

**GRANT AGREEMENT**

**BY AND BETWEEN**

**PINELLAS COMMUNITY FOUNDATION**

**AND**

**HOMELESS LEADERSHIP ALLIANCE OF PINELLAS, INC.**

**THIS GRANT AGREEMENT** (hereinafter “**Agreement**”), effective *nunc pro tunc* March 3, 2023, by and between **PINELLAS COMMUNITY FOUNDATION**, a public charitable foundation established by Trust Agreement Dated January 1, 1969, as may have been amended from time to time, whose address is 17755 US Highway 19 North, Suite 150, Clearwater Florida 33764, (hereinafter, “**AGENCY**”) and **HOMELESS LEADERSHIP ALLIANCE OF PINELLAS, INC.**, whose address is 740 4<sup>TH</sup> Street North, Suite 206, Saint Petersburg, FL 33701 (hereinafter “**GRANTEE**”).

WITNESSETH:

**WHEREAS**, in response to the emergence of a novel coronavirus and the respiratory disease it causes (hereinafter, “**COVID-19**”), the World Health Organization (hereinafter, “**WHO**”) has officially characterized COVID-19 as a pandemic that constitutes a Public Health Emergency of International Concern; and

**WHEREAS**, the City of Clearwater (“**City**”) through the Clearwater City Council (“**Council**”) approved a an allocation of general revenue funding for the provision of social services programming in Clearwater as part of Clearwater’s recovery from the COVID-19 pandemic (“**Project Fund**”).

**WHEREAS**, the City has contracted with Agency to administer the Project Fund on behalf of the City and the City has approved the award to **GRANTEE**; and

**WHEREAS, AGENCY** has determined that **GRANTEE** has sufficient experience a to provide social services to assist Clearwater residents in recovering from the effects of the COVID-19 pandemic as evidenced by information provided in **GRANTEE**'s application and reviewed by **AGENCY**;

**NOW THEREFORE**, the parties hereto, mutually agree as follows:

**1. Specific Grant Information:**

This project shall be undertaken and accomplished in accordance with the terms and conditions specified herein and the Appendices named below, which are attached hereto and by reference incorporated herein:

a) GRANTEE Name: **Homeless Leadership Allinace of Pinellas, Inc.**

b) GRANTEE Contact and Notice Information:

Primary Contact Name: **Dr. Monika Alesnik**

Address: **740 4<sup>th</sup> Street North, Suite 206, Saint Petersburg, FL 33701**

Phone Number: **727-582-7916**

c) Period of Grant Performance, Start Date: **January 30, 2023** End Date: **May 31, 2023**

g) Amount of Funds Awarded: **\$250,000** (hereinafter, "Awarded Funds").

**2. Scope of Services:**

The **GRANTEE**'s application for funding is approved IN FULL and will be awarded from the Project Fund by the **AGENCY** consistent with the **GRANTEE**'s application for an award of funds (attached as Appendix 5) and which is consistent with the purpose of providing and strengthening social service programming as part of the **City**'s recovery from the COVID-19 pandemic in accordance with the applicable criteria set by the **City**.

- a) **GRANTEE** shall be awarded \$250,000 for the purposes set forth in their application in Appendix 5.
- b) **GRANTEE** agrees to deliver these funds pursuant to the following requirements:
  - i. Compliance with all rules and guidelines and criteria set by the **City** or **AGENCY**.
  - ii. Compliance with Appendix 1 – Attestation.
  - iii. Compliance with Appendix 2 – Minimum Reporting Requirements
  - iv. Compliance with Appendix 3 – Minimum Insurance Requirements.
  - v. Compliance with Appendix 4- Application for Funding.
  - vi. Attestation to the accuracy of the expenditures and that the expenditures are not otherwise reimbursable by a different source and that the expenditures comply with the **City**'s and **AGENCY**'s requirements.
  - vii. Compliance with all deliverables/benchmarks in compliance with the deadlines set forth in the application. Dates for compliance may be extended upon mutual agreement of the parties in writing provided completion will be accomplished within the timeframes required by **City** and **AGENCY**;

**3. Term of Agreement.**

This Agreement shall commence immediately *nunc pro tunc* to March 3, 2023 and the Agreement shall expire 60 days after the completion of services/programming on Appendix 5. The expiration date of this Agreement may be extended, by mutual agreement of the parties in writing.

**4. Compensation.**

- a) The **AGENCY** agrees to provide **GRANTEE** an amount not to exceed Two

Hundred and Fifty Thousand Dollars and 00/100 cents (\$250,000) as an award from the Project Fund for the purposes as described in Section 2.

b) **GRANTEE** shall maintain a Budget Plan and Benchmark/deliverables plan setting forth the time frame for each benchmark/deliverable (Appendix 5), as approved by **AGENCY**. Any change in date for deliverables/benchmarks must be approved by **AGENCY** in its sole discretion but in no case will any change be approved that is outside the deadline set by **City** and **AGENCY**.

c) The **AGENCY** shall determine which expenses in the Budget Plan (contained in Appendix 5) may be paid as an advance to the **GRANTEE**, if any, and which expenses will be paid on a cost-reimbursement basis, with the **GRANTEE** to submit invoices with supporting documentation to justify the reimbursement of expenses. If any amount is paid as an advance payment to **GRANTEE**, the **GRANTEE** must provide sufficient documentation of usage of the funds for allowed purposes under this agreement in order to receive any future payments.

d) Any funds expended in violation of this Agreement or in violation of **City**, and **AGENCY** requirements or any unspent funds shall be refunded in full to the **City**. If this Agreement is still in force, future payments shall be withheld by the **AGENCY**.

##### **5. Performance Measures.**

The **GRANTEE** agrees to submit any and all documentation requested by **AGENCY** to support expenditures for social services and any and all documentation as may be requested by **AGENCY** and must provide regular written updates to **AGENCY**, on a schedule provided by **AGENCY**, regarding progress towards project completion including all approved expenditures to date. **GRANTEE** must maintain detailed accounting and tracking of all expenditures.

##### **6. Data Sharing.**

The **GRANTEE** agrees to share data with the **AGENCY** as necessary for expenditure validation, trend review, and performance monitoring.

**7. Insurance.**

**GRANTEE** will be required to maintain appropriate insurance to cover the Scope of Services funded by this Agreement. See Appendix 4 for Minimum Insurance Requirements applicable to this Agreement. **GRANTEE** must comply at all applicable times with the insurance required.

**8. Monitoring.**

**GRANTEE** will meet all reporting and program performance monitoring requirements. This may include, but is not limited to, the following:

- a) The monitoring requirements set forth in Appendix 3 – Minimum Reporting Requirements.
- b) **GRANTEE** will work with the **AGENCY** to establish policies and procedures as required.
- c) **GRANTEE** will cooperate in site visits if required by **AGENCY** including, but not limited to, any documentation related to this grant, and will provide related information at any reasonable time.
- d) **GRANTEE** will submit other reports, documentation of expenditures and information in such formats and at such times as may be prescribed by the **AGENCY**.
- e) All monitoring reports will be as detailed as may be reasonably requested by the **AGENCY** and will be deemed incomplete if not satisfactory to the **AGENCY** as determined in its sole reasonable discretion. Reports will contain the information or be in the format as may be requested by the **AGENCY**.

**9. Special Situations.**

**GRANTEE** agrees to inform **AGENCY** within one (1) business day of any circumstances or events which may reasonably be considered to jeopardize its capability to continue to meet its obligations under the terms of this Agreement. Incidents may include, but are not limited to, those resulting in injury, media coverage or public reaction that may have an impact on the **AGENCY'S** or **GRANTEE'S** ability to protect and serve its participants, or other significant effect on the **AGENCY** or **GRANTEE**. Incidents shall be reported to the designated **AGENCY** contact below by phone or email only. Incident report information shall not include any identifying information of any program participant.

**10. Amendment/Modification.**

In addition to applicable federal, state and local statutes and regulations, this Agreement expresses the entire understanding of the parties concerning all matters covered herein. No addition to, or alteration of, the terms of this Agreement, whether by written or verbal understanding of the parties, their officers, agents or employees, shall be valid unless made in the form of a written amendment to this Agreement and formally approved by the parties.

**11. Closeout**

a) Upon termination in whole or in part, the parties hereto remain responsible to comply with any post-closeout adjustments and any continuing responsibilities needed to complete the services and comply with all terms of this Agreement.

b) This Agreement will not terminate, unless terminated as provided in Section 12, until closeout is completed to the satisfaction of the **AGENCY**. Such requirements shall include but are not limited to submitting final reports and providing program deliverables and closeout

information as requested by **AGENCY, City** or their authorized representatives, and reconciliation of program funding.

c) All invoices and requests for reimbursement shall be submitted within 30 days from the expenditure date.

d) All un-spent funds must be reimbursed to the **AGENCY or the City as appropriate**, by the **GRANTEE** by the expiration date.

e) This provision shall survive the expiration or termination of this Agreement.

## **12. Termination.**

This award may be terminated at any time without advance notice as follows:

a) If the **GRANTEE** fails to fulfill or abide by any of the provisions of this Agreement, **GRANTEE** shall be considered in material breach of the Agreement. However, where a material breach can be corrected, **GRANTEE** shall be given thirty (30) days to cure said breach. If **GRANTEE** fails to cure, or if the breach is of the nature that the harm caused cannot be undone, **AGENCY** may immediately terminate this Agreement, with cause, upon notice in writing to the **GRANTEE**.

b) In the event the **GRANTEE** uses any funds provided by this Agreement for any purpose or program other than authorized under this Agreement, the **GRANTEE** must repay such amount to the **AGENCY or City** and may in the **AGENCY'S** sole discretion, be deemed to have waived the right to additional funds under this Agreement and the **AGENCY** may terminate this Agreement immediately.

c) If the **City** cancels or revokes the Project Fund or revokes its award to **GRANTEE** for any reason whatsoever in the **City's** sole discretion, this Agreement will automatically terminate;

d) The **AGENCY** may terminate this Agreement without advance notice and without a cure period for any reason whatsoever as determined in **AGENCY**'s sole discretion for any reason or for convenience.

Upon termination of this Agreement, **GRANTEE** will only be reimbursed for approved costs incurred prior to termination date. **GRANTEE** waives any and all claims for damages of any types whatsoever against the **AGENCY** and **City** due to termination of the Agreement and agrees to repay any funds that were not appropriately used.

**13. Assignment/Subcontracting.**

a) This Agreement, and any rights or obligations hereunder, shall not be assigned, transferred or delegated to any other person or entity. Any purported assignment in violation of this section shall be null and void.

b) The **GRANTEE** is fully responsible for providing the social services as provided herein. The **GRANTEE** shall not subcontract any work under this Agreement to any subcontractor other than the subcontractors specified in the proposal and previously approved by the **AGENCY**, without the prior written consent of the **AGENCY**, which shall be determined by the **AGENCY** in its sole discretion.

**14. Indemnification.**

The **GRANTEE** agrees to indemnify, pay the cost of defense, including attorney's fees, and hold harmless the **AGENCY**, its officers, employees and agents from all damages, suits, actions or claims, including reasonable attorney's fees incurred by the **AGENCY**, of any character brought on account of any injuries or damages received or sustained by any person, persons, or property, or in any way relating to or arising from the Agreement; or on account of any act or omission, neglect or misconduct of **GRANTEE**; or by, or on account of, any claim or amounts



recovered under the Workers' Compensation Law or of any other laws, regulations, ordinance, order or decree; or arising from or by reason of any actual or claimed trademark, patent or copyright infringement or litigation based thereon.

**15. Business Practices.**

- a) The **GRANTEE** must utilize financial procedures in accordance with generally accepted accounting procedures and Florida Statutes, including adequate supporting documents, to account for the use of the funds provided by the **AGENCY**.
- b) The **GRANTEE** must retain all records (programmatic, property, personnel, and financial) relating to this Agreement for five (5) years after final payment is made.
- c) All **GRANTEE** records relating to this Agreement are subject to audit by the federal government or its representatives, or the **AGENCY** and its representatives.

**16. Nondiscrimination.**

- a) The **GRANTEE** shall not discriminate against any applicant for employment or employee with respect to hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment or against any client because of age, sex, race, ethnicity, color, religion, national origin, disability, marital status, or sexual orientation.
- b) The **GRANTEE** shall not discriminate against any person on the basis of age, sex, race, ethnicity, color, religion, national origin, disability, marital status or sexual orientation in admission, treatment, or participation in its programs, services and activities.
- c) The **GRANTEE** shall, during the performance of this Agreement, comply with all applicable provisions of federal, state and local laws and regulations pertaining to prohibited discrimination.

