

MAY 15 2015 10:10 AM M.W.

Request #10,000  
Tracking #  
0-518-14

### NEIGHBORHOOD DEVELOPMENT FUND Not-for-Profit Transmittal and Approval Form

**Applicant/Program:** Coalition for the Homeless, Inc.

OFFICE OF METRO COUNCIL CLERK

**Executive Summary of Request:**

RECEIVED  
DATE 10-28-14 TIME 11:50am

In their continuing efforts to fight homelessness in Jefferson County, the Coalition will sponsor a fundraiser called Give-a-Jam on December 18<sup>th</sup>, 2014 at the Clifton Center, 2117 Payne Street. Everything associated with the event – talent, sound equipment, stage, lighting & help – are all donated so that all proceeds can go to the Coalition for the Homeless – to be used for homeless education and youth programs. Programs help families with children access transitional housing and help lower the number of homeless young adults living on their own in shelters.

ORD 001 2014  
2015

- Is this program/project a fundraiser?  Yes  No
- Is this applicant a faith based organization?  Yes  No
- Does this application include funding for sub-grantee(s)?  Yes  No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

✓ 13 District #     
 [Signature] Primary Sponsor Signature     
 \$ 1,000<sup>00</sup> Amount     
 11/15/14 Date

**Primary Sponsor Disclosure**  
 List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

**Approved by:** [Signature]     
 11-12-14 Date  
 Appropriations Committee Chairman

**Clerk's Office Only:**  
 Request Amount: \_\_\_\_\_ Committee Amended

OFFICE OF METRO COUNCIL CLERK  
 RECEIVED  
 DATE 11-7-14 TIME 9:13am  
 gk



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 4 – PROGRAM/PROJECT NARRATIVE**

**A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):**

Give-a-Jam is an event created to allow musicians, actors, poets, artists, chefs and business owners to donate their talents to show their commitment to ending homelessness in Louisville. The evening includes sets of music and poetry by the cream of the crop of the Louisville music scene (past artists include The Eberhauer Brothers, Hog Operation, Tyrone Cotton, Dick Sisto, John Gago, Justin Paul Lewis, Marta Miranda, Joan Shelley and Naiman Saleburg) in a one-of-a-kind jam. The evening includes everything from bluegrass ballads and jazz standards to poetry slams. Another highlight of the evening are the soups and stews made by a who's who of Louisville chefs (past restaurant donors include Bistro 1860, Botan's Bistro, Elderdown, Harvest, Majid's, Porcini's, Volare and Wilshire Pantry) available for sale with all proceeds going to the Coalition. A cash bar and silent auction from local businesses and artists is also available.

Everything associated with the event, from the sound equipment to the artists using it to the stage they're playing on is being donated, so the proceeds can all go to The Coalition for the Homeless. The funds will be used to fund our homeless education and youth programs. These programs help families with children access transitional housing to gain the resources they need to change their lives. Last year, we helped 828 families with kids access transitional housing and lowered the number of homeless young adults living on their own in shelter (16-24 years of age) by 88% to 360. Not many other activities this fun give you an opportunity to make this kind of difference in someone's life.

**When?**

Thursday, December 18th, 2014

**What time?**

8:00 - 11:00 p.m.

**Where?**

The Clifton Center, 2117 Payne Street

**Sponsorship Benefits:**

Each sponsor receives tickets to the event they can share with staff or donate to allow a local homeless person to attend, their logo on the event t-shirt and event posters and brochures and a mention from the stage the night of the event with over 300 in attendance

(Flyers and information about last year's event are attached.)

**B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):**

This request will provide sponsorship for the 2014 Give-a-Jam to End Homelessness event at the Clifton Center, 2117 Payne Street from 6-10:00 p.m. on Thursday, December 18, 2014. The proceeds from the event are used to fund our community education and youth programs. Funding will cover the cost of conducting surveys with homeless youth, meeting with experts to develop model programs for homeless youth, publishing reports on the needs of homeless youth, staffing the Coalition Supporting Young Adults committee that is working to fill gaps in needs for youth including mentors and a new drop in center. Funding is also used to track the progress of programs serving homeless youth and families with children. Staff measure outcomes against community benchmarks and provide incentives to those with the best outcomes to train those falling short of the benchmarks. All NDF funding will be used to fund staff and publishing at The Coalition for the Homeless. However, matching funds will be used to fund member agencies to provide training to other agencies based on program success.

CM

0.28



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**C: If this request is a fundraiser, please detail how the proceeds will be spent:**  
 This request supports Give-a Jam, a fundraiser at the Clifton Center on December 18, 2014. Here is a budget of that funding:

Income -	
Sponsorships (including NDF)	\$27,000
Raffle	\$ 1,000
Event Tickets	\$ 5,000
Total	\$33,000
Expenses -	
T-shirts	\$ 2,000
Liquor license	\$ 150
Raffle Ticket Printing	\$ 50
Pots, bowls and spoons	\$ 1,200
Tables	\$ 300
Sponsor signs	\$ 250
Pop and Alcohol	\$ 3,000
Staffing	\$ 4,000
Total	\$10,950

Balance of proceeds goes to homeless education and youth programs

*No breakdown between Metro + Non-Metro*  
*\$22,050*

**D: For Expenditure Reimbursement Only** – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

**N/A - all funds to be spent after July 1, 2014**

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

**N/A - all funds are to be spent in late 2014/early 2015**

Applicant's Initials *CM*

*0.29*



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 5 - PROGRAM/PROJECT BUDGET SUMMARY**

**THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.**

Program/Project Expenses	Column 1	Column 2	Column (1+2)+3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)	\$10,000	\$23,000	\$33,000
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	\$10,000	\$23,000	\$33,000
	30.3 %	69.7 %	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	\$17,000
Fees Collected from Program Participants	\$ 6,000
Other (please specify)	
	\$23,000

**\*Total of Column 1 MUST match "Total Request on Page 1, Section 2"**

**\*\*Must equal or exceed total in column 2.**

P. 30



### LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**Detail of In-Kind Contributions for this PROGRAM only:** Includes Volunteers, Space, Utilities, etc. (include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Clifton Center	\$1200	usual cost
LP Productions	\$3000	usual cost
Artists and Other Volunteers	\$9000	usual costs
Other Donations for Event	\$12667	donor's value
<b>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &amp; Other In Kind)</b>	<b>\$25867</b>	

\* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK

Agency Fiscal Year Start Date: July 1, 2014

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO  YES

If YES, please explain:

We are now serving as the pass through agent for six large U.S. Department of Housing and Urban Development grants to Louisville agencies. This will increase our annual income and expenses by approximately \$2,200,000.

Applicant's Initials CM

P. 31

This request supports Give-a-Jam, a fundraiser at the Clifton Center on December 18, 2014. Here is a budget of that funding:

**Income -**

<b>Sponsorships (including NDF)</b>	<b>\$27,000</b>
<b>Raffle</b>	<b>\$ 1,000</b>
<b>Event Tickets</b>	<b>\$ 5,000</b>
<b>Total</b>	<b>\$33,000</b>

**Expenses -**

<b>T-shirts</b>	<b>\$ 2,000</b>
<b>Liquor license</b>	<b>\$ 150</b>
<b>Raffle Ticket Printing</b>	<b>\$ 50</b>
<b>Pots, bowls and spoons</b>	<b>\$ 1,200</b>
<b>Tables</b>	<b>\$ 300</b>
<b>Sponsor signs</b>	<b>\$ 250</b>
<b>Pop and Alcohol</b>	<b>\$ 3,000</b>
<b>Staffing</b>	<b>\$ 4,000</b>
<b>Total</b>	<b>\$10,950</b>

**Balance of proceeds goes to homeless education and youth programs**

0.33

ORDINANCE NO. 184, SERIES 2014

AN ORDINANCE APPROPRIATING ~~\$6,500~~ ~~\$7,500~~ \$9,000 FROM NEIGHBORHOOD DEVELOPMENT FUNDS IN THE FOLLOWING MANNER: \$1,000 EACH FROM DISTRICTS 13, 24; \$500 EACH FROM DISTRICTS 8, 21, 6, 1; \$250 EACH FROM DISTRICTS 16, 22, 17, 12, 10, 26, 9, 2, 3, 5, 14, 15, 25; THROUGH THE OFFICE OF MANAGEMENT AND BUDGET, TO THE COALITION FOR THE HOMELESS, INC. FOR PROGRAMMING EXPENSES ASSOCIATED WITH THE "GIVE-A-JAM" EVENT TO RAISE FUNDS FOR HOMELESS EDUCATION AND YOUTH PROGRAMS (As Amended).

SPONSORED BY: Council Members Aubrey Welch, Flood, Owen, Johnson, Downard, Engel, Stuckel, Blackwell, King, Shanklin, Woolridge, Fowler, Butler, Bryant Hamilton, Yates, James, Ackerson, Ward-Pugh, James, Scott, Shanklin, Woolridge, Bryant Hamilton, Fowler, Butler, Yates

BE IT ORDAINED BY THE LEGISLATIVE COUNCIL OF THE LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT (THE COUNCIL) AS FOLLOWS:

SECTION I: The sum of ~~\$6,500~~ ~~\$7,500~~ \$9,000 is hereby appropriated from Neighborhood Development Funds in the following manner: \$1,000 each from Districts 13, 24; \$500 each from Districts 8, 21, 6, 1; \$250 each from Districts 16, 22, 17, 12, 10, 26, 9, 2, 3, 5, 14, 15, 25; through the Office of Management and Budget, to the Coalition for the Homeless, Inc., for programming expenses associated with the "Give-A-Jam" event to raise funds for homeless education and youth programs.


SECTION II: The Council has determined the funds requested in this Ordinance will be expended for a public purpose.

SECTION III: This grant is subject to the Council's Policies and Procedures as adopted and effective at the date of passage of this Ordinance.

SECTION IV: This Ordinance shall take effect upon its passage and approval.

  
H. Stephen Ott  
Metro Council Clerk

  
Jim King  
President of the Council

  
Greg Fisher  
Mayor

12/8/14  
Approval Date

**APPROVED AS TO FORM AND LEGALITY:**

Michael J. O'Connell  
Jefferson County Attorney

LOUISVILLE METRO COUNCIL  
READ AND PASSED  
*November 20, 2014*

BY: 

Coalition for Homeless Give-A-Jam FR NDF Ord.ROC bkn 102714 Draft 1  
Coalition for Homeless Give-A-Jam FR NDF Ord.ROC bkn 111814 Draft 2  
Coalition for Homeless Give-A-Jam FR NDF Ord.ROC bkn 112114 O-518-14 Draft 3

102714  
111814  
112114



ORDINANCE NO. 001, SERIES 2015

AN ORDINANCE AMENDING ORDINANCE NO. 184, SERIES 2014 WHICH SHOULD HAVE READ AS FOLLOWS: APPROPRIATING ~~\$4,750~~ ~~\$5,750~~ \$7,250 FROM NEIGHBORHOOD DEVELOPMENT FUNDS IN THE FOLLOWING MANNER: \$1,000 EACH FROM DISTRICTS 13, 24; \$500 EACH FROM DISTRICTS 8, 21, 6, 1; \$250 EACH FROM DISTRICTS 16, 22, 17, 12, 10, 26, 9, 2, 3, 5, 14, 15, 25; THROUGH THE OFFICE OF MANAGEMENT AND BUDGET, TO THE COALITION FOR THE HOMELESS, INC. FOR PROGRAMMING EXPENSES ASSOCIATED WITH THE "GIVE-A-JAM" EVENT TO RAISE FUNDS FOR HOMELESS EDUCATION AND YOUTH PROGRAMS; AND SPONSORED BY: COUNCIL MEMBERS AUBREY WELCH, FLOOD, OWEN, JOHNSON, DOWNARD, ENGEL, STUCKEL, BLACKWELL, KING, ACKERSON, WARD-PUGH, JAMES, SCOTT, SHANKLIN, WOOLRIDGE, BRYANT HAMILTON, FOWLER, BUTLER, YATES.

SPONSORED BY: Council Member Aubrey Welch

BE IT ORDAINED BY THE LEGISLATIVE COUNCIL OF THE LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT (THE COUNCIL) AS FOLLOWS:

SECTION I: An Ordinance amending Ordinance No. 184, Series 2014, which should have read as follows: an appropriation of ~~\$4,750~~ ~~\$5,750~~ \$7,250 from Neighborhood Development Funds, in the following manner: \$1,000 each from Districts 13, 24; \$500 each from Districts 8, 21, 6, 1; \$250 each from Districts 16, 22, 17, 12, 10, 26, 9, 2, 3, 5, 14, 15, 25; through the Office of Management and Budget, to the Coalition for the Homeless, Inc., for programming expenses associated with the "Give-A-Jam" event to raise funds for homeless education and youth programs.

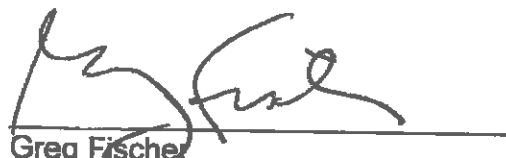
SECTION II: The Council has determined the funds requested in this Ordinance will be expended for a public purpose.

SECTION III: This grant is subject to the Council's Policies and Procedures as adopted and effective at the date of passage of this Ordinance.

**SECTION IV:** This Ordinance shall take effect upon its passage and approval.

  
H. Stephen Ott  
Metro Council Clerk

 PRO - TEM  
Jim King  
President of the Council

  
Greg Fischer  
Mayor

1/6/15  
Approval Date

**APPROVED AS TO FORM AND LEGALITY:**

Michael J. O'Connell  
Jefferson County Attorney

LOUISVILLE METRO COUNCIL  
READ AND PASSED  
*January 5, 2015*

BY: 

Request #10,000  
Tracking #  
0-518-14

### NEIGHBORHOOD DEVELOPMENT FUND Not-for-Profit Transmittal and Approval Form

Applicant/Program: Coalition for the Homeless, Inc.

OFFICE OF METRO COUNCIL CLERK  
RECEIVED  
DATE 10-28-14 TIME: 11:50am

#### Executive Summary of Request:

In their continuing efforts to fight homelessness in Jefferson County, the Coalition will sponsor a fundraiser called Give-a-Jam on December 18<sup>th</sup>, 2014 at the Clifton Center, 2117 Payne Street. Everything associated with the event – talent, sound equipment, stage, lighting & help – are all donated so that all proceeds can go to the Coalition for the Homeless – to be used for homeless education and youth programs. Programs help families with children access transitional housing and help lower the number of homeless young adults living on their own in shelters.

