6/11/10	0		0 0	HY	0	0
24	Blding Rehab - 1068 Seamist	9/07/10	0		0 0	HY	0	0
25	Land - 1497 Barber St.	6/25/10	0		0 0	HY	0	0
26	Blding - 1497 Barber St	6/25/10	0		0 0	HY	0	0
27	Blding Rehab - 1497 Barber St.	9/27/10	0		0 0	HY	0	0
28	Land - 4555 56th Ave.	7/15/10	0		0 0	HY	0	0
29	Blding - 4555 56th Ave.	7/15/10	0		0 0	HY	0	0
30	Blding Rehab - 4555 56th Ave	12/08/10	0		0 0	HY	0	0
31	Land - 3166 1st St.	7/19/10	0		0 0	HY	0	0
32	Blding - 3166 1st St.	7/19/10	0		0 0	HY	0	0
33	Blding Rehab - 3166 1st St.	11/18/10	0		0 0	HY	0	0
34	Land - 1075 24th Pl. SW	7/28/10	0		0 0	HY	0	0
35	Blding - 1075 24th Pl. SW	7/28/10	0		0 0	HY	0	0
36	Blding Rehab - 1075 24th Pl. SW	10/22/10	0		0 0	HY	0	0
37	Land - 4760 48th Ave.	7/27/10	0		0 0	HY	0	0
38	Blding - 4760 48th Ave.	7/27/10	0		0 0	HY	0	0
39	Blding Rehab - 4760 48th Ave.	10/22/10	0		0 0	HY	0	0
40	Land - 526 23rd Ave	9/03/10	0		0 0	HY	0	0
41	Blding - 526 23rd Ave	9/03/10	0		0 0	HY	0	0
42	Blding Rehab - 526 23rd Ave.	12/12/10	0		0 0	HY	0	0
43	Land - 115 41st Ct.	8/25/10	0		0 0	HY	0	0
44	Blding - 115 41st Ct.	8/25/10	0		0 0	HY	0	0
45	Blding Rehab - 115 41st Ct.	1/03/11	0		0 0	HY	0	0
46	Land - 1131 19th Ave.	9/24/10	0		0 0	HY	0	0
47	Blding - 1131 19th Ave.	9/24/10	0		0 0	HY	0	0
48	Blding Rehab - 1131 19th Ave.	12/12/10	0		0 0	HY	0	0
49	Land - 1209 11th Ave.	11/12/10	0		0 0	HY	0	0
50	Blding - 1209 11th Ave.	11/12/10	0		0 0	HY	0	0
51	Blding Rehab - 1209 11th Ave.	2/07/11	0		0 0	HY	0	0
52	Painting - Exterior	2/11/11	0		0 0	HY	0	0
53	Painting - Exterior	3/02/11	0		0 0	HY	0	0
54	Landscape Improvements	6/02/11	0		0 0	HY	0	0
55	Well	5/10/11	0		0 0	HY	0	0
56	Hurricane Shutters	8/30/11	0		0 0	HY	0	0
57	Hurricane Shutters	8/30/11	0		0 0	HY	0	0
58	Hurricane Shutters	8/30/11	0		0 0	HY	0	0
59	Hurricane Shutters	8/30/11	0		0 0	HY	0	0
60	Hurricane Shutters	8/30/11	0		0 0	HY	0	0
61	Hurricane Shutters	8/30/11	0		0 0	HY	0	0
62	Hurricane Shutters	8/30/11	0		0 0	HY	0	0
66	Land - 118 Marsh Street	9/27/12	0		0 0	HY	0	0
67	Blding - 118 Marsh Street	9/27/12	0		0 0	HY	0	0
68	Land - 1524-1526 41st Ave.	11/28/12	0		0 0	HY	0	0
69	Bldg - 1524-1526 41st Ave.	11/28/12	0		0 0	HY	0	0
75	118 Marsh St. Improvements	1/31/13	0		0 0	HY	0	0
76	1524-1526 41st Ave Improvements	6/28/13	0		0 0	HY	0	0
77	Electrical Improvements	6/28/13	0		0 0	HY	0	0
78	Land - 5300 Sanibel Avenue	6/22/14	0		0 0	HY	0	0
79	Blding - 5300 Sanibel Avenue	6/22/14	0		0 0	HY	0	0