**17. Independent Contractor.**

It is expressly understood and agreed by the parties that **GRANTEE** is at all times hereunder acting and performing as an independent contractor and not as an agent, servant, or employee of the **AGENCY**. No agent, employee, or servant of the **GRANTEE** shall be, or shall be deemed to be, the agent or servant of the **AGENCY**. None of the benefits provided by the **AGENCY** to their employees including, but not limited to, Worker's Compensation Insurance and Unemployment Insurance are available from **AGENCY** to the employees, agents, or servants of the **GRANTEE**.

**18. Additional Funding.**

Funds from this Agreement may not be used as the matching portion for any federal grant except in the manner provided by Federal and State law and applicable Federal and State rules and regulations. The **GRANTEE** agrees to make all reasonable efforts to obtain funding from additional sources wherever said **GRANTEE** may qualify. Should this Agreement reflect a required match, documentation of said match is required to be provided to the **AGENCY**.

**19. Governing Law.**

The laws of the State of Florida shall govern this Agreement.

**20. Conformity to the Law.**

The **GRANTEE** shall comply with all federal, state and local laws and ordinances and any rules or regulations adopted thereunder.

**21. Prior Agreement, Waiver, and Severability.**

This Agreement supersedes any prior Agreements between the Parties and is the sole basis for agreement between the Parties. The parties agree that the Grant Agreement between the parties effective on or about March 3, 2023 is terminated in its entirety and is superseded *nunc pro tunc*

to March 3, 2023 by this Agreement. **GRANTEE** agrees it is not entitled to any compensation, rights or benefits whatsoever under the Grant Agreement effective March 3, 2023 and only this Agreement will be in effect between the parties and only the following terms are applicable: The waiver of either party of a violation or default of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent violation or default hereof. If any provision, or any portion thereof, contained in this Agreement is held unconstitutional, invalid, or unenforceable, the remainder of this Agreement, or portion thereof, shall be deemed severable, shall not be affected, and shall remain in full force and effect.

**22. Agreement Management.**

Pinellas Community Foundation designates the following person(s) as the liaison for the

**AGENCY:**

Duggan Cooley, CEO  
Pinellas Community Foundation  
17755 US Highway 19 North, Suite 150  
Clearwater FL 33764  
727-531-0058

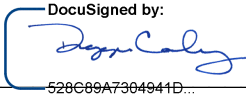
**GRANTEE** designates the following person(s) as the liaison for the **GRANTEE:**

Dr. Monika Alesnik, CEO  
Homeless Leadership Alliance of Pinellas, Inc.  
740 4<sup>th</sup> Street North, Suite 206, Saint Petersburg, FL 33701  
727-582-7916

SIGNATURE PAGE FOLLOWS


**IN WITNESS WHEREOF**, the parties hereto have caused this instrument to be executed on the day and year written below.

Pinellas Community Foundation

By:   
528C89A7304941D...  
Duggan Cooley  
CEO

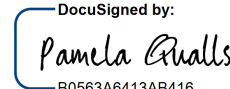
Date: 3/24/2023 | 6:59 AM PDT

GRANTEE: Homeless Leadership Alliance of Pinellas, Inc.

By:   
0559B18109B24F7...  
Dr. Monika Alesnik, CEO  
malesnik@hlapinellas.org

Date: 3/31/2023 | 1:18 PM EDT

GRANTEE: Homeless Leadership Alliance of Pinellas, Inc

By:   
B0563A6413AB416...  
Pamela Qualls, Board Chair  
pam@justaddpower.com

Date: 3/30/2023 | 1:43 PM EDT

## **Schedule of Appendices**

Appendix 1 – Attestation

Appendix 2 – Minimum Reporting Requirements

Appendix 3 – Minimum Insurance Requirements

Appendix 4 - Application for Funding (including budget plan and time frame for deliverables/benchmarks)

**APPENDIX 1 – Attestation**

I, Dr. Monika Alesnik, am the CEO of Homeless Leadership Alliance of Pinellas, Inc, and I certify that:

1. I have the authority on behalf of Homeless Leadership Alliance of Pinellas, Inc., to sign this Attestation.
2. I understand that the Pinellas Community Foundation will rely on this attestation as a material representation in making a direct payment to this Organization.
3. I attest that all information in the application for funding is true, accurate and complete.
4. I attest that Organization meets all criteria for funding set by the **City** and/or **AGENCY**.
5. Homeless Leadership Alliance of Pinellas Inc., attests that proposed expenditures for this grant are appropriate and aligned with the awarded application for funding, are for social services for residents and/or the community on or after March 1, 2020, do not supplant existing services or budgets, and are not reimbursable by alternate means.

By: Dr. Monika Alesnik (Printed Name)

Signature:  0559B18109B24E7

Title: CEO

Date: 3/31/2023 | 1:18 PM EDT

## **APPENDIX 2 – Minimum Reporting Requirements**

During the Term of this Agreement, **GRANTEE** must comply with all reporting requirements as set forth in the discretion of **AGENCY**. This includes, but is not limited to:

1. Attend or view trainings provided by **AGENCY** which outline key requirements for fiscal and programmatic monitoring. The **GRANTEE** must provide evidence of having attended/viewed all trainings required by **AGENCY**.
2. Provide monitoring reports at intervals requested by **AGENCY** with respect to ongoing compliance towards timely completion of purchases in the time frame set forth in the application and other details as requested by **AGENCY**;
3. Complete and accurate documentation of expenditures in compliance with approved award.
4. Site visit(s) at the time determined by the **AGENCY**.
5. Final Close Out report provided to **AGENCY** 10 days prior to the expiration date of this Agreement.

### **APPENDIX 3 – Minimum Insurance Requirements**

For the duration of this Agreement, **GRANTEE** must maintain the following minimum insurance requirements. Failure to do so will be a breach of contract and **GRANTEE** will no longer be eligible for funding and will be required to return any funds already provided to it.

1. **COMMERCIAL GENERAL LIABILITY:** Commercial general liability insurance to include, but not be limited to, bodily injury and property damage coverage. The policy's limit of liability amount shall not be less than Five Hundred Thousand Dollars (\$500,000) per person/per occurrence for bodily injury to, or death to one or more than one person and not less than One Hundred Thousand Dollars (\$100,000) per occurrence for property damage. **GRANTEE** must list Pinellas Community Foundation as additional insured on the GL policy. Pinellas Community Foundation's contact information is:

17755 US HWY 19 N., Ste. 150  
Clearwater, FL 33764  
727-531-0058

2. **WORKER'S COMPENSATION:** Workers' Compensation insurance for all its employees in an amount and with coverage to meet all requirements of the laws of the State of Florida.

3. **EMPLOYEE FRAUD INSURANCE:** Sufficient insurance to protect from loss due to fraud, theft, and physical damage and shall purchase a bond or insurance covering all employees for theft or fraud.



**Appendix 4 - Application for Funding (including budget plan and time frame for deliverables/benchmarks)**

## Homeless Leadership Alliance of Pinellas, Inc.

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*City of Clearwater ARPA – Capri Mobile Home  
Relocation*

### *Homeless Leadership Alliance of Pinellas Inc.*

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Dr. Monika Alesnik  
647 1st Ave N  
Saint Petersburg, FL 33701-3601

malesnik@hlapinellas.org  
O: 727-582-7916  
M: 727-600-2446

### *Dr. Monika Alesnik*

---

647 First Avenue North  
2nd Floor  
St. Petersburg, FL 33701

malesnik@hlapinellas.org  
O: 480-569-5288  
M: 727-600-2446

# Application Form

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## *Project Proposal*

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If you would like to complete this application first in Microsoft Word, you may download a Word version [here](#). Please use Word only for drafting responses, as only responses submitted through the portal will be reviewed.

### **Organization Name\***

Homeless Leadership Alliance of Pinellas, Inc.

### **Organization Background\***

Please provide a narrative history of your organization's social and/or human services work in Pinellas County, and if applicable, within the City of Clearwater.

As the lead agency for the Pinellas County Continuum of Care (CoC), and the Homeless Management Information System (HMIS) data system, HLA is responsible for coordinating over 35 public and private sector organizations to work together to plan, implement, oversee, fund, and evaluate the homeless system of care. Working in collaboration with other systems of care to coordinate services organically increases system-wide efficacy, efficiency, and accountability, and reduces duplication of services.

HLA is Pinellas County's lead entity in the homeless services field to 1) identify needs; 2) count the number of homeless families, individuals, and unaccompanied youth annually; 3) maintain inventories of beds and services; 4) identify gaps; and 5) develop a continuum of strategies to respond to those gaps. HLA is also responsible for: 1) policy setting and implementation of a Coordinated Entry System; 2) development and implementation of a system-wide accountability, evaluation and monitoring process of the homeless system which allows the HLA and other funders to evaluate performance on outcome measures, determine if the system services are effective and make data-driven decisions; 3) providing operations and funding for administrative services for local, state, federal and private resources; 4) strategically aligning existing and new design resources to best meet the local needs; and, 5) taking the lead role in the development and submission of the annual COC application, which directly brings more than 5 million dollars in federal money to the Pinellas County homeless system of care. The HLA provides support to the City of Clearwater through an annual contract to help the city address the root causes of homelessness through coordination of the annual Point-in-Time Count, Cold Night Shelter facilitation, state and federal legislative updates/initiatives that have impact upon Pinellas County homeless, and participation in community events and education. The HLA is also the recipient of CDBG-CV funding through the City of Clearwater, providing housing navigation assistance for low-to moderate-income residents impacted by the Coronavirus Pandemic.

### **Relocation/Case Management Experience\***

Please provide a background of your organization's work in both successfully relocating residents and providing case management.

In response to the COVID-19 pandemic crisis, the HLA entered a partnership with the Community Law Program and other partner agencies to mitigate the number of evictions occurring in the CoC. There are many costs associated with evictions in Pinellas County. These costs include lost rent (before, during, and after eviction proceedings), lawyer fees, court costs, Pinellas County Sheriff Writ of Possession charge, locksmith charge, repairs, and cleaning fees. Depending on the amount of unpaid rent, and the case complexity, these

costs can range from \$3,165-\$9,160 per eviction in Pinellas County and does not include the cost of trauma and lost work for those being impacted. In Pinellas County, there have been 2,302 evictions for non-payment of rent filed in Pinellas County since the original eviction moratorium went into effect on April 2, 2020. As of March 1, 2021, the three legal aid providers involved in landlord/tenant mediation are estimated to have resolved approximately 817 evictions since the program began on October 1, 2020. Prevention Services costs vary by legal provider but can range from \$800-\$2,500 and are much more cost effective than someone entering the Homeless Crisis Response System. The Homeless Leadership Alliance provides housing navigation and financial assistance when mediation is unsuccessful. Through all HLA housing programs, the housing team has stabilized and rehoused over 135 households since November 6, 2020. Housing Navigators are currently working with an additional 13 households as of January 9, 2023, and the HLA anticipates the need to continue to grow as rents have increased substantially throughout Pinellas County since the program inception. The HLA Housing Navigators and Landlord Liaison are currently working with the City of Clearwater to assist residents impacted by the closure of the Capri Mobile Home Park through CDBG-CV funding. The Housing Navigation team is responsible for assisting residents served with finding alternative housing to avoid homelessness. The Landlord Liaison continuously conducts outreach to landlord/property managers to locate appropriate housing opportunities. The Housing Navigator assists with application submissions and helps the tenants to understand the lease requirements. This team can also help with obtaining utilities service for the new unit.

## Project Plan\*

80-90 residents of the Capri Mobile Home Park in Clearwater will be displaced due to the Park's closure in March 2023. Please describe your organization's plan for connecting these residents to emergency relocation services and social services. Your plan should describe how you will communicate with residents, track their relocation status, connect them with necessary social services, and report project outcomes.