ORD 201

Is this program/project a fundraiser?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

✓ 13 District #     
 Vicki Aubrey Weller Primary Sponsor Signature     
 \$ 1,000<sup>00</sup> Amount     
 7/17/14 Date

**Primary Sponsor Disclosure**  
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Approved by: Til Bahnel      11-12-14  
 Appropriations Committee Chairman      Date

Clerk's Office Only:  
 Request Amount: \_\_\_\_\_ Committee Amended \_\_\_\_\_

OFFICE OF METRO COUNCIL CLERK  
REVIEWED

DATE 11-7-14 TIME 9:13am

Applicant/Program:

### Additional Disclosure and Signatures

#### Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

✓ <u>102</u> District #	<u>Barbara Staselli</u> Council Member Signature	<u>7250.00</u> Amount	<u>7/17/14</u> Date
✓ <u>103</u> District #	<u>Maryc Volchik</u> Council Member Signature	<u>\$250.00</u> Amount	<u>7/17/14</u> Date
✓ <u>14</u> District #	<u>Cindi Fowler</u> Council Member Signature	<u>\$250-</u> Amount	<u>7/17/14</u> Date
✓ <u>15</u> District #	<u>Maunani Butler</u> Council Member Signature	<u>250-</u> Amount	<u>7-17-14</u> Date
✓ <u>5</u> District #	<u>Cheri B. Hamilton</u> Council Member Signature	<u>250-</u> Amount	<u>7-17-14</u> Date
✓ <u>25</u> District #	<u>[Signature]</u> Council Member Signature	<u>250.</u> Amount	<u>7-17-14</u> Date
✓ <u>6</u> District #	<u>David H. James</u> Council Member Signature	<u><del>250</del><sup>500</sup></u> Amount XAP	<u>7-22-14</u> Date

Applicant/Program:

### Additional Disclosure and Signatures

#### Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

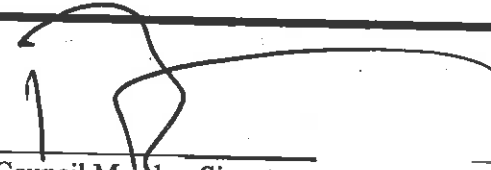

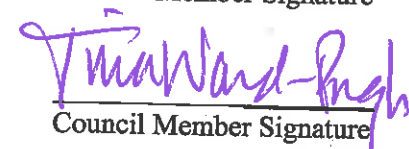

✓ 18 District #	<u>Thomas H. Roa</u> Council Member Signature	<u>\$500<sup>00</sup></u> Amount	<u>8/19/2014</u> Date
✓ 21 District #	<u>Dan Jones</u> Council Member Signature	<u>4500<sup>00</sup></u> Amount	<u>8/19/2014</u> Date
✓ 16 District #	<u>Kelly Dault</u> Council Member Signature	<u>250</u> Amount	<u>8/19/2014</u> Date
✓ 22 District #	<u>Wesley Sel</u> Council Member Signature	<u>250</u> Amount	<u>8-28-2014</u> Date
✓ 17 District #	<u>Alan Stricker</u> Council Member Signature	<u>250</u> Amount	<u>8/25</u> Date
✓ 12 District #	<u>Paul Blawie</u> Council Member Signature	<u>250</u> Amount	<u>8/28</u> Date
✓ 10 District #	<u>Jim King</u> Council Member Signature	<u>250</u> Amount	<u>8/28</u> Date

Applicant/Program:

### Additional Disclosure and Signatures

#### Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

✓ 26 District #	 Council Member Signature	250 <sup>00</sup> Amount	10-23-14 Date
✓ 24 District #	 Council Member Signature	1000 <sup>00</sup> Amount	10-23-14 Date
✓ 9 District #	 Council Member Signature	\$250- Amount	10-23-14 Date
✓ Down 1 District #	 Council Member Signature	\$500.00 Amount	11/12/2014 Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date



LOUISVILLE METRO COUNCIL  
CLERK'S OFFICE

January 7, 2015

Coalition for the Homeless, Inc.  
C/O Catherine McGeeney  
1300 S. 4<sup>th</sup> Street, Ste. 250  
Louisville, KY 40208

Neighborhood Development Fund Recipient:

Congratulations! The Louisville Metro Council recently approved a request for funds in the amount of **\$7,250.00** from the 13<sup>th</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 14<sup>th</sup>, 5<sup>th</sup>, 25<sup>th</sup>, 6<sup>th</sup>, 8<sup>th</sup>, 21<sup>st</sup>, 16<sup>th</sup>, 22<sup>nd</sup>, 17<sup>th</sup>, 12<sup>th</sup>, 10<sup>th</sup>, 26<sup>th</sup>, 24<sup>th</sup>, 9<sup>th</sup> and 1<sup>st</sup> District Neighborhood Development Funds. The purpose of the funds as stated in your proposal is for **Homeless Education and Youth Programs funded through Give-a-Jam event.**

Please review the enclosed grant agreement, complete all necessary information, sign it (we must have an original signature) and return it in its entirety to the Louisville Metro Council's Clerk's Office in the envelope provided. If the approved grant was less than the requested grant, a new work plan and budget is needed. If the approved grant equals the requested grant, the work plan and budget contained in the grant application is incorporated into the grant agreement by reference.

As soon as we receive the executed grant agreement, we will forward the grant to the Office of Management and Budget for approval, administration and monitoring. **If we do not receive the grant agreement within ninety (90) days of this letter, the grant approval will automatically be revoked and the funds will not be disbursed to your organization.**

If you have any questions about the agreement, please contact the Clerk's Office at 574-3902. If you have any questions about the process after the agreement is returned, please contact the NDF Coordinator in the Office of Management and Budget at 574-3865.

Jess Helton  
Assistant Clerk  
Louisville Metro Council's Clerk's Office  
ecs

## Brohm, Oscar

---

**From:** Brohm, Oscar  
**Sent:** Friday, March 20, 2015 3:37 PM  
**To:** Helton, Jessamyn  
**Cc:** Ott, Stephen; Steele, Roxanne M  
**Subject:** RE: Coalition for the Homeless  
**Attachments:** SKMBT\_42315032016300.pdf

An amended NDF Grant Program Budget needs to be filled out for \$7,250. The application was for \$10,000. (see attached)

If a detail list is asked for, it has to be provided for the new totals.

Thanks,

Oscar Brohm, CPA  
Grants Compliance  
Office of Management and Budget  
Louisville Metro Government  
Phone: 502-574-5770

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**From:** Helton, Jessamyn  
**Sent:** Friday, March 20, 2015 2:18 PM  
**To:** Brohm, Oscar; Steele, Roxanne M  
**Cc:** Ott, Stephen  
**Subject:** Coalition for the Homeless

The attached NDF is being delivered to Oscar today. We are asking to please expedite this item as much as possible. It has been delayed at different steps for various reasons. Everything was worked out yesterday and they submitted the grant agreement. Please let me know if you need anything else from our office to help expedite the process.

Thank you,

Jess

*Jess Helton  
Info Systems Coordinator/Assistant Clerk  
Louisville Metro Council  
601 West Jefferson Street, 1st Floor  
Louisville, KY 40202  
Phone - 502-574-2704  
Fax - 502-574-3363  
email - [jessamyn.helton@louisvilleky.gov](mailto:jessamyn.helton@louisvilleky.gov)*

For your convenience the Metro Council Clerk's Office has a website! Click on this link <http://www.louisvilleky.gov/MetroCouncil/Clerk/> to access Metro Government Approved Ordinances and Resolutions, Council and Committee Agendas, Metro Code of Ordinances and more.



**NDF GRANT AGREEMENT**

**THIS AGREEMENT** made and entered into by and between the **LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT**, (hereinafter referred to as "Metro Government"), by and through its **OFFICE OF MANAGEMENT AND BUDGET**, and **COALITION FOR THE HOMELESS, INC., 1300 S. 4<sup>TH</sup> STREET, SUITE 250, LOUISVILLE KY 40208**. (hereinafter referred to as "Grantee"):

**WITNESSETH:**

**WHEREAS**, the Grantee is in need of funds to carry out the activities outlined in the attached Work Program and Budget; and

**WHEREAS**, Metro Government recognizes the importance of this project for meeting the needs of its citizens;

**NOW, THEREFORE**, it is mutually agreed by and between the Parties hereto as follows:

**I. GRANTEE'S SERVICES AND RESPONSIBILITIES:**

**A.** Grantee agrees to implement and administer this award in accordance with the Work Program and Budget approved through the NDF grant application process by the Louisville/Jefferson County Metro Council, and attached hereto as Exhibit A.

**B.** Grantee agrees to maintain, during the term of the contract, and retain not less than five years after completion thereof, complete and accurate records of all the Grantee's costs which are chargeable to Metro Government under this Agreement as well as all other funding sources for the funded program or project known as **Homeless Education and Youth Programs funded through Give-a-Jam event**.

**C.** Grantee agrees that Metro Government shall have the right, at any reasonable time, to inspect and audit those records by authorized representatives of its own or any public

accounting firm selected by it. The records thus to be maintained and retained by the Grantee shall include (without limitation):

- 1) all payroll records accounting for total time distribution of Grantee's employees working full or part time on the Agreement to include timesheets, system payroll reports, payroll records from outsourced payroll companies, as well as cancelled payroll checks and/or bank statements, or signed receipts for payroll payments in cash
- 2) for those individuals contracted to provide services: service agreements, proposals, invoices as well as cancelled checks, or signed detailed receipts for payroll payments in cash;
- 3) invoices for purchases, receiving and issuing documents, and all the inventory records for Grantee's stores, stock or capital items; and
- 4) paid invoices or receipts and cancelled checks for materials purchased and for subcontractors; and any other third party charges. In addition, Grantee will retain all records pertinent to this Project pertaining to participant records (sign-in sheets, attendance logs, etc), statistical records, and supporting documents for the same period of time.

**D.** For awards paid in one lump sum, the Grantee shall be required, and agrees to submit financial and progress reports within 30 days after the close of the 60 days in which the Grantee must spend the full payment in accordance with section II.B. below.

For awards paid on a disbursement basis, the Grantee shall be required, and agrees to submit financial and progress reports in accordance with section II.C. below and will follow this schedule:

First Quarter, July – September: Report due October 15<sup>th</sup>

Second Quarter, October – December: Report due January 15<sup>th</sup>

Third Quarter, January – March: Report due April 15<sup>th</sup>

Fourth Quarter, April – June: Report due July 15<sup>th</sup>

The financial report shall be completed in the format provided by the Office of Management and Budget, shall account for all funds received and expended by the Grantee, and shall include the documentation identified in Section I.C. In addition, grantees could be asked to provide documentation to support funding from other sources. All reports and correspondence shall be addressed to **Louisville/Jefferson County Metro Government, Office of Management and Budget, NDF Compliance, 611 West Jefferson Street, Louisville, Kentucky 40202.**

## **II. PAYMENTS:**

A. Metro Government shall make payment based on the nature of the expenditure.

B. One payment for the total amount of the Agreement shall be made for items considered one time expenditures, such as advancements for a community event and festivals or a capital purchase of machinery and equipment. The Grantee agrees to spend funds disbursed in total in accordance with the Work Program and Budget within 60 days of the check date and submit to Metro Government a financial report with supporting documentation to include (without limitation) copies of cancelled checks, invoices, and receipts by the next applicable quarterly report deadline as stipulated in section I.C. above. Please see Exhibit B.

C. Payment shall be made through equal disbursements for operating expenditures such as salaries, rents, utilities, supplies, telephone, in town travel and client services, or ongoing Capital expenditures such as construction projects. The initial disbursement shall be made to the Grantee upon execution of this agreement. All subsequent disbursements to the initial payment are contingent upon compliance by the Grantee to submit all applicable financial reports and supporting documentation as identified in Section I.D. Please see Exhibit B.

D. For grants that are executed and the initial disbursement paid after April 1<sup>st</sup>, the total payment will be disbursed in two equal payments with the final payment occurring after the July 15 reports are received by OMB and approved. The Grantee shall receive an extension as identified in section IV.B. below.

E. The total amount of such compensation payable under this Agreement shall not exceed the sum of **SEVEN THOUSAND TWO HUNDRED AND FIFTY DOLLARS (\$7,250.00)** as set forth in **Ordinance No. 001, Series 2015 and Ordinance 184, Series 2014**, and cover expenditures as specified in the Work Program and Budget of the Grantee. Such disbursements shall be made in accordance with procedures established by Metro Government.

### **III. DURATION OF AGREEMENT:**

A. This Agreement shall become effective as of the 5<sup>th</sup> day of January and shall terminate on the June 30<sup>th</sup>, 2015.

B. Any expenditures incurred by the Grantee that occur prior to the effective date of this agreement, but are in accordance with the approved scope of work and Work Program and Budget, may be accepted as compliant as long as the Grantee has disclosed in the grant application that related expenditures were either already incurred prior to the application for funding, or were likely to occur after the application date but prior to the effective date of this agreement.

C. Any unspent Grant Funds held by Grantee shall be returned to Metro Government, if not used in accordance with the Work Program and Budget, Within 15 days of the end of the award period.

D. This Agreement may be terminated by submitting thirty (30) days' written notice to the non-terminating party of such intent to terminate. Should Grantee terminate this

Agreement, all unspent funds shall be returned to Metro Government, within thirty (30) days of such termination.

#### **IV. AGREEMENT EXTENSIONS:**

A. Any award paid to the grantee via one full payment will be required to spend the awarded funding within 60 days of the check date as stipulated in section II.B. above. If a Grantee is unable to spend the award within 60 days, the Grantee may request an extension.

B. Any award paid after April 1<sup>st</sup> of any fiscal year via multiple disbursements and in accordance with section II.D. above, must be spent by September 30<sup>th</sup> of the following fiscal year. While this Agreement will terminate on June 30<sup>th</sup>, the Grantee will have an automatic extension of three (3) months, if needed, in order to spend the remaining funds. A written extension request is not required in this situation.

C. Any award paid prior to April 1<sup>st</sup> via multiple disbursements, must be spent by June 30. If the Grantee is unable to spend the funds in accordance with this deadline, an extension may be requested.

D. A written request for an extension must be submitted within 30 days prior the end of the award period and include the amount remaining to be spent, an explanation as to why the funds were not spent in accordance with the applicable deadlines identified in this agreement, and an estimated date by which the remaining funds will be fully expended. The request should be submitted to the **Louisville/Jefferson County Metro Government, Office of Management and Budget, NDF Coordinator, 611 West Jefferson Street, Louisville, Kentucky 40202**. A Grantee may request an extension only once, and the extension will be in effect for no more than ninety (90) days. If, at the end of the extension period, the Grantee still has not fully expended the award, the Grantee will be required to return any unspent funds.

**V. AMENDMENTS TO THE WORK PROGRAM AND BUDGET:**

A. If the level of funding requested by the Grantee through the application process, and identified in the application Work Program and Budget is not approved, or if at any time in the duration of the agreement, the Grantee determines that they are unable to expend the awarded funds in accordance with the approved Work Program and Budget, an amendment may be requested. **The Grantee must submit a written request to the Office of Management and Budget, NDF Compliance, 611 West Jefferson Street, Louisville, KY 40202.** The request must include an explanation for the requested change. If approved, the Grantee will receive written approval from OMB. Please see Exhibit B for additional instruction in completing an Amended Work Program and Budget.

**VI. ADDITIONAL COVENANTS AND REPRESENTATIONS OF GRANTEE:**

A. Grantee covenants that it has all necessary power, capacity and authority to execute and deliver this Agreement and to provide the services contemplated by this Agreement and the Work Program. Grantee further covenants that it is a duly organized and validly existing entity, is qualified to do business in the State of Kentucky, has full right, power and authority to enter into this Grant Agreement, and that the person signing on behalf of Grantee is authorized to do so.

B. Grantee covenants that the person executing this Agreement has the full and requisite power to legally bind the Grantee and no additional approvals are required.

C. Grantee agrees to expend all Grant Funds and to implement and administer the Project strictly in conformity with the Work Program and Budget, and agrees not to deviate from the Work Program and Budget without the prior written agreement of Metro Government.

D. Grantee agrees that it shall implement and administer the Project in compliance with all applicable laws, regulations and codes of the federal, state and consolidated local governments.

E. Grantee agrees that in the implementation and administration of the Project it shall not unlawfully discriminate against any person by reason of race, religion, color, sex, national origin, because the person is a qualified individual with a disability, age 40 or over, familial status, sexual orientation, gender identity, is a smoker or non-smoker, or because of the person's Vietnam-era Veteran status.

F. Grantee covenants that this Agreement together with the Work Program is in all respects the legal, valid and binding obligation of the Grantee and the performance of the Project and the compliance with the terms of this Agreement does not and will not violate any existing provisions of the Grantee's articles of incorporation, by-laws or other agreements of organization.

G. Grantee covenants that neither this Agreement, the Work Program, the grant application or any other document submitted to Metro Government in support of this grant contains any untrue statement of any material fact or omits to state any material fact necessary to make the statements contained therein, and further that there is no fact known to the Grantee that materially and adversely affects, or in the future could materially and adversely affect the ability of the Grantee to implement and administer the Project.

H. Grantee agrees to publicly acknowledge that Louisville/Jefferson County Metro Government has provided partial funding for the project

## VI. HOLD HARMLESS:

The Grantee shall indemnify, hold harmless, and defend the Louisville/Jefferson County Metro Government, its elected and appointed officials, employees, agents and

successors in interest from all claims, damages, losses and expenses including attorneys' fees, arising out of or resulting, directly or indirectly, from Grantee's (or Grantee's subcontractors, if any) performance or breach of this Agreement provided that such claim, damage, loss or expense is: (1) attributable to personal injury, bodily injury, sickness, death, or to injury to or destruction of property, including the loss of use resulting therefrom, or breach of contract, and (2) not caused by the negligent act or omission or willful misconduct of the Louisville/Jefferson County Metro Government or its elected and appointed officials and employees acting within the scope of their employment. This Hold Harmless and Indemnification Clause shall in no way be limited by any financial responsibility or insurance requirements and shall survive the termination of this Agreement.