80	Land - 5414 Winter Garden Pkwy	6/22/14	0		0 0	HY	0	0
81	Blding - 5414 Winter Garden Pkwy	6/22/14	0		0 0	HY	0	0
82	Land - 5702 University Lane	6/22/14	0		0 0	HY	0	0
83	Blding - 5702 University Lane	6/22/14	0		0 0	HY	0	0
84	Land - 6905 North Blvd.	6/22/14	0		0 0	HY	0	0
85	Blding - 6905 North Blvd.	6/22/14	0		0 0	HY	0	0

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AMT Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
86	Land - 7405 Palomar Street	6/22/14	0				0	0	HY	0	0
87	Blding - 7405 Palomar Street	6/22/14	0				0	0	HY	0	0
88	Land - 7406 Coquina Avenue	6/22/14	0				0	0	HY	0	0
89	Blding - 7406 Coquina Avenue	6/22/14	0				0	0	HY	0	0
90	Land - 7408 Ocala Avenue	6/22/14	0				0	0	HY	0	0
91	Blding - 7408 Ocala Avenue	6/22/14	0				0	0	HY	0	0
92	Land - 7101 Winter Garden Pkwy	6/22/14	0				0	0	HY	0	0
93	Blding - 7101 Winter Garden Pkwy	6/22/14	0				0	0	HY	0	0
94	Land - 7706 Palomar Street	6/22/14	0				0	0	HY	0	0
95	Blding - 7706 Palomar Street	6/22/14	0				0	0	HY	0	0
96	Land - 7806 Palomar Street	6/22/14	0				0	0	HY	0	0
97	Blding - 7806 Palomar Street	6/22/14	0				0	0	HY	0	0
98	Land - 8504 Paso Robles Blvd.	6/22/14	0				0	0	HY	0	0
99	Blding - 8504 Paso Robles Blvd.	6/22/14	0				0	0	HY	0	0
104	Well	8/14/14	0				0	0	HY	0	0
107	Rheem A/C Unit	6/05/15	0				0	0	HY	0	0
108	Septic Tank Distribution Box	5/29/15	0				0	0	HY	0	0
109	System Repaire - Water Conditioning	6/19/15	0				0	0	HY	0	0
110	New Roof	8/20/15	0				0	0	HY	0	0
111	14 -seer AC System	12/01/15	0				0	0	HY	0	0
112	Water Heater	12/30/16	0				0	0	HY	0	0
113	Cabinets	6/20/16	0				0	0	HY	0	0
114	A/C Evaporation Coil	3/28/16	0				0	0	HY	0	0
115	Rheem Water Heater	2/12/16	0				0	0	HY	0	0
116	A/C Unit - 1131 19th Ave	9/06/16	0				0	0	HY	0	0
117	A/C Unit - 1209 11th Ave	9/06/16	0				0	0	HY	0	0
118	A/C Unit - 4555 56th	9/06/16	0				0	0	HY	0	0
119	A/C Unit - 872 Majestic Ave	9/06/16	0				0	0	HY	0	0
120	Water Treatment	2/12/16	0				0	0	HY	0	0
121	Septic Drainfield	3/28/16	0				0	0	HY	0	0
122	Septic Drain Lines	10/20/16	0				0	0	HY	0	0
123	Water Treatment	11/15/16	0				0	0	HY	0	0
126	Rheem A/C Unit - 1497 Barber Street	11/08/16	0				0	0	HY	0	0
127	Telephone System	11/08/17	0				0	0	HY	0	0
128	Office A/C System - 2525 St Lucie Ave	9/25/17	0				0	0	HY	0	0
129	Naomi's House Land	2/06/17	0				0	0	HY	0	0
130	Naomi's House Bldg	2/06/17	0				0	0	HY	0	0
131	Naomi's House - 8 Twin Beds	5/24/17	0				0	0	HY	0	0