The HLA Housing Navigation is built upon HUD's best practices where housing navigators play an integral role in addressing the needs of individuals and families experiencing homelessness. The housing navigator is the link between clients and services; they work directly with clients and alongside case managers, social workers, and other service providers to address clients' needs on entry to homeless services systems, while engaging the system, and after obtaining housing. Housing Navigators are responsible for developing relationships with and between clients and community partners, and, ultimately, with housing professionals and landlords. Their responsibilities involve assisting clients with identifying and eliminating potential housing barriers including, but not limited to, those related to criminal records, credit reports, prior housing judgments due to eviction, as well as other potential barriers, such as pets/breeds, and location or size specifications for housing opportunities. The HLA's Housing Navigators meet with residents to explain the housing navigation project then completes a formal intake, which is entered into the Homeless Management Information System (HMIS), so that data and outcomes can be tracked. The Housing Navigators go over the household's financial budget and family composition and work with participants to develop a Housing Stabilization Plan. Housing searches are conducted based on the specific and complex needs of each household. Once an appropriate unit has been identified, the Housing Navigators negotiate costs with the landlord and facilitate the paperwork necessary for financial provisions for household to move-into the new unit. The HLA will apply Homeless Diversion services in the event that rehousing may take time, especially if past the March 14th deadline. HLA Diversion Specialists offer services to assist households in quickly securing temporary or permanent solutions to homelessness outside of the shelter and homeless services system. The services offered are flexible and coupled with minimal financial assistance that result in a temporary or permanent housing arrangement, and are based on five core principles identified by the National Alliance to End Homelessness: 1) crisis resolution; 2) family choice, respect and empowerment; 3) providing minimum assistance necessary for the shortest time possible; 4) maximizing community resources; and, 5) providing the right resources to the right families at the right time.

## Project Preparedness\*

The Capri Mobile Home Park will close in mid-March 2023.

Please describe the following:

1. Your organization's preparedness to mobilize quickly in order to meet residents' needs.
2. The estimated turnaround time for various social service needs (process and time to issue security deposits, process and time for obtaining transportation to a new residence, etc.) based on past experience with similar initiatives that your organization may have had.

The HLA is currently working with the City of Clearwater and the residents of the Capri Mobile Home Park under the city's CDBG-CV contract. All residents that could be reached have been screened for eligibility under this project, therefore those that did not qualify could immediately be assisted through this funding. The HLA administrative arm recognizes that this is an urgent community crisis and processing payments will be made a priority, at the most taking up to 3 business days to process larger requests. This turnaround time also includes process and time for obtaining any transportation and/or moving resources that residents may need. One concern to all will be working through the various barriers to housing to include length of time to move in due to high costs of rent, past evictions, and criminal history. The HLA will utilize its relationships with community partners to try to combat these barriers to include working with HLA's workforce development, legal aid, mental, behavioral, and substance issues. The HLA is also in the process of securing a contract with the Intercultural Advocacy Center (Hispanic Outreach Center – HOC) in Clearwater for translation services specially for residents living in Capri Park.

## Capacity to Provide Services in Spanish\*

Most of the 80-90 households of Capri only speak Spanish. Please describe your organization's capacity to offer services in Spanish.

The HLA will be entering into a contract with the Intercultural Advocacy Center (Hispanic Outreach Center – HOC) in Clearwater for translation services specially for residents living in Capri Park. Arrangements to meet residents' communication needs is very important to providing optimal relocation services. Working with language interpreters and translators can reduce communication barriers, improving safety and building helping relationships. If a resident requires interpreting and translation to access appointments housing, they will also likely require interpreting and translation services for other communications such as for workforce development and health-related information. The partnership with HOC, the HLA will be able to link residents to these needed services to assist with additional social service needs. Additionally, the HLA's Diversion Services' Intake Lead Rapid Resolution Specialist is bi-lingual, and the Veteran Service Manager is also bi-lingual and able to assist the Housing Navigation team with this initiative.

## Collaboration\*

Does your organization have a plan to collaborate with other agencies/organizations if awarded this grant? If so, describe those collaborations and the roles each agency will play. If not, please explain how your organization has the capacity to fully administer the entirety of the project.

The HLA collaborates with over 35 various organizations throughout Pinellas County. For this specific initiative, Housing Navigation would be working with Intercultural Advocacy Center, HLA Workforce Development, HLA Diversion, and Clearwater Street Outreach.

There will be a need for collaboration with landlords for this project. Landlords will be identified through housing searches, attendance at landlord meetings held by housing authorities, contacts with realtor associations, relationships with participating landlords, networking with other rapid rehousing programs,

internet searches and websites catering to landlords including floridahousingsearch.org, and other methods that place staff in direct contact with property owners and management companies.

At present, the HLA has twenty-five FTE staff. The HLA staff include a Chief Executive Officer, Chief Program Officer, Chief Administrative Officer, a Senior Executive Assistant, department directors, program and process/systems managers, and direct service staff. Most of the senior level staff members hold advanced degrees, and all staff in managerial positions hold a minimum of a bachelor's degree as well as many years of demonstrated successful histories in administration in the not-for-profit organizations or governmental entities. All staff are hired with the expectation that they work flexible hours as needed/warranted and go through a preliminary interview with the hiring manager and a second panel interview prior to the job offer.

The Chief Program Officer of the CoC lead agency will be the lead staff member for the administrative oversight of the projects. This Chief Program Officer has worked in social services for over 30 years. The Housing Stabilization Manager will be responsible for the day-to-day oversight of the project. This position involves the day-to-day supervision of the Housing Navigation team and Workforce Development Specialist. The HLA is poised to retain staff working in the field under programs with funding that is sunsetting and has a strong infrastructure in place to quickly implement the proposed activities to fully administer the entirety of the project.

## Timeline\*

Please describe a timeline of project implementation. Capri Mobile Home Residents must depart their residence by the Park's closure on March 14, 2023. These households may require ongoing case management after leaving the Park.

The grant period concludes at the end of May, but may change based on resident needs.

February 1 – 8, 2023 Identify and complete intakes with residents not being assisted through HLA Housing Navigation CDBG-CV funds. Also engage Diversion services to determine if any households could be immediately assisted with travelers aid, along with for those with high barriers to housing that may need homeless diversion while waiting for housing.

February 8 – 15, 2023 Document readiness assistance for residents, landlord outreach, Diversion services, and begin applications for those that are document ready.

February 24, 2023 A housing action plan will be published by the HLA for the City of Clearwater, Pinellas County Foundation, and Capri Mobile Home Residents that outlines each remaining resident's exit strategy ensuring households are out of the mobile home park on or before March 3, 2023. Action plans may include contracting with a local hotel/motel for room and board until housing has been secured or travelers aid has been confirmed. This action plan will be reviewed daily by the HLA's Housing Navigator, Landlord Liaison, and Housing Stabilization Manager. The HLA's Chief Program Officer will meet with the Housing Stabilization Manager twice a week to ensure the project's timeline is being upheld and to ensure all housing barriers are able to be addressed.

## Corrective and Investigative Action/Grant Recall\*

In the past three (3) years, has your organization had any of the following occur:

1. Been under legal investigation by a local, state, or federal institution?
2. Been placed on a corrective action plan by a funder?
3. Had grant funding recalled by a funder?

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. If no, write "N/A"

NA

## Anything else to share?

Is there anything else that you would like Pinellas Community Foundation to know or other information your organization would like to share that isn't addressed elsewhere in this LOI?

The HLA is committed to ensuring that homelessness is rare, brief and a one-time experience, and are appreciative of the City of Clearwater and local funders, who are committed to ending homelessness in Pinellas County. The HLA's Housing Navigation team has been working with the City of Clearwater to assist Capri Mobile Home Park residents since December 14, 2022. The Housing Navigator and Landlord Liaison have worked diligently on establishing helping relationships with the residents to build trust, overcome housing barriers, and support residents through this challenging transition. The goal of overcoming obstacles for Housing Navigation is to be prepared and know the resources available to residents. The HLA team is invested in the residents, understanding each resident's situation and the need for individualized care. We want to continue the relationships built to see each resident safely and securely housed.

## Uploads

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### Project Budget\*

Please develop and upload an easily-read budget describing how your organization would utilize available funds.

If collaborations with other agencies require the use of the funding, please be sure to represent these agencies in your budget and specify how that funding will be used. Please be sure to clearly display any administrative costs related to this funding.

SCS-Budget-Detail Capri Mobile Home Park FY22-23.xlsx

The HLA will not be requesting administrative costs for this LOI, nor will other organizations be budgeted using these funds. Within the attached budget, the HLA is seeking funding for 2.36% of the landlord liaison position (\$5,900) the remainder of the funding will be utilized for client assistance. Staffing costs are covered from a variety of sources: City of Clearwater CDBG-CV, City of St. Petersburg CDBG-CV, City of St. Petersburg Social Action Funding, PC general fund, and HUD Planning/CE. Client assistance funds not expensed within this LOI are covered from City of Clearwater CDBG-CV.

### Organizational Budget\*

Please upload your most recent board-approved organizational budget for this fiscal year. PDF or Excel files are acceptable.

HLA Annual Budget 2022-11-8.pdf

### **IRS Form 990\***

Please upload your most recently filed Form 990. If you have received an extension to filing for the most recent fiscal year, please explain so in the text box below.

HLA FY 2021 Form 990 - Public Inspection copy.pdf

### **(Audited) Financial Statements\***

Please upload your most recent financial statements, preferably those that have been audited. If you do not have audited financial statements, please explain why. PDF files are acceptable.

HLA -2021 Financial Statements and Management Letters.pdf

## ***Agreements***

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### **No Appeal\***

This grant offers no appeal process for denied applicants, and all funding decisions are final. Please check the box below to indicate your understanding.

Yes, I understand this grant program has no appeal process and all decisions are final.

### **Reporting Requirements\***

The selected provider for this funding will be required to report programmatic outcomes (namely number of residents relocated and number of residents residing in stable housing) on a biweekly basis and will be required to report financial expenditures on a monthly period throughout the duration of the grant period.

In order to submit your funding request, you must agree to these reporting requirements.

Yes, my organization agrees to the reporting frequency indicated above.

### **Public Application\***

In order to maintain transparency for the use of public funding, PCF will publish all submitted funding requests to its website. Please check the box below to indicate your understanding of this.

Yes, I understand my organization's application will be made public.

### **Live Interviews\***

If your organization's LOI is moved forward in the process after being reviewed by PCF, a selection committee will conduct live interviews on 1/30/23 at East Community Library in Clearwater. Your physical presence is required at the meeting unless a reasonable accommodation has been sought and granted for a virtual option. These interviews will be open to the public.



Monika Alesnik

Homeless Leadership Alliance of Pinellas Inc.

If your organization is selected, the selection committee will ask questions of your organization to better determine its fit for this funding. Committee deliberations and provider selection will take place directly after interviews.

By submitting this application, you agree to attend the 1/30/23 interview and meeting if invited.

Yes, I understand the selection process and will attend the 1/30/23 meeting if requested.

## File Attachment Summary

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### *Applicant File Uploads*

- SCS-Budget-Detail Capri Mobile Home Park FY22-23.xlsx
- HLA Annual Budget 2022-11-8.pdf
- HLA FY 2021 Form 990 - Public Inspection copy.pdf
- HLA -2021 Financial Statements and Management Letters.pdf

### Senior Citizens Services Budget Detail

**ORGANIZATION NAME:**

EXPENSES	Total Project Cost	SCS Grant Request
<b>1 Salaries</b>		
Show your calculations. Include any project staff that will be paid a percentage of time from SCS funds. Explain what will they do, how many hours will they work on the project.		
<b>Salaries Sub-Total</b>	\$ -	\$ -
<b>2 Fringe Benefits</b>		
Show your calculations. Includes such items as FICA, medical, dental, life insurance, etc.		
<b>Fringe Benefits Sub-Total</b>	\$ -	\$ -
<b>3 Contractual</b>		
Show calculations for reimbursement. Include: funds to hire someone for the project who is not a member of the agency's staff; Name of person/company, if known; What will they do?		
<b>Contractual Sub-Total</b>	\$ -	\$ -
<b>4 Equipment</b>		
This is the category requesting to purchase a major piece of equipment such as a computer or copy machine and during the grant period, must be used primarily for the project. Explain: What is the specific item and how did you determine its cost? Why is this needed for the project? Please show any calculations.		
<b>Equipment Sub-Total</b>	\$ -	\$ -
<b>5 Travel</b>		
Provide any travel costs and calculations. Include, for example, if you plan to reimburse project staff for local travel and/or to send for out of town training/conference. Show calculations.		
<b>Travel Sub-Total</b>	\$ -	\$ -
<b>6 Supplies</b>		
What specific items, how many, unit and extended cost? Include expendable items, including office supplies necessary for day to day project activities.		
<b>Supplies Sub-Total</b>	\$ -	\$ -
<b>7 Other</b>		
Includes miscellaneous items that do not fit into any other category such as, but not limited to, costs for printing, duplication of project-related materials. Provide details. Emergency Relief fits here.		
<b>Other Expenses Subtotal</b>	\$ -	\$ -
<b>TOTAL EXPENSES</b>	<b>\$ -</b>	<b>\$ -</b>