## **VII. DEFAULT:**

Each of the following events or occurrences shall constitute an event of default under this Agreement:

- A. Declaration of Bankruptcy of Grantee.
- B. Failure to administer and implement the Project in conformity with this Agreement and the Work Program.
- C. Failure to submit the financial and progress reports required by Section I.C. of this Agreement in accordance with the established deadline schedule, or to furnish any additional information to Metro Government if required pursuant to Section I.B. of this Agreement.
- D. Disclosure or discovery that the covenants and representations made by the Grantee in this Agreement, the Work Program, the grant application or other document submitted in support of this Grant is, was, or shall be false or misleading in any material respect.



E. Disclosure or discovery that goods purchased with Grant Funds have not been used in accordance with the Work Program and Budget. In such cases, Grantee shall return said goods to Metro Government or return the amount of the Grant Funds.

**VIII. REMEDIES OF METRO GOVERNMENT UPON EVENTS OF DEFAULT:**

Upon the occurrence of an event of default, Metro Government, in its sole discretion and without notice to the Grantee, may at any time exercise any one or more of the following rights and remedies:

A. Immediately terminate or suspend the Grant, by written notice, after which Metro Government shall be under no obligation to advance any undisbursed Grant Funds to the Grantee.

B. Immediately suspend the Grantee from receiving future NDF awards until all Default events have been satisfied.

C. Commence an appropriate legal or equitable action to enforce the Grantee's performance of the terms, covenants and conditions of this Agreement or the Work Program.

D. Declare all Grant Funds previously disbursed to the Grantee to be immediately due and payable in full, without any presentment, demand or notice of any kind, all of which are hereby waived by the Grantee.

E. Commence appropriate legal or equitable action to enforce the rights and remedies of Metro Government, or any one or more of them, pursuant to the terms, covenants and conditions of this Agreement.

F. Exercise any other rights or remedies that may be available to Metro Government pursuant to this Agreement or under applicable laws.

**IX. EMPLOYER/EMPLOYEE RELATIONSHIP**

It is expressly understood that no employer/employee relationship is created by this agreement nor does it cause Grantee to be an officer, official, or agent of the Metro Government.

**X. GOVERNING LAW**

This Agreement shall be governed by and construed in accordance with the laws of the State of Kentucky. In the event of any proceedings regarding this Agreement, the Parties agree that the venue shall be the state courts of Kentucky or the U.S. District Court for the Western District of Kentucky, Louisville Division. All Parties expressly consent to personal jurisdiction and venue in such Court for the limited and sole purpose of proceedings relating to this Agreement or any rights or obligations arising thereunder. Service of process may be accomplished by following the procedures prescribed by law.

**XI. ENTIRE AGREEMENT**

This Agreement constitutes the entire agreement and understanding of the parties with respect to the subject matter set forth herein and this Agreement supersedes any and all prior and contemporaneous oral or written agreements or understandings between the Parties relative thereto. No representation, promise, inducement, or statement of intention has been made by the Parties that are not embodied in this Agreement.

WITNESS the agreement of the parties hereto as attested by their signatures affixed hereon, this 5<sup>th</sup> day of January 2015.

**APPROVED:**

**LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT:**

**(Office of Management and Budget)**

By: \_\_\_\_\_  
(Print Name)

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Approved as to form:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

**APPROVED:**

**GRANTEE:**

**(Coalition for the Homeless, Inc.)**

By: Natalie Harris  
(Print Name)

Title: Executive Director

Signature: 

Agency Tax ID # 61-1118307

Date: March 19, 2015

**EXHIBIT A**  
**NDF PROGRAM BUDGET**

**PLEASE SEE ATTACHED GRANT APPLICATION**  
**PROGRAM BUDGET**

## EXHIBIT B

## AMENDED NDF PROGRAM BUDGET

<b>AMENDED NDF GRANT PROGRAM BUDGET</b>			
<i>Budget Category</i>	<i>Metro Funds</i>	<i>Non-Metro Funds</i>	<i>Total</i>
Personnel Costs, including benefits:			
Rent / Utilities:			
Office Supplies:			
Telephone:			
In-Town Travel:			
Client Assistance, Attach Detailed List:			
Professional Services Contracts:			
Program Materials:			
Community Events and Festivals, Attach Detailed List:			
Machinery and Equipment:			
Capital Project:			
Other Expenses, Attach Detailed List:			
<b>TOTAL:</b>			

**EXHIBIT C****PAYMENT SCHEDULES**

<b>Payment Method Schedule</b>	
<b>Operating</b>	<b>Payment Method</b>
Personnel Costs, including benefits	Disbursements
Rent / Utilities	Disbursements
Office Supplies	Disbursements
Telephone	Disbursements
In-Town Travel	Disbursements
Client Assistance	Disbursements
Professional Services Contracts	Disbursements
Program Materials	Disbursements
Community Events and Festivals	One-Time Payment
<b>Capital</b>	<b>Payment Method</b>
Machinery and Equipment	One-Time Payment
Capital Project	Disbursements
<b>Other</b>	<b>Payment Method</b>
Other Expenses, Attach Detailed List:	Disbursements or One-Time payment as determined appropriate

**ONE TIME PAYMENT SCHEDULE:**

<u>Payment Processed</u>	<u>One Payment</u>	<u>Funds Spent by</u>	<u>Final Report Due</u>
July 1 - Sept 30	Upon Execution	Within 60 days of check date	Within 30 days after the close of 60 days
Oct 1 - Dec 30	Upon Execution	Within 60 days of check date	Within 30 days after the close of 60 days
Jan 1 - Mar 31	Upon Execution	Within 60 days of check date	Within 30 days after the close of 60 days
April 1 - Jun 30	Upon Execution	Within 60 days of check date	Within 30 days after the close of 60 days

**DISBURSEMENTS PAYMENT SCHEDULE:**

<u>Payment Processed</u>	<u>1st pymt</u>	<u>2nd pymt</u>	<u>3rd pymt</u>	<u>4th pymt</u>	<u>Funds spent By</u>	<u>Final Report Due</u>
July 1 - Sept 30	Upon Execution	After Oct. 15 rept received and approved	After Jan. 15 rept received and approved	After April 15 rept received and approved	June 30	July 15
Oct 1 - Dec 30	Upon Execution	After Jan. 15 rept received and approved	After April 15 rept received and approved		June 30	July 15
Jan 1 - Mar 31	Upon Execution	After April 15 rept received and approved			June 30	July 15
April 1 - Jun 30 (automatic extension to Sept 30)	Upon Execution	After July 15 rept received and approved			Sept 30	Oct 15



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 -- APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b>		<b>The Coalition for the Homeless, Inc.</b>	
<i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 1300 S. 4th St., Ste. 250, Louisville, KY 40208			
<b>Website:</b> www.louhomeless.org			
<b>Applicant Contact:</b>	Catherine McGeeney	<b>Title:</b>	Development Director
<b>Phone:</b>	502-636-9550 x 13	<b>Email:</b>	cmcgeeney@louhomeless.org
<b>Financial Contact:</b>	Marsha Bailey	<b>Title:</b>	Office Manager
<b>Phone:</b>	502-636-9550 x 10	<b>Email:</b>	mbailey@louhomeless.org
<b>Organization's Representative who attended NDF Training:</b> Marsha Bailey			
SECTION 2 -- PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED</b>			
<b>Program Facility Location(s):</b>	1300 S. 4th St., Ste. 250, Louisville, KY 40208		
<b>Council District(s):</b>	serve all of Jefferson County	<b>Zip Code(s):</b>	serve all of Jefferson County
<b>PROGRAM/PROJECT NAME:</b> Homeless Education and Youth Programs funded through Give-a-Jam event			
<b>Total Request: (\$)</b>	10,000	<b>Total Metro Award (this program) in previous year: (\$)</b>	5,800
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
<b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>			
<b>Source:</b>	Community Development Block Grant	<b>Amount: (\$)</b>	56300.00
<b>Source:</b>	Emergency Shelter Grant	<b>Amount: (\$)</b>	58391.64
<b>Source:</b>	Neighborhood Development Fund	<b>Amount: (\$)</b>	17,550.00
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			





## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

**Describe Agency's Vision, Mission and Services:**

The Coalition for the Homeless, Inc., is a 501(c)3 nonprofit organization with a mission to advocate for people who are homeless and for the prevention and elimination of homelessness. Our efforts are targeted in a three-prong approach:

- 1) Educate the community about homelessness and inspire action,
- 2) Advocate for system changes, and
- 3) Coordinate the community response to homelessness through efficient use of resources and funding.

The Coalition for the Homeless is Louisville's leading advocate for the homeless. While our 30 homeless service agency members are working to address the immediate needs of the homeless each day, we are advocating for systems change, educating the community to inspire action and coordinating the system to increase resources and create better service solutions.

We serve people just like you. Every one of the 8,608 homeless persons served in Louisville last year was our neighbor and someone's child, parent, brother or sister. Almost 1,200 were under the age of 18, 916 were veterans and over half of the adults living in shelter were employed.

And, what we do is working. Through collaborative efforts, The Coalition for the Homeless leverages over \$9 million in federal funding to Louisville. We have implemented best practices in our service system including the Bed One-Stop, Common Assessment and Rx: Housing program which has cut the chronic street homeless population of Louisville in half and increased the number of people moving from homelessness to permanent housing by 35%.

Handwritten initials "CM" in black ink.



# LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

## SECTION 4 - PROGRAM/PROJECT NARRATIVE

**A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):**

Give-a-Jam is an event created to allow musicians, actors, poets, artists, chefs and business owners to donate their talents to show their commitment to ending homelessness in Louisville. The evening includes sets of music and poetry by the cream of the crop of the Louisville music scene ( past artists include The Bibelhauser Brothers, Hog Operation, Tyrone Cotton, Dick Sisto, John Gage, Justin Paul Lewis, Marta Miranda, Joan Shelley and Nathan Salsburg) in a one-of-a-kind jam. The evening includes everything from bluegrass ballads and jazz standards to poetry slams. Another highlight of the evening are the soups and stews made by a who's who of Louisville chefs (past restaurant donors include Bistro 1860, Bourbon's Bistro, Eiderdown, Harvest, Majid's, Porcini's, Volare and Wiltshire Pantry) available for sale with all proceeds going to the Coalition. A cash bar and silent auction from local businesses and artists is also available.

Everything associated with the event, from the sound equipment to the artists using it to the stage they're playing on is being donated, so the proceeds can all go to The Coalition for the Homeless. The funds will be used to fund our homeless education and youth programs. These programs help families with children access transitional housing to gain the resources they need to change their lives. Last year, we helped 626 families with kids access transitional housing and lowered the number of homeless young adults living on their own in shelter (16-24 years of age) by 58% to 350. Not many other activities this fun give you an opportunity to make this kind of difference in someone's life.

**When?**

Thursday, December 18th, 2014

**What time?**

6:00 - 11:00 p.m.

**Where?**

The Clifton Center, 2117 Payne Street

**Sponsorship Benefits:**

Each sponsor receives tickets to the event they can share with staff or donate to allow a local homeless person to attend, their logo on the event t-shirt and event posters and brochures and a mention from the stage the night of the event with over 300 in attendance

(Flyers and information about last year's event are attached.)

**B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):**

This request will provide sponsorship for the 2014 Give-a-Jam to End Homelessness event at the Clifton Center, 2117 Payne Street from 6-10:00 p.m. on Thursday, December 18, 2014. The proceeds from the event are used to fund our community education and youth programs. Funding will cover the cost of conducting surveys with homeless youth, meeting with experts to develop model programs for homeless youth, publishing reports on the needs of homeless youth, staffing the Coalition Supporting Young Adults committee that is working to fill gaps in needs for youth including mentors and a new drop in center. Funding is also used to track the progress of programs serving homeless youth and families with children. Staff measure outcomes against community benchmarks and provide incentives to those with the best outcomes to train those falling short of the benchmarks. All NDF funding will be used to fund staff and publishing at The Coalition for the Homeless. However, matching funds will be used to fund member agencies to provide training to other agencies based on program success.



### LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**C: If this request is a fundraiser, please detail how the proceeds will be spent:**

This request supports Give-a Jam, a fundraiser at the Clifton Center on December 18, 2014. Here is a budget of that funding:

Income -	
Sponsorships (including NDF)	\$27,000
Raffle	\$ 1,000
Event Tickets	\$ 5,000
Total	\$33,000
Expenses -	
T-shirts	\$ 2,000
Liquor license	\$ 150
Raffle Ticket Printing	\$ 50
Pots, bowls and spoons	\$ 1,200
Tables	\$ 300
Sponsor signs	\$ 250
Pop and Alcohol	\$ 3,000
Staffing	\$ 4,000
Total	\$10,950

Balance of proceeds goes to homeless education and youth programs

**D: For Expenditure Reimbursement Only** – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

- Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
  - ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
  - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

N/A - all funds to be spent after July 1, 2014

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
  - ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

N/A - all funds are to be spent in late 2014/early 2015



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:**

The Coalition for the Homeless manages the Homeless Management Information System database which tracks the needs and services of almost 9,000 persons each year. This database is used by all homeless service agencies in the community and is used to track progress toward community benchmarks created by the continuum of agencies working toward the elimination of homelessness. For this grant, we will be tracking the following outcomes to determine program progress and success:

- 1) decrease in number of homeless children served in Louisville shelters,
- 2) decrease in young adults on their own served in Louisville shelters,
- 3) decrease in length of homelessness for homeless children and youth, and
- 4) increase in number of homeless youth with a caring adult in their lives.

**F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.**

The Coalition for the Homeless regularly works in collaboration with other local nonprofits and businesses including our 30 member service agencies and other advocacy agencies. In order to address homelessness among youth and young adults, The Coalition for the Homeless has created two working groups of providers, community leaders and advocates to investigate the need, create collaborative solutions, begin new evidenced based programs and measure success to improve programming. The first group is a working group of homeless family shelters working with Jefferson County Public Schools to address tutoring, transportation, summer school, school supplies and other needs of homeless children. This partnership has greatly increased the services available to homeless children. Additionally, over 50 community partners have created the Coalition Supporting Young Adults which is working with the Metro Louisville Safe Neighborhoods Program to increase mentoring, open and create networking opportunities for young adult drop in centers, educate the community about the need and measure the success of this work. By working together, this group has created the first drop in center and lowered the number of homeless young adults by 35%.



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 5 – PROGRAM/ PROJECT BUDGET SUMMARY**

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>			
<b>B: Rent/Utilities</b>			
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance (Attach Detailed List)</b>			
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>			
<b>I: Community Events &amp; Festivals (Attach Detail List)</b>	\$10,000	\$23,000	\$33,000
<b>J: Small Equipment</b>			
<b>K: Capital Equipment</b>			
<b>L: Other Expenses (Attach Detail List)</b>			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	\$10,000	\$23,000	\$33,000
<b>% of Program Budget</b>	30.3 %	69.7 %	100%

**List funding sources for total program/project costs in Column 2, Non-Metro Funds:**

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	\$17,000
Fees Collected from Program Participants	\$ 6,000
Other (please specify)	
Total Revenue for Columns 2 Expenses **	\$23,000

*\*Total of Column 1 MUST match "Total Request on Page 1, Section 2"*

*\*\*Must equal or exceed total in column 2.*



### LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**Detail of In-Kind Contributions for this PROGRAM only:** Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor / Type of Contribution	Value of Contribution	Method of Valuation
Clifton Center	\$1200	usual cost
LP Productions	\$3000	usual cost
Artists and Other Volunteers	\$9000	usual costs
Other Donations for Event	\$12667	donor's value
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &amp; Other In Kind)</i>	\$25867	

**\* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: July 1, 2014

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO  YES

If YES, please explain:

We are now serving as the pass through agent for six large U.S. Department of Housing and Urban Development grants to Louisville agencies. This will increase our annual income and expenses by approximately \$2,200,000.

This request supports Give-a Jam, a fundraiser at the Clifton Center on December 18, 2014. Here is a budget of that funding:

**Income -**

Sponsorships (including NDF)	\$27,000
Raffle	\$ 1,000
Event Tickets	\$ 5,000
Total	\$33,000

**Expenses -**

T-shirts	\$ 2,000
Liquor license	\$ 150
Raffle Ticket Printing	\$ 50
Pots, bowls and spoons	\$ 1,200
Tables	\$ 300
Sponsor signs	\$ 250
Pop and Alcohol	\$ 3,000
Staffing	\$ 4,000
Total	\$10,950

Balance of proceeds goes to homeless education and youth programs



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 6 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

**Standard Assurances**

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked.