132	Naomi's House - A/C Units - DeSoto (4 Uni	4/28/17	0				0	0	HY	0	0
133	Naomi's House - Tile	5/22/17	0				0	0	HY	0	0
134	Naomi's House Water Heaters	9/06/17	0				0	0	HY	0	0
135	Naomi's House Security System	8/29/17	0				0	0	HY	0	0
136	Naomi's House Fencing	10/25/17	0				0	0	HY	0	0
137	A/C Unit - 7101 WIntergarden	3/23/18	0				0	0	HY	0	0
138	Vinyl Flooring	5/02/18	0				0	0	HY	0	0
139	Vinyl Flooring	6/12/18	0				0	0	HY	0	0
140	Painting - Interior	8/31/18	0				0	0	HY	0	0
141	Water Pump	3/23/18	0				0	0	HY	0	0
142	2 Windows	3/23/18	0				0	0	HY	0	0
144	Pex Plumbing pipes	12/13/18	0				0	0	HY	0	0
145	Window	5/16/18	0				0	0	HY	0	0
146	Television	4/26/18	0				0	0	HY	0	0
147	Carpet flooring	9/14/18	0				0	0	HY	0	0
148	A/C Unit - 160 Spring Valley	11/20/18	0				0	0	HY	0	0
149	A/C Unit - 2525 - Vets Office	4/23/18	0				0	0	HY	0	0
150	New A/C - 4760 48th Avenue	2/20/19	0				0	0	HY	0	0
151	Flooring - 115 41st Court	4/02/19	0				0	0	HY	0	0
152	Flooring - 5702 University Lane	4/24/19	0				0	0	HY	0	0
153	New A/C Unit - 7405 Palamar Street	6/11/19	0				0	0	HY	0	0
154	New A/C Unit - 781 Carnival Terrace	4/15/19	0				0	0	HY	0	0
155	TCHC-PC1 (Desktop+Monitor)	1/02/20	0				0	0	HY	0	0
156	TCHC-PC2 (Desktop+Monitor)	1/02/20	0				0	0	HY	0	0
157	TCHC-PC3 (Desktop+Monitor)	1/02/20	0				0	0	HY	0	0
158	Back-Up Drive	1/02/20	0				0	0	HY	0	0
159	TCHC-PC4	2/28/20	0				0	0	HY	0	0
160	TCHC-PC5	2/28/20	0				0	0	HY	0	0
161	TCHC-LAP2	10/05/20	0				0	0	HY	0	0
162	TCHC-LAP3	10/05/20	0				0	0	HY	0	0
163	Server	10/05/20	0				0	0	HY	0	0
164	TCHC-PC-13 (Desktop+Monitor)	10/20/20	0				0	0	HY	0	0
165	Server Licenses	10/26/20	0				0	0	HY	0	0

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AMT Asset Report

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Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
166	1526 18 CF Refrigerator Jetson	3/02/20	0			0 0 HY	0	0
167	New water system: Rec. con. - 7706 Paloma	3/06/20	0			0 0 HY	0	0
168	New A/C - 5300 Sanibel Ave	3/18/20	0			0 0 HY	0	0
169	Amana 24.6 cu ft. refridg. - 1680 42nd Sq	5/18/20	0			0 0 HY	0	0
170	New Refrigerator - 526 23rd Ave	5/29/20	0			0 0 HY	0	0
171	Self Clean Oven - 7806 Palomar	6/01/20	0			0 0 HY	0	0
172	A/C Unit 3 ton 14 seer - 7408 Ocala Ave	6/02/20	0			0 0 HY	0	0
173	New fridge - 6905 North Blvd.	6/12/20	0			0 0 HY	0	0
174	Refrigerator 26 CF - 4760 48th Ave	6/18/20	0			0 0 HY	0	0
175	Shingle roof repair - 872 Majestic Ave	8/10/20	0			0 0 HY	0	0