**Difference between requested SCS grant and project cost**

\$ -

## Capri Mobile Home Park Housing Navigation Budget for Housing

**ORGANIZATION NAME:**

EXPENSES	Total Project Cost	SCS Grant Request
<b>1 Salaries</b>		
Show your calculations. Include any project staff that will be paid a percentage of time from SCS funds. Explain what will they do, how many hours will they work on the project.		
Housing Stabilization Manager 1 FTE	\$ 48,909.00	
Chief Program Officer .25 FTE	\$ 20,500.00	
Housing Navigator 1 FTE	\$ 17,770.00	
Landlord Liasion 1 FTE	\$ 17,000.00	\$ 5,900.00
<b>Salaries Sub-Total</b>	<b>\$ 87,179.00</b>	<b>\$ -</b>
<b>2 Fringe Benefits</b>		
Show your calculations. Includes such items as FICA, medical, dental, life insurance, etc.		
Fica@7.65%, Social Security@6.2%; Medicate@1.45% (total 15.3%)	\$ 11,100.00	\$ -
Insurance 2 staff; Dental 1 staff; life 1 staff x 1 month	\$ 58,000.00	\$ -
<b>Fringe Benefits Sub-Total</b>	<b>\$ 69,100.00</b>	<b>\$ -</b>
<b>3 Contractual</b>		
Show calculations for reimbursement. Include: funds to hire someone for the project who is not a member of the agency's staff; Name of person/company, if known; What will they do?		
Payroll processing services (\$44/staff/month)	\$ 2,112.00	
IT Support (\$41/staff/month)	\$ 1,968.00	
<b>Contractual Sub-Total</b>	<b>\$ 4,080.00</b>	<b>\$ -</b>
<b>4 Equipment</b>		
during the grant period, must be used primarily for the project. Explain: What is the specific item and how did you determine its cost? Why is this needed for the project? Please show any calculations.		
<b>Equipment Sub-Total</b>	<b>\$ -</b>	<b>\$ -</b>
<b>7 Travel</b>		
Provide any travel costs and calculations. Include, for example, if you plan to reimburse project staff for local travel and/or to send for out of town training/conference. Show calculations.		
Mileage (\$150/staff/month)	\$ 5,400.00	
<b>Travel Sub-Total</b>	<b>\$ 5,400.00</b>	<b>\$ -</b>
<b>8 Supplies</b>		
What specific items, how many, unit and extended cost? Include expendable items, including office supplies necessary for day to day project activities.		
Cell phone (\$60/staff/month) HMIS Lic (\$250/staff/year), Office 365 (\$5/staff/fr	\$ 18,840.00	\$ -
Office supplies (\$100/month)	\$ 4,800.00	\$ -
<b>Supplies Sub-Total</b>	<b>\$ 23,640.00</b>	<b>\$ -</b>
<b>9 Other</b>		
Includes miscellaneous items that do not fit into any other category such as, but not limited to, costs for printing, duplication of project-related materials. Provide details. Emergency Relief fits here.		

Client Assistance	\$ 60,000.00	\$ 244,100.00
Interpreter Services	\$ 500.00	
<b>Other Expenses Subtotal</b>	<b>\$ 60,500.00</b>	<b>\$ 244,100.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 249,899.00</b>	<b>\$ 244,100.00</b>

Difference between requested SCS grant and project cost \$ 5,799.00



## HLA Budget 11/8/2022

	2021-2022 Annual	Actual 9/30/2022	Preliminary Budget 2022-2023
	Budget		Budget
<b>Income</b>			
<b>FEDERAL GRANTS</b>			
<b>HUD Grants</b>			
HUD:CES	168,211	168,211	168,211
HUD: HMIS	240,372	223,222	240,372
HUD:Planning	132,425	132,425	132,425
<b>TOTAL HUD GRANTS</b>	<b>541,008</b>	<b>523,858</b>	<b>541,008</b>
Payroll Protection Loan Forgiveness		<b>6,969</b>	<b>0</b>
<b>TOTAL FEDERAL GRANTS</b>	<b>541,008</b>	<b>530,827</b>	<b>541,008</b>
<b>STATE OF FLORIDA GRANTS</b>			
<b>DCF Grants</b>			
DCF Challenge Grant	148,500	133,600	148,500
DCF Emergency Solutions Grant	200,000	223,374	200,000
DCF Emergency Solutions Grant CV-1	145,448	235	0
DCF Emergency Solutions Grant CV-2	1,409,710	1,440,127	0
DCF Staffing Grant	107,143	99,982	107,143
DCF TANF Grant	46,582	40,549	46,582
<b>Total DCF Grants</b>	<b>2,057,383</b>	<b>1,937,868</b>	<b>502,225</b>
<b>TOTAL STATE OF FLORIDA GRANTS</b>	<b>2,057,383</b>	<b>1,937,868</b>	<b>502,225</b>
<b>PINELLAS COUNTY GRANTS</b>			
PC Diversion	134,000	132,983	134,000
PC Family Shelter/Bridge Grant	300,000	299,167	
PC General Grant	100,000	100,000	100,000
PC HMIS Grant	80,000	80,000	80,000
PC Special Init/Cold Night S/Youth	108,330	105,924	108,330
PC In-kind	26,700	26,700	26,700
PC ESG-CV Housing/Div Spec 19		<b>32,216</b>	<b>18,518</b>
PC ESG-CV Housing		236,570	
<b>TOTAL PINELLAS COUNTY GRANTS</b>	<b>749,030</b>	<b>1,013,561</b>	<b>467,548</b>
<b>LOCAL CITY GRANTS</b>			
City of Clearwater	25,000	25,000	25,000
Clearwater CDBG Housing	98,500	24,514	42,513
City of Largo	12,000	11,944	12,000
Largo CDBG Housing	<b>98,500</b>	<b>23,994</b>	42,513
City of Pinellas Park	58,655	58,655	58,655
City of St. Petersburg Grants			
CDBG-CV Housing Stability	258,612	58,383	64,365
Social Action Fund: Admin	25,000	25,000	25,000



## HLA Budget 11/8/2022

	2021-2022 Annual	Actual 9/30/2022	Preliminary Budget 2022-2023
	<b>Budget</b>		<b>Budget</b>
Social Action Fund: Fin Assist	50,000	49,383	50,000
ESG for HMIS	60,220	60,405	59,503
Childhood Homelessness Project	238,333	270,361	260,000
<i>Total City of St. Petersburg Grants</i>	<i>632,165</i>	<i>463,533</i>	<i>458,868</i>
Housing Authorities Funding	41,611	30,928	19,414
<b>LOCAL CITY GRANTS</b>	<b>966,431</b>	<b>638,569</b>	<b>658,964</b>
<b>OTHER GRANTS</b>			
Juvenile Welfare Board	45,000	45,000	49,000
St. Vincent de Paul	296,681	258,655	296,681
FHSP:Diversion	24,397	28,275	
Pinellas Comm Found Operations	20,000	45,000	
United Way Flexible Spending Grant		50,000	25,000
<b>TOTAL OTHER GRANTS</b>	<b>386,078</b>	<b>426,930</b>	<b>370,681</b>
<b>OTHER INCOME</b>			
HMIS License Income--Ag Owned Unsubsidized	9,126	4,995	25,959
HMIS License Admin Fee	24,800	4,418	19,000
Pinellas COC Membership Fees	12,000	15,398	12,000
Fundraising Income	25,000		25,000
Individual Donors		6,381	
Business Donors		2,682	
Asset Sales		101	
Bank Interest Income		12	
<b>TOTAL OTHER INCOME</b>	<b>70,926</b>	<b>33,988</b>	<b>81,959</b>
<b>Total Income -- grants in last year</b>	<b>4,770,856</b>	<b>4,581,742</b>	<b>2,622,385</b>
<b>New Grants</b>			
United Way		15,000	57,500
Pinellas County--Diversion Specialist			52,178
Pinellas County--Community Navigators			128,979
Clearwater--Diversion Specialist			52,177
Pinellas County--HMIS Staff			86,707
St. Petersburg CDBG-Rapid Res Spec		9,930	120,947
St. Petersburg Hotline			50,000
<b>Total New Grants</b>		<b>24,930</b>	<b>548,489</b>
<b>TOTAL INCOME</b>		<b>4,606,672</b>	<b>3,170,874</b>





## HLA Budget 11/8/2022

	2021-2022 Annual	Actual 9/30/2022	Preliminary Budget 2022-2023
	Budget		Budget
<b>Expenses</b>			
<b>Personnel/Benefit Expenses</b>			
Salaries	1,582,568	1,539,140	1,582,982
Payroll Taxes	121,838	114,525	122,470
Employee Benefits	175,011	143,662	215,017
<b>Total Personnel/Benefit Expenses</b>	<b>1,879,417</b>	<b>1,797,328</b>	<b>1,920,469</b>
<b>Program Support</b>			
Cold Night Shelter Expenses	32,500	12,485	32,500
Pinellas HMIS System	99,748	86,358	90,802
HMIS License Fees (internal)	750		
HMIS Licenses--Other Agency Owned	9,126	49,682	25,959
Annual PIT Survey	21,000	20,325	20,000
Homeless Memorial	500	500	500
Program Materials	63,147	9,554	28,028
Client Assistance	575,577	437,015	324,032
florida housing search.com	1,070	1,122	1,750
Landlord Mitigation Fund Payoouts		500	
<b>Subcontractor Passthroughs</b>			
DCF ESG	195,000	217,777	195,000
DCF TANF	46,582	40,549	46,582
DCF ESG-CV	138,175	718	
DCF ESG-CV2	799,615	794,764	
PC Family Bridge	300,000	299,167	
St. P Childhood Homelessness Project	229,167	261,407	250,000
PC ESG-CV Housing		234,070	
<b>Total Program Expenses</b>	<b>2,511,957</b>	<b>2,465,991</b>	<b>1,015,153</b>
<b>Professional Fees</b>			
Audit	14,000	14,000	15,000
Legal Fees	5,000		5,000
Payroll and HR Fees	35,640	31,769	34,650
Consultants	80,452	55,869	1,525
Temporary Contractors		23,767	
<b>Total Professional Fees</b>	<b>135,092</b>	<b>125,405</b>	<b>56,175</b>



## HLA Budget 11/8/2022

	2021-2022 Annual	Actual 9/30/2022	Preliminary Budget 2022-2023
	Budget		Budget
<b>Operational Expenses</b>			
Office Rent In-Kind	26,700	26,700	26,700
Office Equipment	5,500	15,599	12,710
Communication	20,331	18,966	17,863
Printing & Copying	8,410	4,925	4,884
Processing Fees	318	900	1,110
Employment Advertising		3,617	
Staff Background Checks		854	
IT Support	19,369	14,919	18,758
Postage and Mailing	682	1,061	1,771
Office Supplies	7,424	2,570	4,007
Insurance	9,435	7,469	11,224
Local Travel	26,050	2,298	10,550
Conference Travel	37,225	21,520	18,480
Meeting Expenses	1,920	3,426	3,500
Memberships & Subscriptions	12,679	21,459	14,825
COC Meeting Expenses & Stipends	3,500		1,500
Misc. Fees & Charges	2,000	3,511	1,450
Pin Com Found Grant Exp	20,000		
PPP Loan Interest	1,440	1,384	1,298
<b>Total Operational Expenses</b>	<b>202,983</b>	<b>151,179</b>	<b>150,630</b>
Depreciation		<b>3,345</b>	
Contingency Expenses	<b>41,407</b>		<b>28,447</b>
<b>Total Expenses</b>	<b>4,770,856</b>	<b>4,543,249</b>	<b>3,170,874</b>
<b>NET INCOME</b>	<b>0</b>	<b>63,424</b>	<b>0</b>

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
**Do not enter social security numbers on this form as it may be made public.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047  
**2020**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2020 calendar year, or tax year beginning 10/01/20, and ending 09/30/21**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HOMELESS LEADERSHIP ALLIANCE OF PINELLAS, INC.</b>		<b>D</b> Employer identification number <b>59-2935116</b>
	Doing business as		<b>E</b> Telephone number <b>727-582-7916</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>647 1ST AVENUE N</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>ST PETERSBURG FL 33701</b>		<b>G</b> Gross receipts\$ <b>4,246,750</b>
<b>F</b> Name and address of principal officer: <b>AMY FOSTER</b> <b>647 1ST AVENUE</b> <b>ST PETERSBURG FL 33701</b>			<b>H(a)</b> Is this a group return for subordinates <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.PINELLASHOMELESS.ORG</b>			<b>H(c)</b> Group exemption number <b>U</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>U</b>		<b>L</b> Year of formation: <b>1984</b>	<b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>5</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>5</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>27</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>4</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>2,164,890</b>	Current Year <b>4,246,750</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0</b>	<b>0</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0</b>	<b>0</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0</b>	<b>0</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,164,890</b>	<b>4,246,750</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>517,465</b>	<b>1,795,502</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>1,121,587</b>	<b>1,351,498</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>U</b>	<b>0</b>	<b>0</b>
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>477,475</b>	<b>1,059,458</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>2,116,527</b>	<b>4,206,458</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>48,363</b>	<b>40,292</b>
			Beginning of Current Year
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>583,776</b>	<b>1,685,047</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>381,301</b>	<b>1,442,280</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>202,475</b>	<b>242,767</b>

**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.

<b>Sign Here</b>	Signature of officer <b>AMY FOSTER</b>	Date	
	Type or print name and title <b>CEO</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PAUL E HOROWITZ</b>	Preparer's signature	Date
	Firm's name } <b>FRSCPA, PLLC</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01474269</b>
	Firm's address } <b>1301 66TH ST N SAINT PETERSBURG, FL 33710-5501</b>	Firm's EIN } <b>59-2482214</b>	Phone no. <b>727-347-1120</b>

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

For Paperwork Reduction Act Notice, see the separate instructions.