**Standard Certifications**

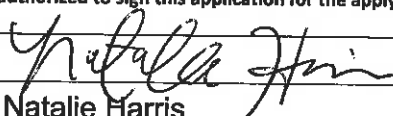
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

**Relationship Disclosure:** List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

**Joseph Hamilton of Louisville Metro Community Services and Revitalization is a membe**

### SECTION 7 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

<b>Signature of Legal Signatory:</b>		<b>Date:</b>	8/15/14
<b>Legal Signatory: (please print):</b>	Natalie Harris	<b>Title:</b>	Executive Director
<b>Phone:</b>	502-636-9550	<b>Extension:</b>	11
<b>Email:</b>	nharris@louhomeless.org		



## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <b>The Coalition for the Homeless, Inc.</b>	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input checked="" type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) <b>1300 S. 4th St., Ste. 250</b>		Requester's name and address (optional)
City, state, and ZIP code <b>Louisville, KY 40208</b>		
List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>								
<b>Employer identification number</b>								
6	1	-	1	1	8	3	0	7

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>7/1/2014</b>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

MAY 23 1988

*Sheryl Davis*

SECRETARY OF STATE

WE, THE UNDERSIGNED, having associated for the purposes of forming a non-profit, non-stock corporation, under and pursuant to the laws of the Commonwealth of Kentucky, and more particularly Kentucky Revised Statutes, Chapter 273, hereby certify as follows:

ARTICLE I - TITLE

The name of the Corporation shall be the Coalition For the Homeless, Inc. ✓

ARTICLE II - DURATION

The duration of the Corporation shall be perpetual or until such time as it is dissolved by operation of law.

ARTICLE III - PURPOSES

The Corporation is organized and shall be operated exclusively for charitable and educational purposes as described within Section 501(c)(3) of the Internal Revenue Code of 1954 and revisions thereto. More specifically, these purposes include the following:

1. To foster a general community awareness of the plight of homeless men, women and children who live on the streets of Louisville and Jefferson County, Kentucky;
2. To promote public policies which are intended to alleviate the health, legal, social and economic problems of said individuals;
3. To purchase, establish, organize and/or operate a Day Center for the homeless and to undertake all activities necessary to the maintenance and development of said Day Center, and
4. To undertake any and all activities which do not conflict with Kentucky Revised Statutes, Chapter 273 and which do not conflict with other laws of the Commonwealth of Kentucky.

The principal place of business and registered office of said Corporation shall be 706 E. Muhammad Ali Blvd., Louisville, Kentucky 40202, and the registered agent for service of process located at said principal place of business shall be Larry Otto.

ARTICLE V - INCORPORATORS

The names and addresses of the incorporators of this Corporation are:

1. Larry Otto  
420 South Second Street  
Louisville, Kentucky 40202
2. Jim Gilmore  
323 W. Broadway  
Louisville, Kentucky 40202
3. Alphonso O'Neil White  
1363 South Second Street  
Louisville, Kentucky 40207

ARTICLE VI - INITIAL  
BOARD OF DIRECTORS

The initial Board of Directors who shall serve until the Board of Directors is duly elected at the first membership meeting are:

1. Larry Otto, President  
421 South Second Street  
Louisville, Kentucky 40202
2. Jim Gilmore, Vice President  
Brown Building, Suite 615  
323 West Broadway  
Louisville, Kentucky 40202
3. Teresa Watson, Secretary  
Seven Counties Services  
834 E. Broadway  
Louisville, Kentucky 40204
4. Alphonso O'Neil White, Treasurer  
1636 South Second Street  
Louisville, Kentucky 40207
5. The Reverend Mike Elliott, at large  
733 East Jefferson Street  
Louisville, Kentucky 40202
6. Blanche Cooper,  
Judge's Designee  
527 West Jefferson, Suite  
Louisville, Kentucky 40202
7. Mary Mulvihill,  
Mayor's Designee  
727 West Main Street  
Louisville, Kentucky 40202

## ARTICLE VII - BYLAWS

The Bylaws for the Corporation shall be adopted by the Board of Directors.

## ARTICLE VIII - NONPROFIT STATUS

No part of the net earnings or assets of the Corporation shall inure to the benefit of, or be distributable to its members, directors, officers or any private persons.

No substantial part of the activities of the Corporation shall be devoted to attempts to influence legislation. Further, the Corporation shall not intervene or otherwise participate in (including through the publication or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these articles, the Corporation shall not undertake activities which are

a) impermissible under Section 501(c)(3) of the Internal Revenue Code of 1954 and amendments, applicable to corporations exempt from federal income tax or

b) impermissible under Section 170(c)(2) of the Internal Revenue Code of 1954 and amendments, applicable to corporations which can receive tax deductible contributions

## ARTICLE IX - DISSOLUTION

Upon the dissolution of the Corporation, the Board of Directors shall, after paying or making provision for payment of all debts and liabilities of the Corporation, dispose of all the assets of the Corporation in the following manner:

1) conveyance or distribution to an organization(s) organized and operated exclusively for charitable, educational, religious or scientific purposes and, at that time, qualified as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1954 (or corresponding provision of any future United States Internal Revenue law), and/or

2) making distributions which, themselves, further civic, educational or charitable purposes which are consistent with the purposes for which this Corporation was formed, consistent with Kentucky Revised Statute, Chapter 273, and consistent with the tax exempt purposes enumerated in Section 501(c)(3) of the Internal Revenue Code.

ARTICLE X - INTERNAL AFFAIRS

The initial Bylaws shall be adopted by the initial Board of Directors. Thereafter, the Corporation shall be governed by the Bylaws. Membership and voting shall be determined as provided in the Bylaws.

ARTICLE XI - LIABILITY

The officers and members of this Corporation shall not be held personally liable for any debt or obligation of the Corporation solely because of their position as officers and members of the Corporation.

ARTICLE XII - AMENDMENTS

Amendments to these Articles shall be made pursuant to the provisions of KRS Section 273.263.

IN TESTIMONY WHEREOF, witness the signatures of the incorporators of this Corporation on this \_\_\_\_ day of February, 1986.

Lawrence C. Otto  
[Signature] ✓  
[Signature]

STATE OF KENTUCKY  
COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority personally appeared Bruce C. Otto, James H. Slemmer, Jr. + Alfonso O'neal White, and being duly sworn, acknowledged that they are incorporators of the aforementioned Corporation, and that they signed the foregoing Articles of Incorporation as their free act and deed.

WITNESS my signature and seal of office this 16<sup>th</sup> day of May, 1986.

My Commission Expires: July 9, 1987

May Kay Hines  
NOTARY PUBLIC, STATE-AT-LARGE,  
KENTUCKY

THIS DOCUMENT PREPARED BY:

Laura M. Douglas  
LAURA M. DOUGLAS,  
ATTORNEY-AT-LAW  
Legal Aid Society, Inc.  
425 W. Muhammad Ali Blvd.  
Louisville, Kentucky 40202

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**THE COALITION FOR THE HOMELESS, INC.**


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**General Information**


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<b>Organization Number</b>	0215424
<b>Name</b>	THE COALITION FOR THE HOMELESS, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	5/22/1986
<b>Organization Date</b>	5/22/1986
<b>Last Annual Report</b>	1/27/2014
<b>Principal Office</b>	1300 SO. FOURTH ST., SUITE 250 LOUISVILLE, KY 40203
<b>Registered Agent</b>	NATALIE HARRIS 1300 SOUTH 4TH STREET, SUITE 250 LOUISVILLE, KY 40208

**Current Officers**


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<b>President</b>	<a href="#">Stacy Deck</a>
<b>Vice President</b>	<a href="#">Lisa Cates</a>
<b>Secretary</b>	<a href="#">Michael Tigue</a>
<b>Treasurer</b>	<a href="#">Michael Browder</a>
<b>Director</b>	<a href="#">Stacy Deck</a>
<b>Director</b>	<a href="#">Michael Tigue</a>
<b>Director</b>	<a href="#">Michael Browder</a>
<b>Director</b>	<a href="#">Lisa Cates</a>

**Individuals / Entities listed at time of formation**


---

<b>Director</b>	<a href="#">LARRY OTTO</a>
<b>Director</b>	<a href="#">JIM GILMORE</a>
<b>Director</b>	<a href="#">TERESA WATSON</a>
<b>Director</b>	<a href="#">REV. MIKE ELLIOTT</a>
<b>Director</b>	<a href="#">BLANCHE COOPER</a>
<b>Incorporator</b>	<a href="#">LARRY OTTO</a>
<b>Incorporator</b>	<a href="#">JIM GILMORE</a>
<b>Incorporator</b>	<a href="#">ALPHONSO O'NEIL WHITE</a>

**Images available online**


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Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<a href="#">Annual Report</a>	1/27/2014	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	1/11/2013	1 page	<a href="#">PDF</a>

Annual report	1/21/2010 2:56:23 PM	1/21/2010 2:56:23 PM
Annual report	3/30/2009 9:46:38 AM	3/30/2009 9:46:38 AM
Annual report	8/11/2008 12:00:58 PM	8/11/2008 12:00:58 PM
Annual report	2/20/2007 7:34:13 AM	2/20/2007
Annual report	1/31/2006 12:03:34 PM	1/31/2006 12:03:34 PM
Annual report	2/11/2005	2/11/2005
Annual report	6/1/2004	6/1/2004
Registered agent address change	7/21/1999	7/21/1999
Principal office change	2/1/1999	2/1/1999
Annual report	7/3/1997	7/3/1997
Registered agent address change	7/3/1997	7/3/1997

**Microfilmed Images**

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Annual Report	12/31/2004 2:06:18 PM	1 page
Annual Report	8/25/2003	1 page
Annual Report	7/2/2002	1 page
Annual Report	8/15/2001	1 page
Annual Report	7/6/2000	4 pages
Annual Report	8/17/1999	5 pages
Statement of Change	7/21/1999	1 page
Annual Report	9/2/1998	5 pages
Statement of Change	7/3/1997	1 page
Annual Report	7/1/1997	3 pages
Annual Report	7/1/1996	3 pages
Annual Report	7/1/1995	1 page
Statement of Change	5/26/1994	1 page
Annual Report	4/20/1994	1 page
Annual Report	4/5/1993	1 page
Annual Report	3/25/1992	1 page
Statement of Change	3/16/1992	1 page
Annual Report	7/1/1991	2 pages
Annual Report	7/1/1990	3 pages
Annual Report	7/1/1989	2 pages
Articles of Incorporation	5/22/1986	6 pages



INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JAN 15 1991

Employer Identification Number:  
61-1118307  
Contact Person:  
DOTTIE DOWNING  
Contact Telephone Number:  
(513) 684-3578

THE COALITION FOR THE HOMELESS INC  
PO BOX 4462  
LOUISVILLE, KY 40204-0462

Our Letter Dated:  
July 2, 1987  
Addendum Applies:  
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the code because you are an organization of the type described in section 509(a)(2).

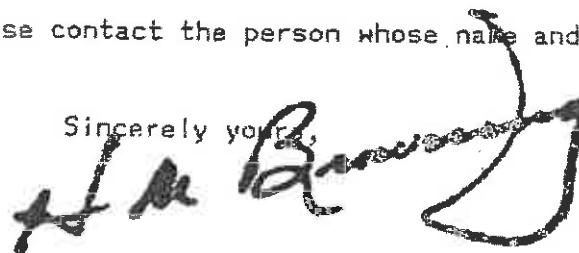
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(2) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.


If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Harold M. Browning  
District Director

## NDF NON-PROFIT APPLICATION CHECKLIST

<b>Legal Name of Applicant Organization:</b> The Coalition for the Homeless, Inc.		
<b>Program Name:</b>	Request Amount	<b>Yes/No/NA</b>
<b>Request form:</b> Is the NDF request form signed by all Council Member(s) appropriating funding?		
<b>Request form:</b> Is the funding proposed less than or equal to the request amount?		
<b>Request form:</b> Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		Y
<b>Application Page 1:</b> Has prior Metro funds committed/granted been disclosed?		Y
<b>Application Page 1:</b> Is the application properly signed and dated by authorized signatory?		Y
<b>Application Page 3:</b> Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		Y
<b>Application Pages 3 – 5:</b> Is the proposed public purpose of the program well-documented?		Y
<b>Application 4:</b> Is there adequate documentation of how the proceeds of the fundraiser will be spent?		Y
<b>Application Budget Page 6:</b> Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for “Metro, Non Metro and Total” expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?		Y
<b>Faith Based Organizations:</b> Is the signed Faith Based Form signed and included?		N
<b>Jefferson County Only:</b> Will all funding be spent in Louisville/Jefferson County?		Y
<b>Capital Project(s) request:</b> Is the cost estimate(s) from proposed vendor(s) included?		Y
<b>Good Standing:</b> Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State – include Secretary of State website information on organization</li> <li>• Louisville Metro Government – check OMB monthly report filed in Council Financial Reports</li> <li>• Internal Revenue Service – most recent Form 990 included</li> </ul>		Y
<b>Separate Taxing Districts:</b> If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?		
<b>Small Cities:</b> Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)		
<b>Operating Requests:</b> Is recommended operating funding less than or equal to 33% of total operating budget?		Y
<b>IRS Exempt Proof:</b> Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		Y
<b>Operating Budget:</b> Is the organization’s current fiscal year operating budget included?		Y
<b>Ordinance Required:</b> Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		
<b>Board Members:</b> Is the entity’s board member list (with term length/term limits) included?		Y
<b>Staff:</b> Is a list of the highest paid staff included with their expected annual personnel costs?		Y
<b>Annual Audit:</b> Is the most recent annual audit (if required by organization) included?		Y
<b>Rent Requests:</b> Is a copy of signed lease included?		N
<b>Articles of Incorporation:</b> Are the Articles of Incorporation of the organization included?		Y
<b>IRS Form W-9:</b> Is the IRS Form W-9 included?		Y
<b>Evaluation Forms:</b> Are the evaluation forms (if program participants are given evaluation forms) included?		NA
<b>Affirmative Action:</b> Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		
<b>Prepared by:</b> 		<b>Date:</b> 10/28/2014

SAVE THE DATE!

**GIVE  
@  
JAM**  
TO END HOMELESSNESS

THURSDAY, DECEMBER 19 AT 6PM  
CLIFTON CENTER - 2117 PAYNE ST.

TEN BANDS LIVE ON THE GIVE-A-JAM  
STAGE! \* SOUPS AND STEWS FROM  
SOME OF LOUISVILLE'S BEST CHEFS! \*  
AUCTION OF HANDMADE ART,  
APPAREL \* ALL PROCEEDS BENEFIT THE  
COALITION FOR THE HOMELESS!