176	New A/C Unit - 1524 41st Ave	10/19/20	0			0 0 HY	0	0
177	New Refrigerator	10/02/20	0			0 0 HY	0	0
178	New A/C Unit - 118 Marsh St. Unit A	11/05/20	0			0 0 HY	0	0
179	New A/C Unit - 118 Marsh St. Unit B	11/05/20	0			0 0 HY	0	0
180	New A/C Unit - 1526 41st St.	11/05/20	0			0 0 HY	0	0
181	New Drainfield - 5414 Winter Garden	6/15/20	0			0 0 HY	0	0
182	Culvert - 5702 University Lane Ft. Pierce	8/17/20	0			0 0 HY	0	0
183	New Drainfield - 1068 Seamist Lane	11/19/20	0			0 0 HY	0	0
184	New A/C - Office	12/30/21	0			0 0 HY	0	0
185	New A/C - 5702 University Lane - 14 seer	1/14/21	0			0 0 HY	0	0
186	3.5 Ton 16 Seer A/C Unit - 6905 North Blv	2/23/21	0			0 0 HY	0	0
187	Refrigerator - 7405 Palomar St	3/02/21	0			0 0 HY	0	0
188	Refrigerator - 1121 9th Ave	3/02/21	0			0 0 HY	0	0
189	Refrigerator - 3166 1st Street	3/02/21	0			0 0 HY	0	0
190	Range - 1075 24th Place	3/04/21	0			0 0 HY	0	0
191	2.5 Ton 14 Seer A/C - 5302 Sanibel Ave	6/03/21	0			0 0 HY	0	0
192	New A/C - 526 23rd Ave	8/18/21	0			0 0 HY	0	0
193	Electric Range - 872 Majestic Ave	9/09/21	0			0 0 HY	0	0
194	Electric Range - 1524 41st Ave	9/09/21	0			0 0 HY	0	0
195	Electric Range - 5702 University Lane	9/09/21	0			0 0 HY	0	0
196	Roof - 526 23rd Ave	12/06/21	0			0 0 HY	0	0
197	Drainfield - 7405 Palomar Street	3/10/21	0			0 0 HY	0	0
198	Naomi's House Refrig. 2415 DeSoto Ave U	7/15/21	0			0 0 HY	0	0
199	TCHC-PC16 Louise's Computer	7/20/21	0			0 0 HY	0	0
200	NEW FRIDGE - 5702 UNIVERSITY LN	4/27/22	0			0 0 HY	0	0
201	NEW DISHWASHER - 160 SPRING VAL	4/27/22	0			0 0 HY	0	0
202	NEW DISHWASHER - 4760 48TH AVE	5/16/22	0			0 0 HY	0	0
203	NEW DISHWASHER - 7806 PALOMAR S	5/19/22	0			0 0 HY	0	0
204	NEW ROOF - 4555 56TH AVE	5/23/22	0			0 0 HY	0	0
205	NEW ROOF - 1497 BARBER ST	5/23/22	0			0 0 HY	0	0
208	NEW ROOF - 118 MARSH ST	7/12/22	0			0 0 HY	0	0
209	NEW AC - 5414 WINTER GARDEN	8/08/22	0			0 0 HY	0	0
210	NEW REFRIDGERATOR - 5300 SANIBEL	9/06/22	0			0 0 HY	0	0
212	1497 BARBER ST PIPING AND WATER	9/14/22	0			0 0 HY	0	0
213	NEW APPLIANCES - 160 SPRING VALL	10/06/22	0			0 0 HY	0	0
214	NEW KITCHEN APPLIANCES - 1209 111	10/06/22	0			0 0 HY	0	0
215	BUILDING REPAIR - 1497 BARBER ST	10/11/22	0			0 0 HY	0	0
216	5300 SANIBEL EVAP COIL & LIQ LINE	10/19/22	0			0 0 HY	0	0
217	MARTIE COMPUTER SETUP	12/23/22	0			0 0 HY	0	0
218	DRYWALL - 1497 BARBER ST	10/04/22	0			0 0 HY	0	0
219	NEW DISHWASHER - 7806 PALOMAR S	10/10/22	0			0 0 HY	0	0