**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:

**SEE SCHEDULE O**

Public Inspection Copy

**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 \$ **4,053,132** including grants of \$ **1,795,502** ) (Revenue \$ )

**SEE SCHEDULE O**

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

**N/A**

**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 **u 4,053,132**

**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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	<b>13</b>
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	<b>0</b>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

		Yes	No
<b>2a</b>	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 27		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	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)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	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.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

**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
<b>1a</b>	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.		
<b>1a</b>	5		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>1b</b>	5		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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.		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

**AMY FOSTER**

**647 1ST AVE N**

**ST PETERSBURG**

**FL 33701**

**727-582-7916**



**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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) <b>AMY FOSTER</b> ..... CEO	40.00 0.00			X				4,038	0	0
(2) <b>SUSAN MYERS</b> ..... CEO (FORMER)	40.00 0.00			X				110,461	0	0
(3) <b>PAMELA QUALLS</b> ..... PRESIDENT OF BOARD	1.00 0.00	X		X				0	0	0
(4) <b>CARLEN PETERSEN</b> ..... VICE CHAIR	1.00 0.00	X		X				0	0	0
(5) <b>TONY CARUSO</b> ..... TREASURER	1.00 0.00	X		X				0	0	0
(6) <b>KIMBERLY RODGERS</b> ..... SECRETARY	1.00 0.00	X		X				0	0	0
(7) <b>MICK CONSTANTINOU</b> ..... DIRECTOR	1.00 0.00	X						0	0	0
(8)										
(9)										
(10)										
(11)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
<b>1b Subtotal</b> .....							<b>114,499</b>			
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							<b>114,499</b>			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		<b>X</b>

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u** 0

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	4,231,060				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	15,690				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	4,246,750				
	<b>Program Service Revenue</b>	<b>2a</b> .....	Business Code				
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f		<b>u</b>					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>					
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>6a</b>					
		<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>7a</b>					
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>				
		<b>c</b> Gain or (loss)	<b>7c</b>				
	<b>d</b> Net gain or (loss)	<b>u</b>					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
		<b>b</b> Less: direct expenses	<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
	<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
<b>Miscellaneous Revenue</b>	<b>11a</b> .....	Business Code					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>					
<b>12 Total revenue.</b> See instructions	<b>u</b>	4,246,750	0	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	1,795,502	1,795,502		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	115,784	104,206	11,578	
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	1,051,402	946,261	105,141	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	96,514	86,863	9,651	
10 Payroll taxes	87,798	79,018	8,780	
11 Fees for services (nonemployees):				
a Management				
b Legal	4,623		4,623	
c Accounting	13,750	13,750		
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
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.)	70,865	68,117	2,748	
12 Advertising and promotion				
13 Office expenses	70,176	66,515	3,661	
14 Information technology	16,001	14,401	1,600	
15 Royalties				
16 Occupancy	29,997	29,997		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,353	22,353		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,861	3,861		
23 Insurance	7,013	6,312	701	
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 CLIENT ASSISTANCE	398,508	398,508		
b CHILD HOMELESSNESS SUBC	240,990	240,990		
c HOMELESS MGT INFO SYSTEM	153,153	153,153		
d COLD NIGHT SHELTERS	9,733	9,733		
e All other expenses	18,435	13,592	4,843	
25 Total functional expenses. Add lines 1 through 24e	4,206,458	4,053,132	153,326	0
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
<b>Assets</b>	1 Cash—non-interest-bearing	204,493	1	1,195,327
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	347,124	3	449,772
	4 Accounts receivable, net	258	4	9,501
	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	22,038	9	15,667
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 30,977		
	b Less: accumulated depreciation	10b 16,197	9,863	10c 14,780
	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		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)		583,776	16	1,685,047
<b>Liabilities</b>	17 Accounts payable and accrued expenses	13,133	17	13,647
	18 Grants payable	90,749	18	488,622
	19 Deferred revenue	43,003	19	698,996
	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	204,400	24	194,400
	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	30,016	25	46,615
	26 <b>Total liabilities.</b> Add lines 17 through 25		381,301	26
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions	202,475	27	242,767
	28 Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	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	202,475	32	242,767
33 Total liabilities and net assets/fund balances	583,776	33	1,685,047	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>4,246,750</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>4,206,458</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>40,292</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>202,475</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>242,767</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 in Schedule O.		
<b>2a</b>	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		<b>X</b>
<b>2b</b>	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	<b>X</b>	
<b>2c</b>	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.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>X</b>	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<b>X</b>	

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

**u Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**HOMELESS LEADERSHIP ALLIANCE OF  
PINELLAS, INC.**

Employer identification number

**59-2935116**

**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 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 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 331/3% 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 in 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)						
<b>Total</b>						

**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) <b>u</b>	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,198,069	1,784,441	2,121,617	2,164,890	4,246,750	11,515,767
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1,198,069	1,784,441	2,121,617	2,164,890	4,246,750	11,515,767
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4.						11,515,767

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4	1,198,069	1,784,441	2,121,617	2,164,890	4,246,750	11,515,767
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1					1
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	497	251				748
<b>11 Total support.</b> Add lines 7 through 10						11,516,516

**12** Gross receipts from related activities, etc. (see instructions) 12

**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**

<b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.99 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14	<b>15</b>	99.74 %
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;"><input checked="" type="checkbox"/></span>		
<b>b 33 1/3% support test—2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;"><input type="checkbox"/></span>		
<b>17a 10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;"><input type="checkbox"/></span>		
<b>b 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;"><input type="checkbox"/></span>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span style="float: right;"><input type="checkbox"/></span>		



**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) <b>u</b>	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2020.** 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—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 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 12a or 12b in Part I, answer (b) and (c) 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015 .....			
b From 2016 .....			
c From 2017 .....			
d From 2018 .....			
e From 2019 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016 .....			
b Excess from 2017 .....			
c Excess from 2018 .....			
d Excess from 2019 .....			
e Excess from 2020 .....			

**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**

**TEXTILE RECYCLING** \$ **748**

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2020**

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

Name of the organization  
**HOMELESS LEADERSHIP ALLIANCE OF  
PINELLAS, INC.**

Employer identification number  
**59-2935116**

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 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

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

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

Name of organization **HOMELESS LEADERSHIP ALLIANCE OF** Employer identification number **59-2935116**

**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		\$ 156,035	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,985,563	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 385,369	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 644,863	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 507,172	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 348,108	Person <input checked="" 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**

u 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.

u Attach to Form 990.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**HOMELESS LEADERSHIP ALLIANCE OF  
PINELLAS, INC.**

**59-2935116**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements .....	<b>2a</b>
b Total acreage restricted by conservation easements .....	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a) .....	<b>2c</b>
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	<b>2d</b>
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u .....	
4 Number of states where property subject to conservation easement is located u .....	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u .....	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$ .....	
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)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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 .....	u \$ .....
(ii) Assets included in Form 990, Part X .....	u \$ .....
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 .....	u \$ .....
b Assets included in Form 990, Part X .....	u \$ .....

**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 **u** \_\_\_\_\_ %
  - b Permanent endowment **u** \_\_\_\_\_ %
  - c Term endowment **u** \_\_\_\_\_ %
- 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				
b Buildings				
c Leasehold improvements				
d Equipment		30,977	16,197	14,780
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	<b>u</b>			<b>14,780</b>

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>u</b>	

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>u</b>	

**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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>u</b>

**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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) <b>ACCRUED BENEFITS</b>	<b>23,326</b>
(3) <b>ACCRUED PAYROLL</b>	<b>23,289</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>u 46,615</b>

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>4,273,450</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	<b>a</b> Net unrealized gains (losses) on investments	<b>2a</b>		
	<b>b</b> Donated services and use of facilities	<b>2b</b>	<b>26,700</b>	
	<b>c</b> Recoveries of prior year grants	<b>2c</b>		
	<b>d</b> Other (Describe in Part XIII.)	<b>2d</b>		
	<b>e</b> Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>26,700</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>4,246,750</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
	<b>b</b> Other (Describe in Part XIII.)	<b>4b</b>		
	<b>c</b> Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>4,246,750</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>4,233,158</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	<b>a</b> Donated services and use of facilities	<b>2a</b>	<b>26,700</b>	
	<b>b</b> Prior year adjustments	<b>2b</b>		
	<b>c</b> Other losses	<b>2c</b>		
	<b>d</b> Other (Describe in Part XIII.)	<b>2d</b>		
	<b>e</b> Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>26,700</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>4,206,458</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
	<b>b</b> Other (Describe in Part XIII.)	<b>4b</b>		
	<b>c</b> Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>4,206,458</b>

**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 X - FIN 48 FOOTNOTE**

THE ORGANIZATION IS SUBJECT TO THE ACCOUNTING STANDARDS ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT DOES NOT BELIEVE IT HAS TAKEN ANY TAX POSITIONS THAT ARE SUBJECT TO A SIGNIFICANT DEGREE OF UNCERTAINTY. THE ORGANIZATION'S FEDERAL RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED.

**Part XIII** **Supplemental Information** *(continued)*

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**SCHEDULE I  
(Form 990)**

**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.  
u Attach to Form 990.  
u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**HOMELESS LEADERSHIP ALLIANCE OF  
PINELLAS, INC.**

Employer identification number

**59-2935116**

**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?  Yes  No
- 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>DIRECTIONS FOR LIVING 1437 S. BELCHER RD. CLEARWATER FL 33704</b>	<b>59-2092715</b>	<b>501C3</b>	<b>1,495,502</b>		<b>CASH</b>	<b>N/A</b>	<b>HOMELESS SERVICES</b>
(2)	<b>SOCIETY OF ST. VINCENT DE PAUL 384 15TH STREET NORTH ST PETERSBURG FL 33705</b>	<b>59-2380770</b>	<b>501C3</b>	<b>300,000</b>		<b>CASH</b>	<b>N/A</b>	<b>HOMELESS SERVICES</b>
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 2**
- 3 Enter total number of other organizations listed in the line 1 table **u 0**

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

Schedule I (Form 990) (2020)

**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					
2					
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**

<b>SCHEDULE I (Form 990)</b>	<b>Supplemental Information</b>		<b>2020</b>
	For calendar year 2020, or tax year beginning <b>10/01/20</b> , and ending <b>09/30/21</b>		

Name of the organization	<b>HOMELESS LEADERSHIP ALLIANCE OF PINELLAS, INC.</b>	Employer identification number	<b>59-2935116</b>
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Public Inspection Copy

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

CLOSE SCRUTINY OF ALL INVOICES OR REQUESTS FOR PAYMENT OF SUBCONTRACT OR SUB-GRANTEE FUNDS IS DONE BY THE DIRECTOR OF FINANCE AS PART OF THE ONGOING MONITORING OF SUBCONTRACT OR SUB-GRANT PERFORMANCE. THE DIRECTOR OF FINANCE ENSURES THAT ALL SUPPORTING DOCUMENTATION IS ATTACHED BEFORE THE INVOICE IS SUBMITTED FOR REVIEW AND APPROVAL. NO INVOICES OR REQUESTS FOR PAYMENT ARE APPROVED FOR PAYMENT UNTIL ANY CONCERNS OR QUESTIONS ARE RESOLVED; ALL SUCH REQUESTS FROM THE DIRECTOR OF FINANCE MUST BE REVIEWED AND APPROVED THROUGH THE NORMAL INVOICE PROCESS, WITH FINAL CHECK SIGNATURES BY THE CEO AND/OR BOARD OFFICER. OTHER ITEMS MONITORED ARE STANDARD ACROSS ALL SUBCONTRACTS AND SUB-GRANTS: CLIENT VERIFICATIONS, EXPENSE VERIFICATIONS, ACTUAL PERFORMANCE TO CONTRACTED PERFORMANCE, ACCURACY AND TIMELINESS OF REPORTS, A SAMPLE OF CLIENT FILES, AND THE ITEMS ON THE DOCUMENT CHECK LIST (IF APPLICABLE).