WANT TO SHOW YOU GIVE A JAM  
ABOUT HOMELESSNESS? VISIT  
[CLIFTONCENTER.ORG/GIVEAJAM](http://CLIFTONCENTER.ORG/GIVEAJAM)  
TO LEARN HOW

REVENUE	2014 15	2014-14	C&M/FYF	VIF	COMUNITY COORDINATOR	TABLE	Stand Down	Street Tmp	CBS	BOITRE	LAMB	FYVA	SARAFI	PRVA	Adm'n.	Shop	DEVELOPMENT	TOTAL
RESTRICTED	GRANTS & CONTRACTS	SPLE	Advocacy	HRS	Homeless Prev. Prog. (RFB)	HHD	C&C Planning	HRP	HRP	HRP	HRP	HRP	HRP	HRP	HRP	HRP	HRP	HRP
	\$ 8,000.00	\$ 8,000.00	\$ 8,000.00	\$ 8,000.00	\$ 10,000.00	\$ 208,577.00									\$ 8,000.00			\$ 9,000.00
	\$ 10,000.00	\$ 10,000.00	\$ 7,718.00															\$ 19,718.00
	\$ 208,577.00	\$ 208,577.00	\$ 107,045.00	\$ 103,000.00														\$ 209,577.00
	\$ 997,887.00	\$ 997,887.00																\$ 997,887.00
	\$ 207,228.00	\$ 207,228.00																\$ 207,228.00
	\$ 862,524.00	\$ 862,524.00																\$ 862,524.00
	\$ 71,837.00	\$ 71,837.00	\$ 68,574.50															\$ 71,837.00
	\$ 21,000.00	\$ 21,000.00	\$ 21,000.00															\$ 21,000.00
	\$ 12,000.00	\$ 12,000.00		\$ 20,000.00			\$ 12,000.00											\$ 12,000.00
	\$ 57,000.00	\$ 57,000.00																\$ 57,000.00
	\$ 25,000.00	\$ 25,000.00																\$ 25,000.00
	\$ 1,000.00	\$ 5,000.00						\$ 1,000.00										\$ 1,000.00
	\$ 325,000.00	\$ 325,000.00	\$ 282,701.00	\$ 32,000.00	\$ 325,000.00	\$ 325,000.00	\$ 12,000.00	\$ 1,000.00	\$ 87,848.00	\$ 87,848.00	\$ 844,278.00	\$ 220,827.00	\$ 485,138.50	\$ 173,827.00	\$ 8,000.00			\$ 325,000.00
	\$ 3,045,920.00	\$ 887,894.00	\$ 2,062,701.00	\$ 2,062,701.00	\$ 2,062,701.00	\$ 2,062,701.00												\$ 3,045,920.00
UNRESTRICTED																		
Membership Dues	\$ 30,000.00	\$ 30,000.00																\$ 30,000.00
HRS Member Fees	\$ 19,000.00	\$ 20,500.00																\$ 19,000.00
Special Event Income	\$ 45,000.00	\$ 40,000.00																\$ 45,000.00
Donations - Cops and Bur	\$ 25,000.00	\$ 81,000.00																\$ 25,000.00
Donations - Individuals	\$ 35,000.00																	\$ 35,000.00
Donations - Foundations	\$ 30,000.00																	\$ 30,000.00
Donations - Religious	\$ 1,000.00	\$ 275,000.00																\$ 1,000.00
Shop	\$ 260,000.00																	\$ 260,000.00
Misc Income																		
Investments	\$ 5,000.00																	\$ 5,000.00
Interest	\$ 100.00																	\$ 100.00
Bank	\$ 488,100.00	\$ 487,000.00																\$ 488,100.00
Subtotal	\$ 3,544,120.00	\$ 1,384,254.00	\$ 2,062,701.00	\$ 32,000.00	\$ 3,544,120.00	\$ 3,544,120.00	\$ 12,000.00	\$ 1,000.00	\$ 87,848.00	\$ 87,848.00	\$ 844,278.00	\$ 220,827.00	\$ 485,138.50	\$ 173,827.00	\$ 8,000.00			\$ 3,544,120.00
TOTAL																		
EXPENSES																		
Board Meeting Exp	\$ 500.00																	\$ 500.00
Event/Field Expenses	\$ 1,700.00	\$ 1,900.00	\$ 200.00															\$ 1,700.00
Fundraising Event Exp	\$ 4,000.00	\$ 7,500.00																\$ 4,000.00
Bank Service Charges	\$ 200.00	\$ 600.00																\$ 200.00
Server Hosting																		
Server Hosting and Maint	\$ 1,600.00	\$ 1,700.00																\$ 1,600.00
Web Hosting and Maint	\$ 2,000.00	\$ 2,000.00																\$ 2,000.00
Internet Costs	\$ 2,000.00	\$ 1,800.00																\$ 2,000.00
Payroll Services	\$ 8,100.00	\$ 1,400.00																\$ 8,100.00
Marketing Services	\$ 1,400.00																	\$ 1,400.00
Membership and Dues	\$ 1,400.00																	\$ 1,400.00
Books and Reference M																		
Misc Utilities Web Equip																		
Advt	\$ 9,700.00	\$ 10,000.00	\$ 5,142.00															\$ 9,700.00
Accounting Services	\$ 6,500.00																	\$ 6,500.00
Other Contract Services	\$ 4,500.00		\$ 4,200.00															\$ 4,500.00
Property and Liability In	\$ 2,800.00	\$ 3,700.00																\$ 2,800.00
Copyright	\$ 1,900.00		\$ 1,082.00															\$ 1,900.00
Printing	\$ 6,000.00	\$ 6,000.00																\$ 6,000.00
Street Signs Printing	\$ 2,000.00	\$ 2,000.00	\$ 1,237.00															\$ 2,000.00
Postage	\$ 40,000.00	\$ 40,000.00	\$ 12,000.00															\$ 40,000.00
Rent	\$ 14,000.00	\$ 14,000.00	\$ 8,571.00															\$ 14,000.00
Office Supplies	\$ 1,000.00	\$ 1,000.00	\$ 4,000.00															\$ 1,000.00
Telephone	\$ 8,000.00	\$ 8,000.00																\$ 8,000.00
Dental Insurance																		
Health Insurance and Fe	\$ 27,381.00	\$ 18,565.00	\$ 18,565.00															\$ 27,381.00
Salaries	\$ 454,380.00	\$ 399,315.00	\$ 150,280.00															\$ 454,380.00
Retirement Funds	\$ 27,800.00																	\$ 27,800.00
Liability Insurance	\$ 4,700.00		\$ 12,035.00															\$ 4,700.00
Worker's Comp Insurance	\$ 700.00		\$ 1,823.00															\$ 700.00
Employer Payroll Tax	\$ 23,232.00		\$ 6,652.00															\$ 23,232.00
Staff Training/Development	\$ 4,800.00	\$ 15,000.00																\$ 4,800.00
Conferences	\$ 8,000.00	\$ 6,000.00	\$ 4,000.00															\$ 8,000.00
Travel and Exp	\$ 4,000.00	\$ 8,000.00	\$ 1,200.00															\$ 4,000.00
Investment Losses																		
Travelers																		
Hardware Equipment an	\$ 64,000.00	\$ 68,800.00																\$ 64,000.00
Printing Expenses	\$ 100.00	\$ 100.00																\$ 100.00

REVENUE	2014-15		2013-14		COMMUNITY COORDINATION						THE GRANTS				DAW ELAPMENT		TOTAL				
	2014-15	2013-14	2014-15	2013-14	W/ABRPP	W/	BOONDAVE	TASC	Send Down	News/Rep	CEJ	ROTH EI	LASH	RTYA	WAAH	FOUTA		Admncy	Empy	Phmblers	Grant
RESTRICTED																					
Normal Life Expenses	\$ 1,800.00	\$ -	\$ 1,800.00	\$ -																	\$ 1,800.00
Language Lab Expense	\$ 550.00	\$ -	\$ 550.00	\$ -																	\$ 550.00
Community Education/E	\$ 2,000.00	\$ -	\$ 2,000.00	\$ -																	\$ 2,000.00
Single License and Fee	\$ 375.00	\$ -	\$ 375.00	\$ -																	\$ 375.00
Single Security	\$ 4,000.00	\$ -	\$ 4,000.00	\$ -																	\$ 4,000.00
Single Rent	\$ 80,000.00	\$ -	\$ 80,000.00	\$ -																	\$ 80,000.00
Single Supplies	\$ 70,000.00	\$ -	\$ 70,000.00	\$ -																	\$ 70,000.00
Single Advertising	\$ 2,700.00	\$ -	\$ 2,700.00	\$ -																	\$ 2,700.00
Single Taxes	\$ 16,000.00	\$ -	\$ 16,000.00	\$ -																	\$ 16,000.00
Single Payroll Tax	\$ 84,000.00	\$ -	\$ 84,000.00	\$ -																	\$ 84,000.00
Single Printing	\$ 800.00	\$ -	\$ 800.00	\$ -																	\$ 800.00
Single Fines and Penalties	\$ 100.00	\$ -	\$ 100.00	\$ -																	\$ 100.00
HOV Leasing	\$ 997,887.00	\$ -	\$ 997,887.00	\$ -																	\$ 997,887.00
HOV Operations	\$ 287,228.00	\$ -	\$ 287,228.00	\$ -																	\$ 287,228.00
HOV Services	\$ 882,824.00	\$ -	\$ 882,824.00	\$ -																	\$ 882,824.00
HOV Admin	\$ 76,937.00	\$ -	\$ 76,937.00	\$ -																	\$ 76,937.00
TARC Tickets	\$ 520,000.00	\$ -	\$ 520,000.00	\$ -																	\$ 520,000.00
Rec: Housing Deposits	\$ -	\$ -	\$ -	\$ -																	\$ -
White Flag and Shelter E	\$ 33,000.00	\$ -	\$ 33,000.00	\$ -																	\$ 33,000.00
Send Down Expenses	\$ 10,000.00	\$ -	\$ 10,000.00	\$ -																	\$ 10,000.00
TOTAL	\$ 3,342,895.79	\$ 1,211,877.00	\$ 3,342,895.79	\$ 1,211,877.00	\$ 285,541.53	\$ 31,000.00	\$ 285,541.53	\$ 31,000.00	\$ 10,000.00	\$ 4,900.00	\$ 697,343.06	\$ 877,660.00	\$ 6,971,765.08	\$ 223,517.26	\$ 463,118.50	\$ 173,627.90	\$ 10,233.40	\$ 231,659.17	\$ 142,584.70	\$ 79,880.00	\$ 10,400.00
Expenses	\$ 3,342,895.79	\$ 1,211,877.00	\$ 3,342,895.79	\$ 1,211,877.00	\$ (65,846.13)	\$ -	\$ (14,651.99)	\$ 5,000.00	\$ 1,000.00	\$ (3,200.00)	\$ -	\$ -	\$ 14,000.00	\$ -	\$ -	\$ -	\$ (2,202.40)	\$ 70,340.43	\$ (7,542.70)	\$ 71,010.00	\$ (5,746.79)
In-Kind Donations	\$ 35,000.00	\$ -	\$ 35,000.00	\$ -																	\$ 35,000.00

The Coalition for the Homeless, Inc.,  
1300 S. 4<sup>th</sup> St., Suite 250, Louisville KY 40208  
(502) 636-9550, Fax: 636-9950



## 2014-2015 BOARD OF DIRECTORS

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## 2014-2015 BOARD OF DIRECTORS

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Term expires: December 2016

**THE COALITION FOR THE HOMELESS, INC.**

**FINANCIAL REPORT**

**JUNE 30, 2013**



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*Jones, Nale & Mattingly PLC*

## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors  
The Coalition for the Homeless, Inc.  
Louisville, Kentucky

We have audited the accompanying statement of The Coalition for the Homeless, Inc., (a nonprofit organization), which comprise the statements of financial position as of June 30, 2013 and 2012, and the related statements of activities, functional expenses and cash flows for the years 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 audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from 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 auditor's 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 auditor considers internal control relevant to the entity'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 entity'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 The Coalition for the Homeless, Inc. as of June 30, 2013 and 2012, and the changes in its net assets and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

*Jones, Nale & Mattingly PC*

Louisville, Kentucky  
December 2, 2013

THE COALITION FOR THE HOMELESS, INC.

STATEMENTS OF FINANCIAL POSITION

June 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
<b>ASSETS</b>		
Cash	\$ 196,028	\$ 225,857
Grants receivable	103,913	31,745
Inventory	8,698	15,763
Prepaid expenses	6,728	6,970
Investments (Notes 2 and 3)	148,399	135,504
Furniture and equipment, net (Note 4)	<u>16,030</u>	<u>1,719</u>
Total assets	<u>\$ 479,796</u>	<u>\$ 417,558</u>
<b>LIABILITIES</b>		
Accounts payable	\$ 3,201	\$ 49,108
Accrued expenses and withholdings	<u>4,702</u>	<u>6,498</u>
Total liabilities	<u>\$ 7,903</u>	<u>\$ 55,606</u>
<b>NET ASSETS</b>		
Unrestricted	\$ 443,824	\$ 315,213
Temporarily restricted (Note 6)	<u>28,069</u>	<u>46,739</u>
Total net assets	<u>\$ 471,893</u>	<u>\$ 361,952</u>
Total liabilities and net assets	<u>\$ 479,796</u>	<u>\$ 417,558</u>

The Notes to Financial Statements are an integral part of these statements.

**THE COALITION FOR THE HOMELESS, INC.**

**STATEMENTS OF ACTIVITIES  
Years Ended June 30, 2013 and 2012**

UNRESTRICTED NET ASSETS	2013	2012
Revenues and support:		
Grants and contributions	\$ 482,014	\$ 502,521
Charitable gaming revenue	\$ 1,941,821	\$ 2,133,038
Direct payouts	(1,666,254)	(1,796,696)
Other direct expenses	<u>(182,395)</u>	<u>(177,644)</u>
In-kind income	94,545	--
Membership dues	42,500	23,850
Special events	40,990	29,525
Investment income	280	477
Net realized and unrealized gain on investments	12,790	1,076
Other income	<u>51,312</u>	<u>11,433</u>
Total support and revenue	<u>\$ 817,603</u>	<u>\$ 727,580</u>
Released from restrictions	<u>\$ 40,034</u>	<u>\$ 36,780</u>
Expenses:		
Program services	\$ 537,227	\$ 525,150
General and administrative	129,928	98,823
Fundraising	<u>61,871</u>	<u>32,115</u>
	<u>\$ 729,026</u>	<u>\$ 656,088</u>
Increase in unrestricted net assets	<u>\$ 128,611</u>	<u>\$ 108,272</u>
 TEMPORARILY RESTRICTED NET ASSETS		
Grants	\$ 21,364	\$ 46,739
Released from restrictions	<u>(40,034)</u>	<u>(36,780)</u>
Increase (decrease) in temporarily restricted net assets	<u>\$ (18,670)</u>	<u>\$ 9,959</u>
Increase in net assets	<u>\$ 109,941</u>	<u>\$ 118,231</u>
<hr/> NET ASSETS AT BEGINNING OF YEAR	<hr/> <u>361,952</u>	<hr/> <u>243,721</u>
NET ASSETS AT END OF YEAR	<u>\$ 471,893</u>	<u>\$ 361,952</u>

The Notes to Financial Statements are an integral part of these statements.

THE COALITION FOR THE HOMELESS, INC.

STATEMENTS OF FUNCTIONAL EXPENSES  
Years Ended June 30, 2013 and 2012

	2013			
	Program Services	General and Administrative	Fund- raising	Total
Salaries	\$ 260,229	\$ 48,793	\$ 16,264	\$ 325,286
Payroll taxes	23,162	4,343	1,447	28,952
Employee benefits	69,715	13,072	4,357	87,144
Advertising	2,230	1,487	--	3,717
Shelter assistance	32,102	--	--	32,102
Supplies	9,488	4,744	1,582	15,814
Printing	2,617	1,308	436	4,361
Postage	1,096	548	183	1,827
Stand down program expense	9,977	--	--	9,977
Rent	18,630	9,315	3,105	31,050
Repairs and maintenance	1,877	1,252	--	3,129
Insurance	3,518	2,345	--	5,863
Telephone	7,073	3,537	1,179	11,789
Auto, travel and conferences	15,879	--	--	15,879
Dues and subscriptions	--	1,957	--	1,957
Depreciation	443	221	74	738
Professional fees	74,187	34,468	--	108,655
Miscellaneous	5,004	2,017	189	7,210
Special events	--	--	33,055	33,055
Board and committees	--	421	--	421
Licenses	--	100	--	100
	<u>\$ 537,227</u>	<u>\$ 129,928</u>	<u>\$ 61,871</u>	<u>\$ 729,026</u>

The Notes to Financial Statements are an integral part of these statements.

2012

Program Services	General and Administrative	Fund-raising	Total
\$ 270,348	\$ 50,158	\$ 13,880	\$ 334,386
24,489	4,566	1,382	30,437
72,789	14,680	4,669	92,138
--	--	--	--
41,053	--	--	41,053
8,009	4,004	1,335	13,348
5,486	825	275	6,586
808	404	135	1,347
15,293	--	--	15,293
13,230	6,615	2,205	22,050
1,231	821	--	2,052
646	431	--	1,077
2,791	1,395	465	4,651
10,971	--	--	10,971
--	1,752	--	1,752
217	109	36	362
57,489	7,100	1,112	65,701
300	4,115	6,621	11,036
--	--	--	--
--	1,358	--	1,358
--	490	--	490
<u>\$ 525,150</u>	<u>\$ 98,823</u>	<u>\$ 32,115</u>	<u>\$ 656,088</u>

THE COALITION FOR THE HOMELESS, INC.

STATEMENTS OF CASH FLOWS  
Years Ended June 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Increase in net assets	\$ 109,941	\$ 118,231
Adjustments to reconcile increase in net assets to net cash provided by (used in) operating activities:		
Depreciation	738	362
Net realized and unrealized (gain) on investments	(12,790)	(1,076)
Change in assets and liabilities net of the effects of investing activities:		
(Increase) in grants receivable	(72,168)	(13,742)
Decrease in inventory	7,065	6,439
(Increase) decrease in prepaid expenses	242	(1,840)
Increase (decrease) in accounts payable	(45,907)	514
(Decrease) in accrued expenses	(1,796)	(15,128)
Net cash provided by (used in) operating activities	<u>\$ (14,675)</u>	<u>\$ 93,760</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchase of investments	\$ (13,562)	\$ (25,257)
Proceeds from sale of investments	13,457	11,948
Purchase of equipment	(15,050)	(1,699)
Net cash (used in) investing activities	<u>\$ (15,155)</u>	<u>\$ (15,008)</u>
Net increase (decrease) in cash	\$ (29,830)	\$ 78,752
Cash:		
Beginning of year	<u>225,857</u>	<u>147,105</u>
End of year	<u>\$ 196,027</u>	<u>\$ 225,857</u>

The Notes to Financial Statements are an integral part of these statements.