220	IPAD - EXECUTIVE DIRECTOR	7/15/22	0			0 0 HY	0	0
221	DELL COMPUTER	1/04/22	0			0 0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>	<u>0</u>	<u>0</u>
	Grand Totals		0			0	0	0
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>	<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>			<u>0</u>	<u>0</u>	<u>0</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
9	Roof	9/30/09	0	0	0
11	Land - 872 Majestic Ave.	5/07/10	0	0	0
12	Blding - 872 Majestic Ave	5/07/10	0	0	0
13	Blding Rehab - 872 Majestic Ave	12/29/10	0	0	0
14	Land - 160 Spring Valley	5/12/10	0	0	0
15	Blding - 160 Spring Valley	5/12/10	0	0	0
16	Blding Rehab - 160 Spring Valley	7/27/10	0	0	0
17	Land - 781 Carnival Ter.	5/14/10	0	0	0
18	Blding - 781 Carnival Ter.	5/14/10	0	0	0
19	Blding Rehab - 781 Carnival Ter.	10/12/10	0	0	0
20	Blding - 1680 42nd Sq.	5/12/10	0	0	0
21	Blding Rehab - 1680 42nd Sq.	8/18/10	0	0	0
22	Land - 1068 Seamist	6/11/10	0	0	0
23	Blding - 1068 Seamist	6/11/10	0	0	0
24	Blding Rehab - 1068 Seamist	9/07/10	0	0	0
25	Land - 1497 Barber St.	6/25/10	0	0	0
26	Blding - 1497 Barber St	6/25/10	0	0	0
27	Blding Rehab - 1497 Barber St.	9/27/10	0	0	0
28	Land - 4555 56th Ave.	7/15/10	0	0	0
29	Blding - 4555 56th Ave.	7/15/10	0	0	0
30	Blding Rehab - 4555 56th Ave	12/08/10	0	0	0
31	Land - 3166 1st St.	7/19/10	0	0	0
32	Blding - 3166 1st St.	7/19/10	0	0	0
33	Blding Rehab - 3166 1st St.	11/18/10	0	0	0
34	Land - 1075 24th Pl. SW	7/28/10	0	0	0
35	Blding - 1075 24th Pl. SW	7/28/10	0	0	0
36	Blding Rehab - 1075 24th Pl. SW	10/22/10	0	0	0
37	Land - 4760 48th Ave.	7/27/10	0	0	0
38	Blding - 4760 48th Ave.	7/27/10	0	0	0
39	Blding Rehab - 4760 48th Ave.	10/22/10	0	0	0
40	Land - 526 23rd Ave	9/03/10	0	0	0
41	Blding - 526 23rd Ave	9/03/10	0	0	0
42	Blding Rehab - 526 23rd Ave.	12/12/10	0	0	0
43	Land - 115 41st Ct.	8/25/10	0	0	0
44	Blding - 115 41st Ct.	8/25/10	0	0	0
45	Blding Rehab - 115 41st Ct.	1/03/11	0	0	0
46	Land - 1131 19th Ave.	9/24/10	0	0	0
47	Blding - 1131 19th Ave.	9/24/10	0	0	0
48	Blding Rehab - 1131 19th Ave.	12/12/10	0	0	0
49	Land - 1209 11th Ave.	11/12/10	0	0	0
50	Blding - 1209 11th Ave.	11/12/10	0	0	0
51	Blding Rehab - 1209 11th Ave.	2/07/11	0	0	0
52	Painting - Exterior	2/11/11	0	0	0
53	Painting - Exterior	3/02/11	0	0	0
54	Landscape Improvements	6/02/11	0	0	0
55	Well	5/10/11	0	0	0
56	Hurricane Shutters	8/30/11	0	0	0
57	Hurricane Shutters	8/30/11	0	0	0
58	Hurricane Shutters	8/30/11	0	0	0