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization	<b>HOMELESS LEADERSHIP ALLIANCE OF PINELLAS, INC.</b>	Employer identification number <b>59-2935116</b>
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**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

COORDINATION OF LOCAL NON-PROFIT, FAITH-BASED & GOVT ORGANIZATIONS TO PROVIDE ASSISTANCE TO HOMELESS INDIVIDUALS AND FAMILIES IN PINELLAS COUNTY. SECURE FEDERAL & STATE FUNDS THAT IS SUBCONTRACTED TO HOMELESS PROVIDERS FOR ACTION. COORDINATE SPECIAL DIRECT-SERVICE EVENTS SUCH AS ANNUAL HOMELESS POINT IN TIME SURVEY & COLD NIGHT SHELTER PROGRAM

**FORM 990 - ORGANIZATION'S MISSION**

MISSION: THE HOMELESS LEADERSHIP ALLIANCE OF PINELLAS (HLA) STRIVES TO PREVENT, DIVERT, AND END HOMELESSNESS IN PINELLAS COUNTY BY PROVIDING LEADERSHIP TO COMMUNITY PARTNERS AND STAKEHOLDERS IN THE PLANNING, IMPLEMENTATION, AND ALIGNMENT OF THE COMMUNITY-WIDE CRISIS RESPONE SYSTEM. VISION: THE VISION OF THE HLA IS TO ENSURE THAT HOMELESSNESS IS RARE, BRIEF, AND A ONE-TIME EXPERIENCE.

**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

SINCE 1988, THE HLA HAS SERVED AS THE CONTINUUM OF CARE (COC) LEAD AGENCY & SINCE 2017 IS THE LEAD AGENCY FOR HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS). THE HLA SERVES AS THE LEAD ENTITY IN HOMELESS SERVICES TO IDENTIFY NEEDS AND GAPS & STRATEGICALLY ALIGN RESOURCES TO BEST MEET LOCAL NEEDS. WE CONVENE STAKEHOLDERS FOR POLICY SETTINGS & PROBLEM SOLVING FOR LOCAL GOVERNMENTS & FUNDERS & PROVIDE SYSTEM-WIDE ACCOUNTABILITY THROUGH A MONITORING PROCESS TO DETERMINE IF SERVICES ARE EFFECTIVE & EFFICIENT. WE CONDUCT AN ANNUAL COUNT & MAINTAIN THE INVENTORY OF BEDS AND SERVICES. USING THIS DATA, WE EMPLEMENT STRATEGIES THAT CAN REDUCE THE NUMBER OF

Name of the organization	Employer identification number
HOMELESS LEADERSHIP ALLIANCE OF	59-2935116

PEOPLE COMING INTO THE HOMELESS SYSTEM, SUCH AS DIVERSION/PREVENTION, & IMPLEMENT THE COORDINATED ENTRY SYSTEM TO ENSURE THOSE RE-HOUSED ARE THE MOST VULNERABLE. LAST FISCAL YEAR 19,152 UNDUPLICATED RESIDENTS WERE PROVIDED SERVICES TO ADDRESS OR PREVENT HOMELESSNESS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS, THE ORGANIZATION'S GOVERNING BODY, PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ANY MEMBER OF THE BOARD OF DIRECTORS MUST DECLARE A CONFLICT OF INTEREST BEFORE A VOTE IS TAKEN, AND THE CONFLICT IS NOTED IN THE MINUTES. POTENTIAL CONFLICTS ARE MONITORED BY THE PRESIDENT AND CEO.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE COMPENSATION FOR THE CEO AND OTHER KEY STAFF MEMBERS IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS AS PART OF ITS BUDGETING PROCESS. IF FUNDS ARE AVAILABLE, AND THE BOARD DETERMINES THAT THE CEO'S COMPENSATION PACKAGE SHOULD BE CHANGED BASED ON COMPARISON WITH OTHER LOCAL ORGANIZATIONS, THEN THE BOARD APPROVES A SALARY RANGE WITHIN WHICH THE PRESIDENT MAY SET A NEW SALARY BASED ON PERFORMANCE REVIEWS. IF FUNDS ARE AVAILABLE AND THE BOARD DETERMINES THAT THE COMPENSATION PACKAGE FOR OTHER STAFF SHOULD BE CHANGED BASED ON COMPARISONS WITH OTHER LOCAL ORGANIZATIONS THEN THE BOARD APPROVES A SALARY RANGE WITHIN WHICH THE CEO MAY SET A NEW SALARY BASED ON PERFORMANCE REVIEW.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

Name of the organization <b>HOMELESS LEADERSHIP ALLIANCE OF</b>	Employer identification number <b>59-2935116</b>
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NO OTHER KEY EMPLOYEES OR COMPENSATED OFFICERS.

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FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE GOVERNING DOCUMENTS OF THE ORGANIZATION ARE AVAILABLE ON THE

ORGANIZATION'S WEBSITE. ALL BOARD OF DIRECTORS AND GENERAL MEMBERSHIP

MEETING AGENDA MATERIALS AND MINUTES ARE ALSO POSTED ON THE WEBSITE;

MEETING MATERIALS ARE POSTED PRIOR TO THE MEETING FOR ALL TO REVIEW. MAJOR

POLICIES OF THE ORGANIZATION ARE POSTED ON THE WEBSITE. FINANCIAL

STATEMENTS ARE AVAILABLE AS PART OF THE BOARD DIRECTOR'S AGENDA PACKAGES.



March 4, 2022

To the Board of Directors and management  
Homeless Leadership Alliance of Pinellas, Inc.

In planning and performing our audit of the financial statements of Homeless Leadership Alliance of Pinellas, Inc. as of and for the year ended September 30, 2021, in accordance with auditing standards generally accepted in the United States of America, we considered Homeless Leadership Alliance of Pinellas, Inc.'s internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Homeless Leadership Alliance of Pinellas, Inc.'s internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Organization's financial statements will not be prevented, or detected and corrected, on a timely basis.

Our consideration of internal control was for the limited purpose described in the first paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

This communication is intended solely for the information and use of management, and the Organization's Board of Directors, and others within the Organization, and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,



FRSCPA, PLLC  
St. Petersburg, Florida



March 4, 2022

To the Board of Directors and management  
Homeless Leadership Alliance of Pinellas, Inc.

We have substantially completed our audit of the financial statements of Homeless Leadership Alliance of Pinellas, Inc. ("Organization") for the year ended September 30, 2021, and have issued our report thereon on March 4, 2022. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, Government Auditing Standards and the Uniform Guidance, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our engagement letter dated November 2, 2021. Professional standards also require that we communicate to you the following information related to our audit.

### **Significant Audit Findings**

#### *Qualitative Aspects of Accounting Practices*

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Organization are described in Note 2 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during fiscal year 2021. We noted no transactions entered into by the Organization during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements were:

- Allocations of rent, in-kind rent and depreciation by square footage for the statement of functional expenses.

The financial statement disclosures are neutral, consistent, and clear.

### *Difficulties Encountered in Performing the Audit*

We encountered no significant difficulties in dealing with management in performing and completing our audit.

### *Corrected and Uncorrected Misstatements*

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements.

### *Disagreements with Management*

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

### *Management Representations*

We have requested certain representations from management that are included in the management representation letter.

### *Management Consultations with Other Independent Accountants*

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Organization's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

### *Other Audit Findings or Issues*

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Organization's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

This information is intended solely for the use of the Board of Directors and management of Homeless Leadership Alliance of Pinellas, Inc. and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,

FRSCPA, PLLC  
St. Petersburg, Florida

# Homeless Leadership Alliance of Pinellas, Inc.

## Financial Statements

September 30, 2021

(With Summarized Financial Information for September 30, 2020)



# Homeless Leadership Alliance of Pinellas, Inc.

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## Independent Auditors' Report

Board of Directors  
Homeless Leadership Alliance of Pinellas, Inc.

We have audited the accompanying financial statements of Homeless Leadership Alliance of Pinellas, Inc. (a nonprofit organization), which comprise the statements of financial position as of September 30, 2021 and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the Organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Homeless Leadership Alliance of Pinellas, Inc. as of September 30, 2021, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

## **Other Matters**

### **Other information**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

### **Other Reporting Required by Government Auditing Standards**

In accordance with *Government Auditing Standards*, we have also issued our report dated February 24, 2022 on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

### **Report on Summarized Comparative Information**

We have previously audited the Organization's 2020 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated February 10, 2021. In our opinion, the summarized comparative information presented herein as of and for the year ended September 30, 2020 is consistent, in all material respects, with the audited financial statements from which it has been derived.



St. Petersburg, Florida

February 24, 2022

**Homeless Leadership Alliance of Pinellas, Inc.**  
**Statement of Financial Position**  
**September 30, 2021 and 2020**

<i>September 30,</i>	<b>2021</b>	<b>2020</b>
<b><u>ASSETS</u></b>		
Current Assets:		
Cash	\$ 1,195,327	\$ 204,493
Grants receivable	449,772	347,124
Prepaid assets	15,667	22,038
Other assets	9,501	258
<b>Total current assets</b>	<b>1,670,267</b>	<b>573,913</b>
Equipment, net of accumulated depreciation	14,780	9,863
<b>Total assets</b>	<b>\$ 1,685,047</b>	<b>\$ 583,776</b>
<b><u>LIABILITIES AND NET ASSETS</u></b>		
Current Liabilities:		
Accounts payable and accrued expenses	\$ 13,647	\$ 13,133
Grants payable	488,622	90,749
Accrued payroll	23,289	12,061
Accrued benefits	23,326	17,955
Deferred revenue	698,996	43,003
Current portion of loan payable	107,193	117,193
<b>Total current liabilities</b>	<b>1,355,073</b>	<b>294,094</b>
PPP loan payable, net of current portion	87,207	87,207
<b>Total liabilities</b>	<b>1,442,280</b>	<b>381,301</b>
<b>Net assets</b>		
Without donor restrictions:		
Operating	198,767	158,475
Board designated for working capital	44,000	44,000
Total without donor restrictions	242,767	202,475
With donor restrictions	-	-
<b>Total net assets</b>	<b>242,767</b>	<b>202,475</b>
<b>Total liabilities and net assets</b>	<b>\$ 1,685,047</b>	<b>\$ 583,776</b>

The accompanying notes are an integral part of these financial statements

**Homeless Leadership Alliance of Pinellas, Inc.**  
**Statement of Activities**  
**Year ended September 30, 2021**  
**(With Summarized Financial Information for the Year Ended September 30, 2020)**

<i>Year ended September 30,</i>	<b>2021</b>	<b>2020</b>
<b>Unrestricted revenue and other support:</b>		
Grant revenue	\$ 4,231,060	\$ 2,155,824
In-kind donations	26,700	27,535
Contributions and other	15,690	8,231
<b>Total unrestricted revenue and other support</b>	<b>4,273,450</b>	<b>2,191,590</b>
<b>Expenses:</b>		
Program services	4,075,481	1,934,747
Management and general	157,677	208,480
<b>Total expenses</b>	<b>4,233,158</b>	<b>2,143,227</b>
<b>Change in net assets</b>	<b>40,292</b>	<b>48,363</b>
<b>Net assets, beginning of year</b>	<b>202,475</b>	<b>154,112</b>
<b>Net assets, end of year</b>	<b>\$ 242,767</b>	<b>\$ 202,475</b>