## THE COALITION FOR THE HOMELESS, INC.

### NOTES TO FINANCIAL STATEMENTS

#### Note 1. Significant Accounting Policies

##### Nature of operations

The Coalition for the Homeless, Inc. ("the Coalition") is a not-for-profit corporation in Louisville, Kentucky, formed to advocate for the homeless and for the prevention and elimination of homelessness. The Coalition derives a significant portion of its revenues from contributions and grants from third party donors and governmental entities.

##### Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting periods. Accordingly, actual results could differ from those estimates.

##### Grants Receivable

Grants receivable are stated at face amount with no allowance for doubtful accounts. An allowance for doubtful accounts is not considered necessary because probable uncollectible accounts are immaterial.

##### Investments

Investments consist of money market accounts, mutual funds and certificates of deposit and are stated at fair value as determined by quoted market prices. Unrealized gains and losses are included in the change in net assets in the accompanying statement of activities. The Coalition classifies all cash and money market accounts held in managed accounts as investments.

##### Inventory

Inventory is valued at the lower of cost or market, cost being determined by the first-in, first-out (FIFO) method.

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##### Property, equipment and depreciation

Property and equipment are stated at cost or appraised value at the date of gift for donated assets. The Coalition has a policy to capitalize expenditures for property and equipment greater than \$1,000. Depreciation is provided on the straight-line method over the estimated useful lives of the assets.

## NOTES TO FINANCIAL STATEMENTS

### Note 1. Significant Accounting Policies (Continued)

#### Contributions and grants

Contributions and grants received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence or nature of any donor restrictions. All donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

#### Donated goods and services

The value of donated goods is recorded as support and expenses in the statement of activities. A large number of volunteers have given significant amounts of their time to the Coalition's operating activities. No amounts have been reflected in these statements for such services, since the services do not require specialized skills.

#### Income taxes

The Coalition for the Homeless, Inc., qualifies as a tax exempt organization under Section 501(c)(3) of the Internal Revenue Code and, accordingly, no provision for federal and state income taxes has been made in these statements.

The Coalition's accounting policy provides that a tax expense/benefit from an uncertain tax position may be recognized when it is more likely than not that the position will be sustained upon examination, including resolution of any related appeals or litigation processes, based on the technical merits. Management believes the Coalition has no uncertain tax positions resulting in an accrual of tax expense or benefit.

The Coalition's Federal Return of Organization Exempt from Income Tax, Form 990, is subject to examination by the taxing authorities until the expiration of the related statutes of limitations on the return, which are generally three years.

#### Reclassification

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Certain amounts presented in the prior year have been reclassified to conform with the current year presentation.

#### Subsequent events

Management has evaluated subsequent events through December 2, 2013, the date the financial statements were available to be issued.

## NOTES TO FINANCIAL STATEMENTS

### Note 2. Investments

Approximate fair value of investments compared to cost is as follows:

	June 30, 2013		June 30, 2012	
	Fair Value	Cost	Fair Value	Cost
Cash and cash equivalents	\$ 3,122	\$ 3,122	\$ 2,209	\$ 2,209
Certificates of deposit	--	--	13,457	13,457
Mutual funds	145,277	117,433	119,838	106,902
	\$ 148,399	\$ 120,555	\$ 135,504	\$ 122,568

### Note 3. Fair Values of Financial Instruments

U.S. GAAP provides a framework for fair value measurements. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The methodology for measuring fair value specifies a three-tier hierarchy of valuation techniques based upon whether the inputs to those valuation techniques are based on quoted prices of identical assets or liabilities (Level 1), significant other observable inputs (Level 2), or significant other unobservable inputs that reflect a company's own assumptions of market participant valuation (Level 3).

Fair values of assets measured on a recurring basis at June 30, 2013 and 2012 are as follows:

	Balance at June 30, 2013	Fair Value Measurements Using:		
		Level 1	Level 2	Level 3
Financial assets:				
Money market accounts	\$ 3,122	\$ 3,122	\$ --	\$ --
Mutual funds				
Growth	59,546	59,546	--	--
Growth and income	21,319	21,319	--	--
Income	64,412	64,412	--	--
	\$ 148,399	\$ 148,399	\$ --	\$ --

	Balance at June 30, 2012	Fair Value Measurements Using:		
		Level 1	Level 2	Level 3
Financial assets:				
Money market accounts	\$ 2,209	\$ 2,209	\$ --	\$ --
Certificates of deposit	13,457	--	13,457	--
Mutual funds				
Growth	46,886	46,886	--	--
Growth and income	15,697	15,697	--	--
Income	57,255	57,255	--	--
	\$ 135,504	\$ 122,047	\$ 13,457	\$ --

## NOTES TO FINANCIAL STATEMENTS

**Note 3. Fair Values of Financial Instruments (Continued)**

The valuation methodologies used for assets and liabilities measured at fair value are:

The carrying amounts of money market accounts and certificates of deposit approximate fair value due to the short-term nature of these instruments.

Mutual funds are valued at fair value based on quoted market prices for identical securities in active markets that the Coalition has the ability to access at the measurement date.

**Note 4. Property and Equipment**

Major classes of property and equipment and total accumulated depreciation are as follows:

	June 30, 2013	June 30, 2012
Assets, furniture and equipment	\$ 18,276	\$ 3,226
	\$ 18,276	\$ 3,226
Less accumulated depreciation	(2,246)	(1,507)
	\$ 16,030	\$ 1,719

**Note 5. Pension Plan**

The Coalition maintains a simplified employee pension plan covering all employees who have attained 21 years of age and earn in excess of \$500. The Coalition contributes 7% of each eligible employee's salary. Employer contributions for the years ended June 30, 2013 and 2012 were \$23,175 and \$22,212, respectively.

**Note 6. Temporarily Restricted Net Assets**

Temporarily restricted net assets consist of the following:

	June 30, 2013	June 30, 2012
Continuum of Care Program, Metro United Way	\$ 11,018	\$ 10,802
Quality Assurance Standards Program, Metro United Way	7,345	7,201
HMIS Grant, Metro United Way	3,000	--
5k Walk Fundraiser	--	9,648
Rx:Housing Grant	6,706	19,088
	\$ 28,069	\$ 46,739

## NOTES TO FINANCIAL STATEMENTS

### Note 7. Operating Leases

The Coalition entered into a renewable one year lease with E&M Distributing, Inc., effective February 2, 2006, to lease a charity bingo hall to operate twice weekly bingo games. For the years ended June 30, 2013 and 2012, lease payments for the bingo hall totaled \$81,000 and \$69,529, respectively.

The Coalition entered into a five year lease with Ollie Green Commercial Properties effective November 1, 2010, to lease commercial office space. The monthly payment is \$1,838. Lease payments for the office space totaled \$22,050, respectively, for both the years ended June 30, 2013 and 2012.

The Coalition entered into a five year lease with Ollie Green Commercial Properties effective December 10, 2012, to lease additional commercial office space. The monthly payment is \$1,500. Lease payments for the office space totaled \$9,000 for the year ended June 30, 2013.

The future minimum lease payments required under these lease agreements for each of the succeeding years are as follows:

Due Fiscal Year Ending June 30,	
2014	\$ 40,050
2015	40,050
2016	25,350
2017	18,000
2018	9,000
	\$ 132,450

### Note 8. Fiscal Agent

The Coalition and the Transit Authority of River City ("TARC") have entered into an agreement allowing the Coalition to act as TARC's fiscal agent and sell discounted TARC tickets to homeless shelters for their clients' use. The Coalition receives a small transaction fee for this service. The related ticket revenue and expense is recorded as other income in the statements of activities and is presented as follows:

	June 30, 2013	June 30, 2012
Ticket revenue	\$ 418,190	\$ 313,145
Ticket expense	(391,363)	(305,325)
Net ticket income	\$ 26,827	\$ 7,820

## NOTES TO FINANCIAL STATEMENTS

### Note 9. Risks and Uncertainties

The Coalition received approximately 11% and 21%, respectively, of its June 30, 2013 and 2012 total support and revenue from charitable gaming.

The Institution invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of the investment securities will occur in the near term and that such changes could materially affect market values and the amounts reported in the financial statements.

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2012**

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE COALITION FOR THE HOMELESS, INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1300 S. 4TH STREET 250</b> City, town, or post office, state, and ZIP code <b>LOUISVILLE, KY 40208</b> <b>F</b> Name and address of principal officer: <b>NATALIE HARRIS</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>61-1118307</b> <b>E</b> Telephone number <b>502-636-9550</b> <b>G</b> Gross receipts \$ <b>3,009,921.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.LOUHOMELESS.ORG</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>L</b> Year of formation: <b>1986</b>		<b>M</b> State of legal domicile: <b>KY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF THE COALITION FOR THE HOMELESS IS TO ADVOCATE FOR PEOPLE WHO ARE HOMELESS AND FOR THE</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>16</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>16</b> <b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) ..... <b>5</b> <b>9</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>800</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>0.</b>																									
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">570,971.</td> <td style="text-align: right;">564,549.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">313,145.</td> <td style="text-align: right;">418,190.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">477.</td> <td style="text-align: right;">13,070.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">201,484.</td> <td style="text-align: right;">164,796.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">1,086,077.</td> <td style="text-align: right;">1,160,605.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	570,971.	564,549.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	313,145.	418,190.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	477.	13,070.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	201,484.	164,796.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	1,086,077.	1,160,605.						
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**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>NATALIE HARRIS, EXECUTIVE DIRECTOR</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JON A. MEYER</b>	Preparer's signature  Date  Check if self-employed <input type="checkbox"/> PTIN <b>P01379283</b>
	Firm's name ▶ <b>JONES, NALE &amp; MATTINGLY PLC</b> Firm's address ▶ <b>642 SOUTH FOURTH ST, STE 300</b> <b>LOUISVILLE, KY 40202</b>	Firm's EIN ▶ <b>61-0420207</b> Phone no. <b>(502) 583-0248</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF THE COALITION FOR THE HOMELESS IS TO ADVOCATE FOR PEOPLE WHO ARE HOMELESS AND FOR THE PREVENTION AND ELIMINATION OF HOMELESSNESS. THE COALITION FOR THE HOMELESS HAS BEEN THE VOICE OF HOMELESSNESS IN LOUISVILLE FOR ALMOST A QUARTER OF A CENTURY. WE WORK

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 505,125. including grants of \$ ) (Revenue \$ 93,172.) ADVOCACY, COORDINATION AND EDUCATION - THE PRIMARY OBJECTIVE OF THE COALITION IS EVALUATION OF HOMELESSNESS IN THE COMMUNITY, THE EDUCATION OF CITIZENS ABOUT HOMELESSNESS AND THE COORDINATION OF OTHER HOMELESS AGENCIES. THE COALITION SURVEYED 224 HOMELESS INDIVIDUALS AND REVIEWED SERVICES PROVIDED AND NEEDED. THE COALITION ALSO COMPLETED THE COORDINATION OF VARIOUS AGENCIES AND THEIR SERVICES THROUGH A COMPUTERIZED SYSTEM RESULTING IN AN ADDITIONAL \$8 MILLION FOR PARTICIPATING AGENCIES. ALSO, THE COALITION ACHIEVED A HOMELESS ID BILL FOR THE STATE AND CHANGES TO THE FOSTER CARE LAW.

4b (Code: ) (Expenses \$ 391,363. including grants of \$ ) (Revenue \$ 418,190.) TARC TICKET SALES - THE COALITION FOR THE HOMELESS NEGOTIATED WITH TARC (TRANSIT AUTHORITY OF RIVER CITY) TO PURCHASE TARC TICKETS AND PASSES AT A REDUCED RATE. TARC TICKETS AND PASSES ARE SOLD AT HALF PRICE TO AGENCY MEMBERS OF THE COALITION FOR THE HOMELESS. THEY ARE PROVIDED FOR HOMELESS PERSONS ONLY. THE COALITION PURCHASES APPROXIMATELY 6,000 TICKETS AND 375 PASSES PER MONTH.

4c (Code: ) (Expenses \$ 32,102. including grants of \$ 32,102.) (Revenue \$ ) WHITE FLAG - THE WHITE FLAG PROGRAM PROVIDES EMERGENCY SHELTER FOR PERSONS WHO WOULD OTHERWISE BE TURNED AWAY DURING SEVERE WEATHER (ABOVE 95 DEGREES OR BELOW 35 DEGREES). SIX SHELTERS PARTICIPATE IN THE PROGRAM AND SUBMIT THEIR HOUSING NUMBERS BEYOND THEIR NORMAL CAPACITY TO THE COALITION FOR REIMBURSEMENT. A TOTAL OF 8,132 INDIVIDUALS WERE SHELTERED THROUGH THIS PROGRAM.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 928,590.



**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 Schedule B, Schedule of Contributors?	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 temporarily restricted endowments, permanent endowments, or 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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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>		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 <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	X
<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>23</b>	X
<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 25</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<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>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) 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>25a</b>	X
<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>25b</b>	X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<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>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<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>32</b>	X
<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>33</b>	X
<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>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<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>35b</b>	
<b>36</b> <b>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>36</b>	X
<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>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, sub-part, Yes, and No. Contains questions 1a through 14b regarding IRS filings and tax compliance.

**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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	16													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.														
b Enter the number of voting members included in line 1a, above, who are independent		16												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?														X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?														X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O														X

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?														X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?														
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X											
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.														
12a Did the organization have a written conflict of interest policy? If "No," go to line 13				X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				X										
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done				X										
13 Did the organization have a written whistleblower policy?				X										
14 Did the organization have a written document retention and destruction policy?				X										
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?														
a The organization's CEO, Executive Director, or top management official				X										
b Other officers or key employees of the organization				X										
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).														
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?														X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?														

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **KY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 502-636-9550**  
**1300 S. 4TH STREET, NO. 250, LOUISVILLE, KY 40208**

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

Check if Schedule O contains a response to any question 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) MARK SNYDER CHAIRPERSON	1.00	X		X				0.	0.	0.
(2) STACY DECK VICE CHAIR	1.00	X		X				0.	0.	0.
(3) KATHY BEACH TREASURER	1.00	X		X				0.	0.	0.
(4) GLENN KOSSE DIRECTOR	1.00	X						0.	0.	0.
(5) ED WNOROWSKI DIRECTOR	1.00	X						0.	0.	0.
(6) JOSEPH HAMILTON DIRECTOR	1.00	X						0.	0.	0.
(7) BERNARD MINNIS DIRECTOR	1.00	X						0.	0.	0.
(8) JUDITH BLOOR DIRECTOR	1.00	X						0.	0.	0.
(9) DEBRA DELOR DIRECTOR	1.00	X						0.	0.	0.
(10) LISA CATES DIRECTOR	1.00	X						0.	0.	0.
(11) BETH WHITE DIRECTOR	1.00	X						0.	0.	0.
(12) LINDA RUFFENACH DIRECTOR	1.00	X						0.	0.	0.
(13) MICHAEL TIGUE DIRECTOR	1.00	X						0.	0.	0.
(14) MICHAEL BROWDER DIRECTOR	1.00	X						0.	0.	0.
(15) BARRY STEIGER DIRECTOR	1.00	X						0.	0.	0.
(16) ANNE MCRUNE DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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 Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							0.	0.	0.	

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 **0**

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

**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
NONE		

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 **0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question 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, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	1a				
	<b>b</b> Membership dues	1b	42,500.			
	<b>c</b> Fundraising events	1c				
	<b>d</b> Related organizations	1d				
	<b>e</b> Government grants (contributions)	1e	438,719.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	1f	83,330.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f		564,549.			
<b>Program Service Revenue</b>	<b>2 a</b> TARC TICKETS	Business Code 624100	418,190.	418,190.		
	<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		418,190.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		280.		280.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	13,457.			
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses	667.			
		<b>c</b> Gain or (loss)	12,790.			
	<b>d</b> Net gain or (loss)		12,790.		12,790.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	71,624.			
		<b>b</b> Less: direct expenses	0.			
<b>c</b> Net income or (loss) from fundraising events			71,624.		71,624.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>	1,941,821.				
	<b>b</b> Less: direct expenses	1,848,649.				
	<b>c</b> Net income or (loss) from gaming activities		93,172.	93,172.		
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold					
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b>	<b>a</b>					
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions.		1,160,605.	511,362.	0.	84,694.	