59	Hurricane Shutters	8/30/11	0	0	0
60	Hurricane Shutters	8/30/11	0	0	0
61	Hurricane Shutters	8/30/11	0	0	0
62	Hurricane Shutters	8/30/11	0	0	0
66	Land - 118 Marsh Street	9/27/12	0	0	0
67	Blding - 118 Marsh Street	9/27/12	0	0	0
68	Land - 1524-1526 41st Ave.	11/28/12	0	0	0
69	Bldg - 1524-1526 41st Ave.	11/28/12	0	0	0
75	118 Marsh St. Improvements	1/31/13	0	0	0
76	1524-1526 41st Ave Improvements	6/28/13	0	0	0
77	Electrical Improvements	6/28/13	0	0	0
78	Land - 5300 Sanibel Avenue	6/22/14	0	0	0
79	Blding - 5300 Sanibel Avenue	6/22/14	0	0	0
80	Land - 5414 Winter Garden Pkwy	6/22/14	0	0	0
81	Blding - 5414 Winter Garden Pkwy	6/22/14	0	0	0
82	Land - 5702 University Lane	6/22/14	0	0	0
83	Blding - 5702 University Lane	6/22/14	0	0	0
84	Land - 6905 North Blvd.	6/22/14	0	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
85	Blding - 6905 North Blvd.	6/22/14	0	0	0
86	Land - 7405 Palomar Street	6/22/14	0	0	0
87	Blding - 7405 Palomar Street	6/22/14	0	0	0
88	Land - 7406 Coquina Avenue	6/22/14	0	0	0
89	Blding - 7406 Coquina Avenue	6/22/14	0	0	0
90	Land - 7408 Ocala Avenue	6/22/14	0	0	0
91	Blding - 7408 Ocala Avenue	6/22/14	0	0	0
92	Land - 7101 Winter Garden Pkwy	6/22/14	0	0	0
93	Blding - 7101 Winter Garden Pkwy	6/22/14	0	0	0
94	Land - 7706 Palomar Street	6/22/14	0	0	0
95	Blding - 7706 Palomar Street	6/22/14	0	0	0
96	Land - 7806 Palomar Street	6/22/14	0	0	0
97	Blding - 7806 Palomar Street	6/22/14	0	0	0
98	Land - 8504 Paso Robles Blvd.	6/22/14	0	0	0
99	Blding - 8504 Paso Robles Blvd.	6/22/14	0	0	0
104	Well	8/14/14	0	0	0
107	Rheem A/C Unit	6/05/15	0	0	0
108	Septic Tank Distribution Box	5/29/15	0	0	0
109	System Repaire - Water Conditioning	6/19/15	0	0	0
110	New Roof	8/20/15	0	0	0
111	14 -seer AC System	12/01/15	0	0	0
112	Water Heater	12/30/16	0	0	0
113	Cabinets	6/20/16	0	0	0
114	A/C Evaporation Coil	3/28/16	0	0	0
115	Rheem Water Heater	2/12/16	0	0	0
116	A/C Unit - 1131 19th Ave	9/06/16	0	0	0
117	A/C Unit - 1209 11th Ave	9/06/16	0	0	0
118	A/C Unit - 4555 56th	9/06/16	0	0	0
119	A/C Unit - 872 Majestic Ave	9/06/16	0	0	0
120	Water Treatment	2/12/16	0	0	0
121	Septic Drainfield	3/28/16	0	0	0
122	Septic Drain Lines	10/20/16	0	0	0
123	Water Treatment	11/15/16	0	0	0
126	Rheem A/C Unit - 1497 Barber Street	11/08/16	0	0	0
127	Telephone System	11/08/17	0	0	0
128	Office A/C System - 2525 St Lucie Ave	9/25/17	0	0	0
129	Naomi's House Land	2/06/17	0	0	0
130	Naomi's House Bldg	2/06/17	0	0	0