The accompanying notes are an integral part of these financial statements

**Homeless Leadership Alliance of Pinellas, Inc.**  
**Statement of Functional Expenses**  
**Year ended September 30, 2021**  
**(With Summarized Financial Information for the Year Ended September 30, 2020)**

	Program Services	Management and General	Total Expenses	
			2021	2020
Salaries	\$ 1,050,467	\$ 116,719	\$ 1,167,186	\$ 950,805
Payroll taxes	79,018	8,780	87,798	69,441
Employee insurance	86,863	9,651	96,514	99,154
Retirement	-	-	-	2,187
Payroll processing	24,735	2,748	27,483	20,186
<b>Total salaries and related expenses</b>	<b>1,241,083</b>	<b>137,898</b>	<b>1,378,982</b>	<b>1,141,773</b>
Emergency Solutions expenses	1,453,676	-	1,453,676	185,389
TANF subrecipient expenses	41,826	-	41,826	33,547
Family Bridge subcontract expense	300,000	-	300,000	298,529
Homeless management information system	153,153	-	153,153	110,362
Childhood homelessness subcontract	240,990	-	240,990	21,180
Program materials	7,521	-	7,521	10,291
Client assistance	398,508	-	398,508	126,854
Annual PIT survey	-	-	-	20,281
Cold night shelters	9,733	-	9,733	-
Homeless memorial service	500	-	500	500
Housing search website	926	-	926	926
Grant writing and consulting	43,382	-	43,382	25,823
Accounting and auditing	13,750	-	13,750	13,500
Legal fees	-	4,623	4,623	15,499
In-kind rent and utilities	24,030	2,670	26,700	26,700
Rent	11,532	-	11,532	11,532
Telephone and internet	16,784	1,681	18,465	16,484
IT and web support	14,401	1,600	16,001	15,919
Insurance	6,312	701	7,013	6,251
Printing and copying	6,339	-	6,339	6,711
Office supplies	28,832	178	29,010	18,268
Memberships and subscriptions	31,344	3,483	34,827	11,795
Conferences, meetings and travel	22,353	-	22,353	19,062
Other	4,645	4,843	9,488	3,077
<b>Total expenses before depreciation</b>	<b>4,071,620</b>	<b>157,677</b>	<b>4,229,297</b>	<b>2,140,253</b>
Depreciation	3,861	-	3,861	2,974
<b>Total expenses</b>	<b>\$ 4,075,481</b>	<b>\$ 157,677</b>	<b>\$ 4,233,158</b>	<b>\$ 2,143,227</b>

The accompanying notes are an integral part of these financial statements

**Homeless Leadership Alliance of Pinellas, Inc.**  
**Statements of Cash Flows**  
**Years ended September 30, 2021 and 2020**

	<u>2021</u>	<u>2020</u>
<b>Cash flows from operating activities:</b>		
Change in net assets	\$ 40,292	\$ 48,363
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Depreciation	3,861	2,974
(Increase) decrease in assets:		
Grants receivable	(102,648)	(94,988)
Prepaid expenses	6,371	(2,858)
Other assets	(9,243)	39
Increase (decrease) in liabilities:		
Accounts payable	514	(19,559)
Grants payable	397,873	(26,219)
Accrued payroll	11,228	(32,756)
Accrued benefits	5,371	(3,879)
Deferred revenue	655,993	(12,414)
<b>Net cash provided by (used in) operating activities</b>	<b>1,009,612</b>	<b>(141,297)</b>
<b>Cash flows from investing activities:</b>		
Property and equipment purchases	(8,778)	(5,255)
<b>Net cash used in investing activities</b>	<b>(8,778)</b>	<b>(5,255)</b>
<b>Cash flows from financing activities:</b>		
Change in note payable, EIDL	(10,000)	10,000
Proceeds from PPP note payable	-	194,400
<b>Net cash (used in) provided by financing activities</b>	<b>(10,000)</b>	<b>204,400</b>
<b>Net change in cash</b>	<b>990,834</b>	<b>57,848</b>
<b>Cash, beginning of year</b>	<b>204,493</b>	<b>146,645</b>
<b>Cash, end of year</b>	<b>\$ 1,195,327</b>	<b>\$ 204,493</b>

The accompanying notes are an integral part of these financial statements

# Homeless Leadership Alliance of Pinellas, Inc.

## Notes to financial statements September 30, 2021 and 2020

### 1. Nature of Organization

Homeless Leadership Alliance of Pinellas, Inc., (“HLA” or the "Organization") is the entity designated as the Pinellas County Continuum of Care, FL 502 (CoC). The Organization is a Florida Corporation established in 1988 and is a community based not-for-profit that was organized to address the issue of homelessness. Membership is composed of representatives from relevant service provider organizations, governments, and community members from throughout Pinellas County. This entity serves as the U.S. Department of Housing and Urban Development's (HUD) recognized decision making body for the Continuum rule 24 CFR 578, Subpart B, entitled "Establishing and Operating a Continuum of Care" [578.5(a)]. The geographical area currently covered by the Pinellas County CoC includes the incorporated and unincorporated areas of Pinellas County, Florida.

The Organization’s membership, as described above, was changed to become a separate, unincorporated entity called the FL-502-St Petersburg, Clearwater, Largo/Pinellas County Continuum of Care (“Pinellas CoC”). The Pinellas CoC is now the HUD Continuum of Care recognized decision making body and will be responsible for designating a lead agency to serve as the Collaborative Applicant to apply for HUD funding. Under a memorandum of understanding through December 31, 2023, HLA will serve as the lead agency for the Pinellas CoC. The memorandum of understanding is effective from July 10, 2020 through July 9, 2023. HLA formed a new board of directors in January 2020 to serve as HLA’s governing body.

The mission of HLA is to strive to prevent, divert, and end homelessness in Pinellas County by providing leadership to community partners and stakeholders in the planning, implementation, and alignment of a community-wide crisis response system. The vision of HLA is to ensure that homelessness is rare, brief and nonrecurring.

To maximize effectiveness, HLA works in collaboration with other local, state and federal partners to accomplish the following: 1) help create integrated, Statewide and CoC strategies and plans to prevent and end homelessness; 2) provide coordination among the many local organizations and initiatives that serve people experiencing homelessness across the CoC's geographical area; 3) administer the CoC's Homeless Management Information System (HMIS); and; 4) prepare the consolidated grant application to HUD for the CoC Program.

HLA works to understand and address homelessness through locally and State-driven, collaborative processes that include inter-governmental meetings, attendance at local homeless-related meetings, participation in homeless events, participation in community housing initiatives; as well as diligence in meeting the goals of HUD and the United States Interagency Council on Homelessness.



# Homeless Leadership Alliance of Pinellas, Inc.

## Notes to financial statements September 30, 2021 and 2020

HLA's programs and involvements, including services provided by subrecipients, include:

- Oversight of the CoC's homeless emergency response system of care.
- Administering the process for Coordinated Entry into permanent housing solutions.
- Monitoring all recipients of HUD CoC and State of Florida homeless funding.
- Manage, analyze, and report on all CoC homeless related data.
- Providing technical assistance to homeless services providers.
- Engaging in Community Awareness outreach, training, and other related activities.
- Provides direct client services to homeless clients in the areas of diversion, prevention and housing location.

Funding is provided primarily by grants through the Florida Department of Children and Families, other governmental agencies, and contributions from the public-at-large. Grant funding is primarily contracted on a year-to-year basis. There are no assurances of continued funding (see Note 8).

## 2. Summary of Significant Accounting Policies and Practices

### *(a) Basis of Accounting*

The Organization's financial statements are presented in accordance with the guidance issued by FASB as codified in ASC Topic 958-210. The financial statements of the Organization have been prepared on the accrual basis. Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. In the accompanying financial statements, net assets that have similar characteristics have been combined into similar categories as follows:

Net Assets Without Donor Restrictions – Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions. The governing board has designated, from net assets without donor restrictions, net assets for a working capital reserve.

Net Assets With Donor Restrictions – Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

# Homeless Leadership Alliance of Pinellas, Inc.

## Notes to financial statements

September 30, 2021 and 2020

Revenue is reported as increases in net assets without donor restrictions unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in net assets without donor restrictions. State and local grants are considered exchange transactions and are recorded as revenue without restrictions when earned.

Contributions received with donor-imposed restrictions that are met in the same year as received are reported as revenue of the unrestricted net asset class. Contributions are recognized when the donor makes a promise to give to the Organization, that is, in substance, unconditional.

**(b) Cash and Cash Equivalents**

The Organization considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents. The Organization places its cash with a high quality financial institution. At times, cash may be in excess of FDIC insurance limits. The Organization does not believe it is exposed to any significant credit risk on cash.

**(c) Grants Receivable**

Grants receivable represents qualified grant expenses incurred that have not yet been reimbursed. Management considers grants receivable to be fully collectible; accordingly, no allowance for doubtful accounts is required.

**(d) Equipment**

Equipment is stated at cost, if purchased, or at estimated fair value at the date of receipt if acquired by gift. Depreciation is calculated using the straight-line method over the estimated useful lives of the respective assets. Assets are capitalized when the purchase price or estimated fair value exceeds \$2,500 and the estimated useful life is more than one year. Maintenance, repairs, and minor renewals are expensed as incurred. It is the policy of the Organization to maintain all property and equipment in good condition.

Property acquired with governmental funds is considered to be owned by the Organization while used in the program for which it was purchased or in future authorized programs; however, its disposition as well as the ownership of any proceeds therefrom is subject to applicable regulations.

**(e) Accrued Benefits**

Accrued benefits represent vested paid time off. Paid time off is charged as an expense in the period in which it is earned by the employee.

# Homeless Leadership Alliance of Pinellas, Inc.

## Notes to financial statements September 30, 2021 and 2020

**(f) *PPP Loan Payable***

The Organization has elected to record the Paycheck Protection Program (“PPP”) loan as a loan payable. Loan forgiveness will be recognized when and if the conditions for forgiveness are met and the forgiveness is approved by the lender and SBA.

**(g) *Donated Services and Materials***

Donated services are recorded at their estimated fair value if the services received create or enhance non-financial assets or the services require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation.

**(h) *Functional Allocation of Expenses***

The costs of providing the various program and other activities have been summarized on a functional basis in the statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited based on direct usage or management's estimates of the benefit derived by each activity. The expenses that are allocated include rent, in-kind rent and utilities, and depreciation which are allocated on a square footage basis.

**(i) *Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of increases or decreases in net assets during the period. Actual results could differ from those estimates.

**(j) *Income Taxes***

The Organization is exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and from state income taxes under similar provisions of the Florida Income Tax Code. Accordingly, no provision for income taxes has been included in the accompanying financial statements. The Organization is subject to the accounting standards on accounting for uncertainty in income taxes. Management does not believe it has taken any tax positions that are subject to a significant degree of uncertainty. The Organization's federal returns are generally open for examination for three years following the date filed.

# Homeless Leadership Alliance of Pinellas, Inc.

## Notes to financial statements September 30, 2021 and 2020

### *(k) Summarized Financial Information for 2020*

The financial information for the year ended September 30, 2020, presented for comparative purposes, is not intended to be a complete presentation.

### *(l) Fair Value of Financial Instruments*

The fair value of the Organization's financial instruments which include cash, grants receivable, accounts payable, and other short-term assets and liabilities are equal to their carrying amounts as presented in the accompanying statements of financial position.

### 3. Equipment

Equipment consists of the following at September 30, 2021 and 2020:

<u>September 30,</u>	<u>2021</u>	<u>2020</u>
Computers and equipment	\$ 30,977	\$ 22,199
Less: accumulated depreciation	(16,197)	(12,336)
	<u>\$ 14,780</u>	<u>\$ 9,863</u>

### 4. Liquidity

The Organization maintains a policy of structuring its financial assets to be available as its general expenditures, liabilities and other obligations come due. The Organization's financial assets available within one year of the balance sheet date for general expenditure are as follows:

<u>September 30,</u>	<u>2021</u>
Cash and cash equivalents	\$ 1,195,327
Grants receivable	449,772
	<u>\$ 1,645,099</u>

The financial assets above have been reduced by amounts not available for general use because of donor imposed restrictions within one year of the balance sheet date. To help manage unanticipated liquidity needs, the Organization has a line of credit in the amount of \$100,000, which it could draw upon for additional liquidity.