**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 to any question 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 governments and organizations in the United States. See Part IV, line 21	32,102.	32,102.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	325,286.	260,229.	48,793.	16,264.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	87,144.	69,715.	13,072.	4,357.
9	Other employee benefits				
10	Payroll taxes	28,952.	23,162.	4,343.	1,447.
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	108,655.	74,187.	34,468.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	3,717.	2,230.	1,487.	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	31,050.	18,630.	9,315.	3,105.
17	Travel	15,879.	15,879.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	421.		421.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	738.	443.	221.	74.
23	Insurance	5,863.	3,518.	2,345.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<b>PROGRAM EXPENSE</b>	401,340.	401,340.		
b	<b>MISCELLANEOUS</b>	40,265.	5,004.	2,017.	33,244.
c	<b>SUPPLIES</b>	15,814.	9,488.	4,744.	1,582.
d	<b>TELEPHONE</b>	11,789.	7,073.	3,537.	1,179.
e	All other expenses	11,374.	5,590.	5,165.	619.
25	<b>Total functional expenses.</b> Add lines 1 through 24e	1,120,389.	928,590.	129,928.	61,871.
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)



**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	225,857.	1	196,028.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	31,745.	3	103,913.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	15,763.	8	8,698.
	9 Prepaid expenses and deferred charges	6,970.	9	6,728.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,276.		
	b Less: accumulated depreciation	10b 2,246.	10c	16,030.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	135,504.	12	148,399.
	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 34)	417,558.	16	479,796.	
Liabilities	17 Accounts payable and accrued expenses	55,606.	17	7,903.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	55,606.	26	7,903.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	315,213.	27	443,824.
	28 Temporarily restricted net assets	46,739.	28	28,069.
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 <b>Total net assets or fund balances</b>	361,952.	33	471,893.	
34 <b>Total liabilities and net assets/fund balances</b>	417,558.	34	479,796.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,160,605.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,120,389.
3	Revenue less expenses. Subtract line 2 from line 1	3	40,216.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	361,952.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	88,395.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-18,670.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	471,893.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization: **THE COALITION FOR THE HOMELESS, INC.** Employer identification number: **61-1118307**

**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 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____	11g(i)	
(ii) A family member of a person described in (i) above? _____	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<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 .....						
<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 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<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 IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						

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

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

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) ..... **14** %

**15** Public support percentage from 2011 Schedule A, Part II, line 14 ..... **15** %

**16a 33 1/3% support test - 2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support test - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....

**17a 10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**b 10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	414,960.	498,187.	538,691.	570,971.	659,092.	2681901.
<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	232,173.	311,987.	273,408.	313,145.	418,190.	1548903.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	1865639.	1776650.	1969462.	2133038.	1941821.	9686610.
<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	2512772.	2586824.	2781561.	3017154.	3019103.	13917414.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<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						0.
<b>c</b> Add lines 7a and 7b						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						13917414.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6	2512772.	2586824.	2781561.	3017154.	3019103.	13917414.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,645.	7,554.	15,009.	477.	280.	27,965.
<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	4,645.	7,554.	15,009.	477.	280.	27,965.
<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 IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	2517417.	2594378.	2796570.	3017631.	3019383.	13945379.

**14** First five 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 2012 (line 8, column (f) divided by line 13, column (f))	15	99.80	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	16	99.71	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	.20	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	18	.29	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2012**

Name of the organization

THE COALITION FOR THE HOMELESS, INC.

Employer identification number

61-1118307

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA 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) (2012)

Name of organization <b>THE COALITION FOR THE HOMELESS, INC.</b>	Employer identification number <b>61-1118307</b>
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**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	COMMUNITY FOUNDATION OF LOUISVILLE 325 WEST MAIN STREET, SUITE 1110 LOUISVILLE, KY 40202	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	KENTUCKY HOUSING CORPORATION 1231 LOUISVILLE ROAD FRANKFORT, KY 40601	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	LOUISVILLE METRO 810 BARRETT AVENUE LOUISVILLE, KY 40204	\$ 298,061.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	U.S. DEPT. OF HOUSING & URBAN DEVELOPMENT 601 WEST BROADWAY LOUISVILLE, KY 40601	\$ 127,643.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ADANTA 259 PARKERS MILL ROAD SOMERSET, KY 42502	\$ 7,919.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	METRO UNITED WAY 334 EAST BROADWAY LOUISVILLE, KY 40202	\$ 21,363.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>THE COALITION FOR THE HOMELESS, INC.</b>	Employer identification number <b>61-1118307</b>
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**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
7	<p><u>YUM! BRANDS, INC.</u></p> <p><u>1441 GARDINER LANE</u></p> <p><u>LOUISVILLE, KY 40213</u></p>	\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<p><u>COMPREHENSIVE HEALTH MANAGEMENT DBA WELLCARE</u></p> <p><u>13551 TRITON PARK BLVD, STE 1800</u></p> <p><u>LOUISVILLE, KY 40223</u></p>	\$ <u>5,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<p><u>GE UNITED WAY</u></p> <p><u>APPLIANCE PARK, AP3-232</u></p> <p><u>LOUISVILLE, KY 40225</u></p>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	<p><u>MILDRED HORN FOUNDATION</u></p> <p><u>PMB #324, 2028 SOUTH HWY 53, STE. 3</u></p> <p><u>LAGRANGE, KY 40031</u></p>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

**THE COALITION FOR THE HOMELESS, INC.**

**61-1118307**

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization <b>THE COALITION FOR THE HOMELESS, INC.</b>	Employer identification number <b>61-1118307</b>
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**Part III** *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**2012**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.**

**Open to Public Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>THE COALITION FOR THE HOMELESS, INC.</b>	Employer identification number <b>61-1118307</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ..... ▶ \$ 0.

3 Volunteer hours ..... 0.

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	0.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	0.													
<b>d</b>	Other exempt purpose expenditures .....	1,120,389.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	1,120,389.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	187,039.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	46,760.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total	
<b>2a</b>	Lobbying nontaxable amount	168,966.	184,862.	170,626.	187,039.	711,493.
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column(e))					1,067,240.
<b>c</b>	Total lobbying expenditures	10,914.	8,000.	8,000.		26,914.
<b>d</b>	Grassroots nontaxable amount	42,242.	46,216.	42,657.	46,760.	177,875.
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))					266,813.
<b>f</b>	Grassroots lobbying expenditures					

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....		
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....		

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2012**  
Open to Public Inspection

Name of the organization **THE COALITION FOR THE HOMELESS, INC.** Employer identification number **61-1118307**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate 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" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of an historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 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.
- |  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(c) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- 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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 .....
- (ii) Assets included in Form 990, Part X .....
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 .....
- b Assets included in Form 990, Part X .....

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a 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 programs
  - 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" to 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?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in 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" to 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.** 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		18,276.	2,246.	16,030.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				16,030.

**Part VII Investments - Other Securities.** 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) MUTUAL FUNDS	148,399.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	148,399.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. 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 FIN 48 (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**

1	Total revenue, gains, and other support per audited financial statements		1	857,637.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	88,395.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-391,363.	
e	Add lines 2a through 2d	2e		-302,968.
3	Subtract line 2e from line 1	3		1,160,605.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		1,160,605.

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

1	Total expenses and losses per audited financial statements		1	729,026.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		729,026.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	391,363.	
c	Add lines 4a and 4b	4c		391,363.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		1,120,389.

**Part XIII Supplemental Information**

Complete this part to 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, LINE 2: THE COALITION'S ACCOUNTING POLICY PROVIDES THAT A TAX**

**EXPENSE/BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT**

**IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON**

**EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION**

**PROCESSES, BASED ON THE TECHNICAL MERITS. MANAGEMENT BELIEVES THE**

**COALITION HAS NO UNCERTAIN TAX POSITIONS RESULTING IN AN ACCRUAL OF TAX**

**EXPENSE OR BENEFIT.**

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF TARC TICKETS -391,363.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COST OF TARC TICKETS 391,363.

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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2012**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open To Public  
Inspection

Name of the organization

THE COALITION FOR THE HOMELESS, INC.

Employer identification number  
61-1118307

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
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-

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		5K WALK (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	35,101.		35,101.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	35,101.		35,101.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
	11	Net income summary. Combine line 3, column (d), and line 10			( 35,101. )

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue	381,700.		1,549,121.
Direct Expenses	2	Cash prizes	474,622.	1,191,632.		1,666,254.
	3	Noncash prizes				
	4	Rent/facility costs	81,000.			81,000.
	5	Other direct expenses	90,395.			90,395.
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes 85.00 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 85.00 % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				( 1,837,649 )	
8	Net gaming income summary. Combine line 1, column d, and line 7				93,172.	

9 Enter the state(s) in which the organization operates gaming activities: KY  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity operated in:
- |                               |              |
|-------------------------------|--------------|
| a The organization's facility | 13a 100.00 % |
| b An outside facility         | 13b %        |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ROSEMARY HALL

Address ▶ 1716 LELA CT - LOUISVILLE, KY 40272

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ ROSEMARY HALL

Gaming manager compensation ▶ \$ 9,750.

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

**THE COALITION FOR THE HOMELESS, INC.**

Employer identification number  
**61-1118307**

**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. Complete if the organization answered "Yes" to 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.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.**

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 non-cash assistance	(h) Purpose of grant or assistance
SOCIETY OF ST. VINCENT DEPAUL 1015-C SOUTH PRESTON ST LOUISVILLE, KY 40203	61-0727110	501(C)(3)	5,146.	0.			ASSISTANCE FOR HOUSING ADDITIONAL CLIENTS IN THE SHELTER DURING EXTREME WEATHER.
THE HEALING PLACE 1030 W MARKET STREET LOUISVILLE, KY 40202	61-1164775	501(C)(3)	6,517.	0.			ASSISTANCE FOR HOUSING ADDITIONAL CLIENTS IN THE SHELTER DURING EXTREME WEATHER.
WAYSIDE CHRISTIAN MISSION P O BOX 7249 LOUISVILLE, KY 40257	61-0667139	501(C)(3)	19,949.	0.			ASSISTANCE FOR HOUSING ADDITIONAL CLIENTS IN THE SHELTER DURING EXTREME WEATHER.
SALVATION ARMY 831 BROOK ST LOUISVILLE, KY 40203	58-0660607	501(C)(3)	490.	0.			ASSISTANCE FOR HOUSING ADDITIONAL CLIENTS IN THE SHELTER DURING EXTREME WEATHER.

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

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

Schedule I (Form 990) (2012)

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

THE COALITION FOR THE HOMELESS, INC.

Employer identification number

61-1118307

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PREVENTION AND ELIMINATION OF HOMELESSNESS. THE COALITION FOR THE HOMELESS HAS BEEN THE VOICE OF HOMELESSNESS IN LOUISVILLE FOR ALMOST A QUARTER OF A CENTURY. WE WORK CLOSELY WITH HOMELESS SERVICE PROVIDERS, CIVIC GROUPS, CONCERNED CITIZENS, FAITH-BASED ORGANIZATIONS AND LOCAL, STATE AND FEDERAL GOVERNMENTS TO DO THREE THINGS: 1) EDUCATE THE COMMUNITY ABOUT HOMELESSNESS AND INSPIRE ACTION, 2) ADVOCATE FOR SYSTEM CHANGES, AND 3) COORDINATE THE COMMUNITY RESPONSE TO HOMELESSNESS THROUGH EFFICIENT USE OF RESOURCES AND FUNDING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CLOSELY WITH HOMELESS SERVICE PROVIDERS, CIVIC GROUPS, CONCERNED CITIZENS, FAITH-BASED ORGANIZATIONS AND LOCAL, STATE AND FEDERAL GOVERNMENTS TO DO THREE THINGS: 1) EDUCATE THE COMMUNITY ABOUT HOMELESSNESS AND INSPIRE ACTION, 2) ADVOCATE FOR SYSTEM CHANGES, AND 3) COORDINATE THE COMMUNITY RESPONSE TO HOMELESSNESS THROUGH EFFICIENT USE OF RESOURCES AND FUNDING.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

1) A CALL-IN AND WALK-IN CENTER FOR THE NEWLY HOMELESS TO MAKE A RESERVATION IN A LOCAL EMERGENCY SHELTER. IT IS OPEN 7 DAYS A WEEK AT 637-BEDS. 2) A COMMUNITY MARKETING CAMPAIGN THROUGH WEBSITE, GUERILLA MARKETING, BILLBOARDS AND BUS SIGNS.

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE 990 IS EMAILED FROM THE ACCOUNTING FIRM BEFORE SUBMISSION. THE RETURN IS REVIEWED THROUGH THE



Name of the organization

THE COALITION FOR THE HOMELESS, INC.

Employer identification number

61-1118307

FINANCE/AUDIT COMMITTEE OF THE BOARD AS WELL AS THE FULL BOARD BEFORE APPROVAL FOR SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS THE POLICY SIGNED ANNUALLY. IN ADDITION, DURING BOARD MEETINGS, BOARD MEMBERS ARE ASKED DURING VOTES.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS REVIEWS AND EVALUATES THE EXECUTIVE DIRECTOR AND HER PERFORMANCE.

FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE PROVIDED UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN TEMPORARILY RESTRICTED NET ASSETS -18,670.

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

*Do not complete Part II unless* you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>THE COALITION FOR THE HOMELESS, INC.</b>	Employer identification number (EIN) or <b>61-1118307</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1300 S. 4TH STREET, NO. 250</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOUISVILLE, KY 40208</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**THE ORGANIZATION**

• The books are in the care of ▶ **1300 S. 4TH STREET, NO. 250 - LOUISVILLE, KY 40208**  
 Telephone No. ▶ **502-636-9550** FAX No. ▶ **502-636-9950**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)

**Executive Director**

Natalie Harris  
3925 Gilman Avenue  
Louisville, KY 40207  
502-377-4997 cell  
[nharris@louhomeless.org](mailto:nharris@louhomeless.org)  
DOB: March 6th

**Office Manager**

Marsha Bailey  
2704 Algonquin Pkwy  
Louisville, KY 40210  
502.778.4656 home  
502.554.2592 cell  
[mbailey@louhomeless.org](mailto:mbailey@louhomeless.org)  
DOB: January 28<sup>th</sup>

**Director of Community  
Coordination**

Mary Frances Schafer  
904 Windhurst Court  
Louisville, KY 40207  
502.721.8222 home  
502.291.2682 cell  
[mfschafer@louhomeless.org](mailto:mfschafer@louhomeless.org)  
DOB: November 23rd

**HMIS Administrator**

Will King  
1824 Stevens Avenue  
Louisville, KY 40205  
502-416-4617  
[wking@louhomeless.org](mailto:wking@louhomeless.org)  
DOB: June 23rd

**Fundraising Assistant**

Jennifer Haggard  
9926 Appollo Lane  
Louisville, KY 40272  
502-384-7061  
[Aunt4emily@yahoo.com](mailto:Aunt4emily@yahoo.com)  
DOB: February 11th

**Development Director**

Catherine McGeeney  
1912 Alfresco Place  
Louisville, KY 40205  
502-797-1129  
[cmcgeeney@louhomeless.org](mailto:cmcgeeney@louhomeless.org)  
DOB: November 30th

**Client Care Services**

Lonnie Williams  
2700 Garland Avenue  
Louisville, KY 40211  
502-650-3417  
[lwilliams@louhomeless.org](mailto:lwilliams@louhomeless.org)  
DOB: April 15th

**Client Care Services**

Megan Pardue  
5315 Hames Trace #282  
Louisville, KY 40291  
502-931-5966  
[mpardue@louhomeless.org](mailto:mpardue@louhomeless.org)  
DOB: June 30th

**Homeless Services  
Quality Assurance  
Manager**

Brandi Scott  
2423 Emil Avenue  
Louisville, KY 40217  
502-751-0955  
[bscott@louhomeless.org](mailto:bscott@louhomeless.org)  
DOB: March 18th

**Client Care Services**

Jaime Campbell  
[jcampbell@louhomeless.org](mailto:jcampbell@louhomeless.org)