131	Naomi's House - 8 Twin Beds	5/24/17	0	0	0
132	Naomi's House - A/C Units - DeSoto (4 Units)	4/28/17	0	0	0
133	Naomi's House - Tile	5/22/17	0	0	0
134	Naomi's House Water Heaters	9/06/17	0	0	0
135	Naomi's House Security System	8/29/17	0	0	0
136	Naomi's House Fencing	10/25/17	0	0	0
137	A/C Unit - 7101 Wintergarden	3/23/18	0	0	0
138	Vinyl Flooring	5/02/18	0	0	0
139	Vinyl Flooring	6/12/18	0	0	0
140	Painting - Interior	8/31/18	0	0	0
141	Water Pump	3/23/18	0	0	0
142	2 Windows	3/23/18	0	0	0
144	Pex Plumbing pipes	12/13/18	0	0	0
145	Window	5/16/18	0	0	0
146	Television	4/26/18	0	0	0
147	Carpet flooring	9/14/18	0	0	0
148	A/C Unit - 160 Spring Valley	11/20/18	0	0	0
149	A/C Unit - 2525 - Vets Office	4/23/18	0	0	0
150	New A/C - 4760 48th Avenue	2/20/19	0	0	0
151	Flooring - 115 41st Court	4/02/19	0	0	0
152	Flooring - 5702 University Lane	4/24/19	0	0	0
153	New A/C Unit - 7405 Palamar Street	6/11/19	0	0	0
154	New A/C Unit - 781 Carnival Terrace	4/15/19	0	0	0
155	TCHC-PC1 (Desktop+Monitor)	1/02/20	0	0	0
156	TCHC-PC2 (Desktop+Monitor)	1/02/20	0	0	0
157	TCHC-PC3 (Desktop+Monitor)	1/02/20	0	0	0
158	Back-Up Drive	1/02/20	0	0	0
159	TCHC-PC4	2/28/20	0	0	0
160	TCHC-PC5	2/28/20	0	0	0
161	TCHC-LAP2	10/05/20	0	0	0
162	TCHC-LAP3	10/05/20	0	0	0
163	Server	10/05/20	0	0	0
164	TCHC-PC-13 (Desktop+Monitor)	10/20/20	0	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
165	Server Licenses	10/26/20	0	0	0
166	1526 18 CF Refrigerator Jetson	3/02/20	0	0	0
167	New water system: Rec. con. - 7706 Palomar St	3/06/20	0	0	0
168	New A/C - 5300 Sanibel Ave	3/18/20	0	0	0
169	Amana 24.6 cu ft. refridg. - 1680 42nd Sq	5/18/20	0	0	0
170	New Refrigerator - 526 23rd Ave	5/29/20	0	0	0
171	Self Clean Oven - 7806 Palomar	6/01/20	0	0	0
172	A/C Unit 3 ton 14 seer - 7408 Ocala Ave	6/02/20	0	0	0
173	New fridge - 6905 North Blvd.	6/12/20	0	0	0
174	Refrigerator 26 CF - 4760 48th Ave	6/18/20	0	0	0
175	Shingle roof repair - 872 Majestic Ave	8/10/20	0	0	0
176	New A/C Unit - 1524 41st Ave	10/19/20	0	0	0
177	New Refrigerator	10/02/20	0	0	0
178	New A/C Unit - 118 Marsh St. Unit A	11/05/20	0	0	0
179	New A/C Unit - 118 Marsh St. Unit B	11/05/20	0	0	0
180	New A/C Unit - 1526 41st St.	11/05/20	0	0	0
181	New Drainfield - 5414 Winter Garden	6/15/20	0	0	0
182	Culvert - 5702 University Lane Ft. Pierce	8/17/20	0	0	0
183	New Drainfield - 1068 Seamist Lane	11/19/20	0	0	0
184	New A/C - Office	12/30/21	0	0	0
185	New A/C - 5702 University Lane - 14 seer	1/14/21	0	0	0