# Homeless Leadership Alliance of Pinellas, Inc.

## Notes to financial statements September 30, 2021 and 2020

### 5. Line of Credit

The Organization has a line of credit facility with a bank, which had zero outstanding as of September 30, 2021. The line of credit permits borrowings up to \$100,000, bearing interest at the prime rate plus 1% (4.25% at September 30, 2021) and is due July 22, 2022. The line of credit is secured by all business assets.

### 6. Loans Payable

#### Economic Injury Disaster Loan (EIDL) Loan

The Organization had received \$10,000 in the form of an Economic Injury Disaster Loan (EIDL) under the pre-existing Small Business Administration loan program as of September 30, 2020. This note was repaid in November 2020.

#### Paycheck Protection Program (PPP) Loan

The Organization had received loan proceeds of \$194,400 under the Paycheck Protection Program (“PPP”) on May 1, 2020. The PPP, established as part of the Coronavirus Aid, Relief and Economic Security Act (“CARES Act”), provides for loans to qualifying businesses for amounts up to 2.5 times of the average monthly payroll expenses of the qualifying business. The loan and accrued interest are forgivable after 8 weeks or 24 weeks, as elected by the Organization, as long as the borrower uses the loan proceeds for eligible purposes including payroll, benefits, rent and utilities, and maintains its payroll levels. The amount of loan forgiveness will be reduced if the borrower terminates employees or reduces salaries during the covered period.

The Organization has applied for partial forgiveness of the loan in the amount of \$6,800 and an extension of the payback period from 2 to 5 years. The SBA is currently reviewing these applications. Consequently, management has recorded a current portion of this loan as of September 30, 2021 in the amount of \$107,193 with accrued interest of \$3,984..

### 7. Retirement Plan

The Organization adopted a 401(k) Plan effective December 31, 2017. Beginning January 1, 2020, the Organization did not make matching contributions. During the year ended September 30, 2020, total retirement plan contribution expense was \$2,187.

# Homeless Leadership Alliance of Pinellas, Inc.

## Notes to financial statements September 30, 2021 and 2020

### 8. Grant Revenue

The Organization receives support from several grantors under various contracts. For the years ended September 30, grant revenue consisted of the following:

<b>Grantor</b>	<b>2021</b>	<b>2020</b>
Department of Children and Families	\$ 1,985,563	\$ 501,365
Department of Housing and Urban Development	507,172	512,192
Eviction Diversion - CARES	348,108	–
Pinellas County	644,863	664,378
St. Vincent DePaul	156,035	144,452
Foundation for a Healthy St. Petersburg	13,604	14,861
City of Pinellas Park	58,655	58,655
City of St. Petersburg	385,369	158,664
Juvenile Welfare Board	43,000	45,000
City of Clearwater	25,000	25,000
City of Largo	9,923	9,377
Housing Authorities	3,157	–
City of Tarpon Springs	–	3,000
Other	50,611	18,880
	<b>\$ 4,231,060</b>	<b>\$ 2,155,824</b>

### 9. In-Kind Revenue and Expense

Certain services are provided to the Organization gratis or at a cost substantially less than fair market value. The difference between that actual charge and the estimated fair market value is reflected as in-kind revenue and expense in the accompanying financial statements. In-kind income and expense for the year ended September 30, 2021 and 2020 represents donated office space of \$26,700 in each year and in-kind professional services of \$0 and 835, respectively. The donated office space is provided by Pinellas County thru September 30, 2023..

Additionally, volunteers have donated substantial time to the Organization in various capacities. However, these services are not reflected in the financial statements since the services do not require specialized skills.

The value of other contributed services meeting the requirements for recognition in the financial statements was not material and has not been reflected in the financial statements.

# Homeless Leadership Alliance of Pinellas, Inc.

## Notes to financial statements September 30, 2021 and 2020

### 10. Operating Leases

The Organization leases additional office space through March 31, 2022 as well as specific office equipment under an operating lease expiring July 31, 2024. Total rent expense on these leases was approximately \$16,256 for the year ended September 30, 2021. The following is a schedule of future lease payments:

Year ended September 30,	
2022	\$ 10,490
2023	4,724
2024	<u>3,937</u>
Total minimum lease payments	\$ <u>19,151</u>

### 11. Concentrations

For the year ended September 30, 2021, the Organization's revenue funding sources was concentrated as follows:

Florida Department of Children and Families	47%
U.S. Department of Housing and Urban Development	12%
Pinellas County	15%

### 12. Related Parties

Several entities funded under the Organization's grant agreements have members serving on the Organization's Board of Directors. Board members requesting funding under the Organization's grant agreements do not participate in funding decisions related to their organizations. Also, previously homeless or homeless Board members receive \$30 per board meeting.

### 13. Commitments and Contingencies

The Organization may be subject to audit examination by funding sources to determine compliance with grant conditions. In the event that expenditures would be disallowed, repayment could be required. Management believes the Organization is in compliance with the terms of its grant agreements.

**Homeless Leadership Alliance of Pinellas, Inc.**  
**Notes to financial statements**  
**September 30, 2021 and 2020**

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**14. Subsequent Events**

Management has evaluated subsequent events through February 24, 2022, the date which the financial statements were available for issue.



**SUPPLEMENTARY INFORMATION  
AND OTHER REPORTS**

**Homeless Leadership Alliance of Pinellas, Inc.**  
**Schedule of Expenditures of Federal Awards**  
**September 30, 2021**

<i>Year ended September 30, 2021</i>	Federal AL#	Pass-Through Identifying Number	Pass-Through to Subrecipients	Expenditures
<b>Federal Program</b>				
<b>U.S. Department of Housing and Urban Development</b>				
Continuum of Care Program	14.267	FL0043L4H021912	\$ -	\$ 219,666
Continuum of Care Program	14.267	FL0550L4H021904	-	167,186
Continuum of Care Program	14.267	FL0765L4H021900	-	120,320
				<u>507,172</u>
<b>Passed through Florida Department of Children and Families</b>				
Emergency Solutions Grant Program	14.231	QPZ06-FY7/19-6/20	137,036	140,550
Emergency Solutions Grant Program	14.231	QPZ06-FY7/20-6/21	20,739	21,270
Emergency Solutions Grant - CV1	14.231	QPZ06-10/20-9/22	902,843	926,766
Emergency Solutions Grant - CV2	14.231	QPZ06-5/21-6/22	393,058	586,606
			<u>1,453,676</u>	<u>1,675,192</u>
<b>Passed through City of St. Petersburg, FL</b>				
Emergency Solutions Grant Program	14.231	N/A	-	56,477
Subtotal - U.S. Department of Housing and Urban Development			1,453,676	2,238,841
<b>U.S. Department of Treasury</b>				
<b>Passed through Pinellas County, Florida</b>				
Coronavirus Relief Fund - Eviction Diversion	21.019	N/A	-	348,108
<b>U.S. Department of Veterans Affairs</b>				
Passed through Society of St. Vincent DePaul South Pinellas, Inc.				
VA Supportive Services for Veteran's Families Program	64.033	N/A	-	156,035
<b>U.S. Department of Health and Human Services</b>				
Passed through Florida Department of Children and Families				
TANF Cluster				
Temporary Assistance for Needy Families (TANF)	93.558	QPZ06-FY7/20-6/21	29,094	29,094
Temporary Assistance for Needy Families (TANF)	93.558	QPZ06-FY7/21-6/22	12,732	12,732
Subtotal - U.S. Department of Health and Human Services			<u>41,826</u>	<u>41,826</u>
			<u>\$ 1,495,502</u>	<u>\$ 2,784,810</u>

# Homeless Leadership Alliance of Pinellas, Inc.

## Schedule of Expenditures of Federal Awards

### September 30, 2021

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#### 1. Basis of Presentation

The accompanying Schedule of Expenditures of Federal Awards (the "Schedule") includes the federal grant activity of Homeless Leadership Alliance of Pinellas, Inc. under programs of the federal government for the year ended September 30, 2021. The information in this Schedule is presented in accordance with the requirements of Subpart F Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Homeless Leadership Alliance of Pinellas, Inc., it is not intended to and does not present the financial position, changes in net assets or cash flows of Homeless Leadership Alliance of Pinellas, Inc.

#### 2. Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Subpart F Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

#### 3. Indirect Costs

Homeless Leadership Alliance of Pinellas, Inc. did not to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

#### 4. Contingencies

Expenditures incurred by Homeless Leadership Alliance of Pinellas, Inc. are subject to audit and possible disallowance by the federal grantor agencies. Management believes that, if audited, any adjustment for disallowed expenses would be immaterial.

#### 5. Related Parties

Several entities funded under the Organization 's grant agreements have members serving on the Organization's Board of Directors. Board members requesting funding under the Organization's grant agreements do not participate in funding decisions related to their organizations.

# **Homeless Leadership Alliance of Pinellas, Inc.**

## **Schedule of Findings and Questions Costs**

### **September 30, 2021**

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#### **A. Summary of Auditor's Results**

1. The independent auditors' report expresses an unmodified opinion on the financial statements of Homeless Leadership Alliance of Pinellas, Inc.
2. No material weaknesses relating to the audit of the financial statements are reported in the Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards.
3. No instances of noncompliance material to the financial statements of Homeless Leadership Alliance of Pinellas, Inc., which would be required to be reported in accordance with Government Auditing Standards, were disclosed during the audit.
4. No significant deficiencies relating to the audit of the major federal award program are reported in the Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by the Uniform Guidance.
5. The independent auditors' report on compliance for the major federal award program of Homeless Leadership Alliance of Pinellas, Inc. expresses an unmodified opinion.
6. Audit findings that are required to be reported in accordance with 2 CFR section 200.5 1 6(a) are reported in this Schedule.
7. The programs tested as major programs were:
  - Emergency Solutions Grant (AL No. 14.231)
8. The threshold for distinguishing Types A and B programs was \$750,000.
9. Homeless Leadership Alliance of Pinellas, Inc. was determined to be a low-risk auditee.

#### **B. Findings – Audit of Financial Statements**

None.

#### **C. Findings and Questions Costs – Major Federal Award Program Audit**

None.

#### **D. Summary Schedule of Prior Audit Findings**

None.



**Independent Auditors' Report on Internal Control over Financial Reporting and on  
Compliance and Other Matters Based on an Audit of Financial Statements  
Performed in Accordance with *Government Auditing Standards***

The Board of Directors  
Homeless Leadership Alliance of Pinellas, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States, the financial statements of Homeless Leadership Alliance of Pinellas, Inc. (a nonprofit organization) which comprise the statement of financial position as of September 30, 2021, and the related statements of activities, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated February 24, 2022.

**Internal Control over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Homeless Leadership Alliance of Pinellas, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of the Homeless Leadership Alliance of Pinellas, Inc.'s internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of the internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

**Compliance and Other Matters**

As part of obtaining reasonable assurance about whether Homeless Leadership Alliance of Pinellas, Inc.'s financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

**Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the result of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

FRSCPA, PLLC

St. Petersburg, Florida  
February 24, 2022



**Independent Auditor's Report on Compliance for Each Major Program  
and on Internal Control Over Compliance Required by the Uniform Guidance**

Board of Directors  
Homeless Leadership Alliance of Pinellas, Inc.  
St. Petersburg, Florida

**Report on Compliance for Each Major State Project**

We have audited Homeless Leadership Alliance of Pinellas, Inc.'s compliance with the types of compliance requirements described in the *OMB Compliance Supplement*, that could have a direct and material effect on each of Homeless Leadership Alliance of Pinellas, Inc.'s major federal programs for the year ended September 30, 2021. Homeless Leadership Alliance of Pinellas, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

**Management's Responsibility**

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

**Auditor's Responsibility**

Our responsibility is to express an opinion on compliance for each of Homeless Leadership Alliance of Pinellas, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Homeless Leadership Alliance of Pinellas, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Homeless Leadership Alliance of Pinellas, Inc.'s compliance.

### **Opinion on Each Major State Project**

In our opinion, Homeless Leadership Alliance of Pinellas, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2021.

### **Report on Internal Control Over Compliance**

Management of Homeless Leadership Alliance of Pinellas, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Homeless Leadership Alliance of Pinellas, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Homeless Leadership Alliance of Pinellas, Inc.'s internal control over compliance.

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

*FRSCPA, PLLC*

St. Petersburg, Florida  
February 24, 2022