**CoC Assistant**

Jamason Bailey  
1520 Cherokee Road #4  
Louisville, KY 40205  
502-550-4952  
[ibailey@louhomeless.org](mailto:ibailey@louhomeless.org)  
DOB: Feb 12th

Condition for the Homeless Salary Breakdown with percentages 2014-15																		
S. I. 1. 1. 5	NH Ex Dir	MB ORT Man	MFS Com Coord	WK HMIS Coord	New Staff SPE	JH Biango	CM Dev Director	BS QAS	MP SPE	JC SPE	JB CoC	Total						
													MB ORT Man	MFS Com Coord	WK HMIS Coord	New Staff SPE	JH Biango	CM Dev Director
Coc	\$ 39,900.00	\$ 28,284.00	\$ 38,240.00	\$ -	\$ -	\$ -	\$ -	\$ 46,185.00	\$ -	\$ -	\$ 17,680.00	\$ 190,289.00						
Leg Adv	\$ 7,980.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,980.00						
HMIS/SPI	\$ 3,990.00	\$ -	\$ 55,540.00	\$ -	\$ 15,600.00	\$ -	\$ -	\$ -	\$ 31,200.00	\$ 31,200.00	\$ -	\$ 137,530.00						
Biango	\$ 27,950.00	\$ 18,856.00	\$ -	\$ -	\$ -	\$ 10,600.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 29,456.00						
Develop	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 51,765.00	\$ -	\$ -	\$ -	\$ -	\$ 79,695.00						
<b>Total</b>	<b>\$ 79,800.00</b>	<b>\$ 47,140.00</b>	<b>\$ 96,240.00</b>	<b>\$ 55,540.00</b>	<b>\$ 15,600.00</b>	<b>\$ 10,600.00</b>	<b>\$ 51,765.00</b>	<b>\$ 46,185.00</b>	<b>\$ 31,200.00</b>	<b>\$ 31,200.00</b>	<b>\$ 17,680.00</b>	<b>\$ 444,950.00</b>						
	79,800.00	47,140.00	96,240.00	55,540.00	15,600.00	10,600.00	51,765.00	46,185.00	31,200.00	31,200.00	17,680.00	444,950.00						
Category	NH	MB	MFS	WK	New	JH	CM	BS	MP	LW	JB	Total						
Coc	30.00%		100.00%					100.00%			100.00%	42.77%						
Leg Adv	10.00%											1.79%						
HMIS/SPI	5.00%			100.00%	100.00%				100.00%	100.00%		30.91%						
Biango	35.00%											6.62%						
Develop												17.91%						
<b>Total</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>						
Category	NH	MB	MFS	WK	New	JH	CM	BS	MP	LW	JB	Total						
Coc	3.04747	2,164.03	4,124.23					3,533.10			1,592.00	14,460.83						
Leg Adv	609.50											609.50						
HMIS/SPI	304.74			4,248.87	2,383.81				2,383.81	2,383.81		11,705.04						
Biango		1,442.60				808.34						2,251.63						
Develop	2,133.23						3,939.82					6,093.65						
<b>Total</b>	<b>6,094.94</b>	<b>3,606.72</b>	<b>4,124.23</b>	<b>4,248.87</b>	<b>2,383.81</b>	<b>808.34</b>	<b>3,939.82</b>	<b>3,533.10</b>	<b>2,383.81</b>	<b>2,383.81</b>	<b>1,592.00</b>	<b>35,119.45</b>						
	6,094.94	3,606.72	4,124.23	4,248.87	2,383.81	808.34	3,939.82	3,533.10	2,383.81	2,383.81	1,592.00	35,119.45						
Category	NH	MB	MFS	WK	New	JH	CM	BS	MP	LW	JB	Total						
Coc	8,169.50	7,885.20	12,988.00					9,932.00			2,112.00	41,086.70						
Leg Adv	1,633.90											1,633.90						
HMIS/SPI	816.95			10,355.00	2,112.00				7,687.00	8,931.00		29,901.95						
Biango		5,256.80				2,112.00						7,368.80						
Develop	5,718.65						7,074.00					12,792.65						
<b>Total</b>	<b>16,339.00</b>	<b>13,142.00</b>	<b>12,988.00</b>	<b>10,355.00</b>	<b>2,112.00</b>	<b>2,112.00</b>	<b>7,074.00</b>	<b>9,932.00</b>	<b>7,687.00</b>	<b>8,931.00</b>	<b>2,112.00</b>	<b>92,784.00</b>						
	16,339.00	13,142.00	12,988.00	10,355.00	2,112.00	2,112.00	7,074.00	9,932.00	7,687.00	8,931.00	2,112.00	92,784.00						
Life/D +10%	588.00	588.00	588.00	588.00	588.00	588.00	588.00	588.00	588.00	588.00	588.00	4,704.00						
80% Health +H	8,053.00	7,142.00	6,211.00	3,805.00	2,112.00	2,112.00	750.00	4,047.00	2,803.00	4,047.00	2,112.00	36,558.00						
SEP	5,586.00	3,300.00	4,077.00	3,850.00	2,112.00	2,112.00	3,624.00	3,185.00	2,184.00	2,184.00	2,112.00	27,990.00						
KU Surcharge	2,112.00	2,112.00	2,112.00	2,112.00	2,112.00	2,112.00	2,112.00	2,112.00	2,112.00	2,112.00	2,112.00	23,232.00						
	16,339.00	13,142.00	12,988.00	10,355.00	2,112.00	2,112.00	7,074.00	9,932.00	7,687.00	8,931.00	2,112.00	92,784.00						

Selection Criteria

Budget **METRO GOVT**  
 Period **MAR-15**

Amount Type **Year To Date Extended**  
 Encumbrance Type **ALL**  
 Account Level **All**

Funds Available (USD)

Summary

Account	Budget	Encumbrance	Actual	Funds Available
1103-210-5503-553332-401101	(10,000.00)	0.00	0.00	(10,000.00)
1103-210-5503-553332-481501	0.00	0.00	0.00	0.00
1103-210-5503-553332-444301	0.00	0.00	0.00	0.00
1103-210-5503-553332-522998	10,000.00	0.00	10,000.00	0.00

Encumbrance Amounts

Commitment **0.00**      Encumbrance **0.00**      Other **0.00**

Account Description

Gen Council NDF-OMB \ Finance NDF Grants-Coalition for the Homeles-Approp from Fund Bal

# LEAP Budget Revision

## Louisville/Jefferson Co Metro Government

Department Name: 105  
 Budget Group: Op Louisville Metro Council

Budget Revision #: 36832  
 Balance Type: YTD

Date Submitted Requestor Transaction Type Source Type  
 OBROHM Revision Regular

**Justification:** NDF - Coalition for the Homeless, Inc. for \$7,250 for Homeless Education and Youth Programs funded through Giv-a-Jam event. Ord 1, Series 2015. - D13,24=\$1,000ea.; D1,6,8,21=\$500ea.; D2,3,5,9,10,12,14,15,16,17,22,25,26=\$250ea. See BR 36835.

Account #	Original	Current		Amount	Period	Revised	Gl Balance As of/	
	Budget	Budget	Inc/Dec			Budget	Funds	Check
1103-105-0301-030102-401101	0.00	44,112.58	Dec	500.00	MAR-15	43,612.58	24-MAR-15/	Passed Check
1103-105-0301-030102-647001	0.00	52,240.95	Dec	500.00	MAR-15	51,740.95	24-MAR-15/	Passed Check
1103-105-0302-030202-401101	0.00	53,107.01	Dec	250.00	MAR-15	52,857.01	24-MAR-15/	Passed Check
1103-105-0302-030202-647001	0.00	193,891.48	Dec	250.00	MAR-15	193,641.48	24-MAR-15/	Passed Check
1103-105-0303-030302-401101	0.00	35,216.99	Dec	250.00	MAR-15	34,966.99	24-MAR-15/	Passed Check
1103-105-0303-030302-647001	0.00	63,267.38	Dec	250.00	MAR-15	63,017.38	24-MAR-15/	Passed Check
1103-105-0305-030502-401101	0.00	32,358.07	Dec	250.00	MAR-15	32,108.07	24-MAR-15/	Passed Check
1103-105-0305-030502-647001	0.00	50,494.28	Dec	250.00	MAR-15	50,244.28	24-MAR-15/	Passed Check
1103-105-0306-030602-401101	0.00	23,731.44	Dec	500.00	MAR-15	23,231.44	24-MAR-15/	Passed Check
1103-105-0306-030602-647001	0.00	26,188.34	Dec	500.00	MAR-15	25,688.34	24-MAR-15/	Passed Check
1103-105-0308-030802-401101	0.00	41,674.80	Dec	500.00	MAR-15	41,174.80	24-MAR-15/	Passed Check
1103-105-0308-030802-647001	0.00	62,239.35	Dec	500.00	MAR-15	61,739.35	24-MAR-15/	Passed Check
1103-105-0309-030902-401101	0.00	32,604.80	Dec	250.00	MAR-15	32,354.80	24-MAR-15/	Passed Check
1103-105-0309-030902-647001	0.00	34,587.05	Dec	250.00	MAR-15	34,337.05	24-MAR-15/	Passed Check
1103-105-0310-031002-401101	0.00	36,966.43	Dec	250.00	MAR-15	36,716.43	24-MAR-15/	Passed Check
1103-105-0310-031002-647001	0.00	71,857.90	Dec	250.00	MAR-15	71,607.90	24-MAR-15/	Passed Check
1103-105-0312-031202-401101	0.00	22,099.75	Dec	250.00	MAR-15	21,849.75	24-MAR-15/	Passed Check
1103-105-0312-031202-647001	0.00	51,066.42	Dec	250.00	MAR-15	50,816.42	24-MAR-15/	Passed Check
1103-105-0313-031302-401101	0.00	32,315.98	Dec	1,000.00	MAR-15	31,315.98	24-MAR-15/	Passed Check
1103-105-0313-031302-647001	0.00	50,688.84	Dec	1,000.00	MAR-15	49,688.84	24-MAR-15/	Passed Check
1103-105-0314-031402-401101	0.00	44,937.99	Dec	250.00	MAR-15	44,687.99	24-MAR-15/	Passed Check
1103-105-0314-031402-647001	0.00	95,569.05	Dec	250.00	MAR-15	95,319.05	24-MAR-15/	Passed Check
1103-105-0315-031502-401101	0.00	40,616.26	Dec	250.00	MAR-15	40,366.26	24-MAR-15/	Passed Check
1103-105-0315-031502-647001	0.00	123,310.88	Dec	250.00	MAR-15	123,060.88	24-MAR-15/	Passed Check

Authorized By *OBROHM*

Date *3/24/15*

*TF 3/25/15*

Page: 1 *of 2*

24-MAR-2015 07:58

# LEAP Budget Revision

## Louisville/Jefferson Co Metro Government

Department Name: 105  
 Budget Group: Op Louisville Metro Council

Budget Revision #: 36832  
 Balance Type: YTD

Date Submitted Requestor Transaction Type Source Type  
 OBROHM Revision Regular

**Justification:** NDF - Coalition for the Homeless, Inc. for \$7,250 for Homeless Education and Youth Programs funded through Giv-a-Jam event. Ord 1, Series 2015. - D13,24=\$1,000ea.; D1,6,8,21=\$500ea.; D2,3,5,9,10,12,14,15,16,17,22,25,26=\$250ea. See BR 36835.

Account #	Original	Current	Inc/Dec	Amount	Period	Revised	Gl Balance As of/
	Budget					Budget	Funds Check Status
1103-105-0316-031602-401101	0.00	53,994.80	Dec	250.00	MAR-15	53,744.80	24-MAR-15/Passed Check
1103-105-0316-031602-647001	0.00	102,005.56	Dec	250.00	MAR-15	101,755.56	24-MAR-15/Passed Check
1103-105-0317-031702-401101	0.00	64,025.80	Dec	250.00	MAR-15	63,775.80	24-MAR-15/Passed Check
1103-105-0317-031702-647001	0.00	156,464.23	Dec	250.00	MAR-15	156,214.23	24-MAR-15/Passed Check
1103-105-0321-032102-401101	0.00	29,466.14	Dec	500.00	MAR-15	28,966.14	24-MAR-15/Passed Check
1103-105-0321-032102-647001	0.00	74,652.21	Dec	500.00	MAR-15	74,152.21	24-MAR-15/Passed Check
1103-105-0322-032202-401101	0.00	59,594.80	Dec	250.00	MAR-15	59,344.80	24-MAR-15/Passed Check
1103-105-0322-032202-647001	0.00	180,710.49	Dec	250.00	MAR-15	180,460.49	24-MAR-15/Passed Check
1103-105-0324-032402-401101	0.00	17,433.12	Dec	1,000.00	MAR-15	16,433.12	24-MAR-15/Passed Check
1103-105-0324-032402-647001	0.00	180,197.53	Dec	1,000.00	MAR-15	179,197.53	24-MAR-15/Passed Check
1103-105-0325-032502-401101	0.00	63,705.73	Dec	250.00	MAR-15	63,455.73	24-MAR-15/Passed Check
1103-105-0325-032502-647001	0.00	209,485.22	Dec	250.00	MAR-15	209,235.22	24-MAR-15/Passed Check
1103-105-0326-032602-401101	0.00	69,750.00	Dec	250.00	MAR-15	69,500.00	24-MAR-15/Passed Check
1103-105-0326-032602-647001	0.00	219,753.66	Dec	250.00	MAR-15	219,503.66	24-MAR-15/Passed Check

Total Debits                      Total Credits  
 7,250.00                              7,250.00

Authorized By *OBROHM*

Date *3/24/15*

Page: *2 of 2*

24-MAR-2015 07:58

**LEAP Budget Revision**  
Louisville/Jefferson Co Metro Government

Department Name: 210

Budget Revision #: 36835

Budget Group: Op OMB - Finance

Balance Type: YTD

Date Submitted	Requestor	Transaction Type	Source Type
	OBROHM	Revision	Regular

**Justification:** NDF - Coalition for the Homeless, Inc. for \$7,250 for Homeless Education and Youth Programs funded through Giv-a-Jam event. Ord 1, Series 2015. - D13,24=\$1,000ea.; D1,6,8,21=\$500ea.; D2,3,5,9,10,12,14,15,16,17,22,25,26=\$250ea. See BR 36832.

Account #	Original	Current		Amount	Period	Revised	Gl Balance As of/	
	Budget	Budget	Inc/Dec			Budget	Funds	Check Status
1103-210-5503-553332-401101	0.00	10,000.00	Inc	7,250.00	MAR-15	17,250.00	24-MAR-15/Passed	Check
1103-210-5503-553332-522998	0.00	10,000.00	Inc	7,250.00	MAR-15	17,250.00	24-MAR-15/Passed	Check
						<b>Total Debits</b>	<b>Total Credits</b>	
						7,250.00	7,250.00	



3/24/15

Authorized By

Date



**METRO COUNCIL - NEIGHBORHOOD DEVELOPMENT FUND**

**ORGANIZATION  
NAME:**

Coalition for the Homeless, Inc.

**TOTAL AMOUNT  
APPROPRIATED:**

\$7,250.00

**DATE  
APPROPRIATION  
APPROVED:**

1/5/2015 **ORDINANCE:** 001, 2015

Please  
Rush

BR36832  
BR36835

<b>DISTRICT:</b>	<b>AMOUNT:</b>	<b>ACCOUNT:</b>
13*	\$1,000.00	1103-105-0313-031302
2	\$250.00	1103-105-0302-030202
3	\$250.00	1103-105-0303-030302
14	\$250.00	1103-105-0314-031402
15	\$250.00	1103-105-0315-031502
5	\$250.00	1103-105-0305-030502
25	\$250.00	1103-105-0325-032502
6	\$500.00	1103-105-0306-030602
8	\$500.00	1103-105-0308-030802
21	\$500.00	1103-105-0321-032102
16	\$250.00	1103-105-0316-031602
22	\$250.00	1103-105-0322-032202
17	\$250.00	1103-105-0317-031702
12	\$250.00	1103-105-0312-031202
10	\$250.00	1103-105-0310-031002
26	\$250.00	1103-105-0326-032602
24	\$1,000.00	1103-105-0324-032402
9	\$250.00	1103-105-0309-030902
1	\$500.00	1103-105-0301-030102

\* = Primary Sponsor

**Prepared By:**  
Jess Helton

**DATE:**  
3/20/2015