186	3.5 Ton 16 Seer A/C Unit - 6905 North Blvd	2/23/21	0	0	0
187	Refrigerator - 7405 Palomar St	3/02/21	0	0	0
188	Refrigerator - 1121 9th Ave	3/02/21	0	0	0
189	Refrigerator - 3166 1st Street	3/02/21	0	0	0
190	Range - 1075 24th Place	3/04/21	0	0	0
191	2.5 Ton 14 Seer A/C - 5302 Sanibel Ave	6/03/21	0	0	0
192	New A/C - 526 23rd Ave	8/18/21	0	0	0
193	Electric Range - 872 Majestic Ave	9/09/21	0	0	0
194	Electric Range - 1524 41st Ave	9/09/21	0	0	0
195	Electric Range - 5702 University Lane	9/09/21	0	0	0
196	Roof - 526 23rd Ave	12/06/21	0	0	0
197	Drainfield - 7405 Palomar Street	3/10/21	0	0	0
198	Naomi's House Refrig. 2415 DeSoto Ave Unit B	7/15/21	0	0	0
199	TCHC-PC16 Louise's Computer	7/20/21	0	0	0
200	NEW FRIDGE - 5702 UNIVERSITY LN	4/27/22	0	0	0
201	NEW DISHWASHER - 160 SPRING VALLEY	4/27/22	0	0	0
202	NEW DISHWASHER - 4760 48TH AVE	5/16/22	0	0	0
203	NEW DISHWASHER - 7806 PALOMAR ST	5/19/22	0	0	0
204	NEW ROOF - 4555 56TH AVE	5/23/22	0	0	0
205	NEW ROOF - 1497 BARBER ST	5/23/22	0	0	0
208	NEW ROOF - 118 MARSH ST	7/12/22	0	0	0
209	NEW AC - 5414 WINTER GARDEN	8/08/22	0	0	0
210	NEW REFRIDGERATOR - 5300 SANIBEL AV	9/06/22	0	0	0
212	1497 BARBER ST PIPING AND WATER LINE	9/14/22	0	0	0
213	NEW APPLIANCES - 160 SPRING VALLEY /	10/06/22	0	0	0
214	NEW KITCHEN APPLIANCES - 1209 11TH A	10/06/22	0	0	0
215	BUILDING REPAIR - 1497 BARBER ST	10/11/22	0	0	0
216	5300 SANIBEL EVAP COIL & LIQ LINE FILT	10/19/22	0	0	0
217	MARTIE COMPUTER SETUP	12/23/22	0	0	0
218	DRYWALL - 1497 BARBER ST	10/04/22	0	0	0
219	NEW DISHWASHER - 7806 PALOMAR ST	10/10/22	0	0	0
220	IPAD - EXECUTIVE DIRECTOR	7/15/22	0	0	0
221	DELL COMPUTER	1/04/22	0	0	0
	Total Other Depreciation		<u>0</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>0</u>	<u>0</u>	<u>0</u>

2220 TREASURE COAST HOMELESS SERVICES
52-2254571
FYE: 12/31/2022

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Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Total	\$ <u>294,951</u>	\$ <u>294,951</u>	\$ <u>0</u>	\$ <u>0</u>

2220 TREASURE COAST HOMELESS SERVICES
52-2254571
FYE: 12/31/2022

Federal Statements

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Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
FEDERAL AWARDS	\$ 3,372,033
STATE AWARDS	280,518
CONTRIBUTIONS	309,116
OTHER	6,259
Total	\$ <u>3,967,926</u>

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
TENANT RENT INCOME	\$ 11,194
Total	\$ <u>11,194</u>