



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

AUG 22 2014 AM 11:28 *JH*

Applicant/Program: Coalition for the Homeless Veterans Stand Down

Executive Summary of Request: Many homeless veterans are persuaded to get medical physicals to pick up the free items they get at the completion of this event. The Coalition for the Homeless will purchase backpacks, clothing items and hygiene kits for distribution unless these items are donated by others. We will also cover the cost of IDs, reader glasses, breakfast, lunch, interpretive services, building costs to Salvation Army and staff time to set up and clean up after the event.

All funds provided by Louisville Metro Council for Stand Down/Project Homeless Connect are used solely for Stand Down set up and direct services to meet the basic human needs of homeless individuals. The committee first solicits in-kind services from local nonprofits, churches and businesses and only uses NDF funds to cover costs that cannot be accessed through donations. All items and services will be distributed on October 8, 2014 from 8 a.m.-2:00 p.m. at the Salvation Army MALE High School campus on Brook Street to approximately 800 participants.

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" 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.

24
District #

Madame Stord
Primary Sponsor Signature

5000.00
Amount

8/19/14
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:

Appropriations Committee Chairman

Date

Clerk's Office Only:

Request Amount: _____ Committee Amended Appropriation: _____

Original Appropriation: _____ Council Amended Appropriation: _____

OFFICE OF METRO COUNCIL CLERK

REVIEWED

1 / Page

Effective February 2014

DATE

9-8-14

TIME

11:30am

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>25</u> District #	 Council Member Signature	<u>\$250.00</u> Amount	<u>Aug 7, 2014</u> Date
<u>9</u> District #	<u>Tina Wood-Pugh</u> Council Member Signature	<u>\$1,000 -</u> Amount	<u>08/08/14</u> Date
<u>13</u> District #	<u>Vicki Aubrey Welch</u> Council Member Signature	<u>\$500 -</u> Amount	<u>8/7/14</u> Date
<u>4</u> District #	 Council Member Signature	<u>\$500</u> Amount	<u>8-14-14</u> Date
<u>10</u> District #	<u>Jim King</u> Council Member Signature	<u>\$500</u> Amount	<u>8/14/14</u> Date
<u>12</u> District #	<u>Paul Howell</u> Council Member Signature	<u>\$500</u> Amount	<u>8/14/14</u> Date
<u>23</u> District #	 Council Member Signature	<u>\$500</u> Amount	<u>8/14/14</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.

<u>16</u> District #	<u>[Signature]</u> Council Member Signature	<u>\$ 1,000</u> Amount	<u>8/14/14</u> Date
<u>17</u> District #	<u>[Signature]</u> Council Member Signature	<u>250</u> Amount	<u>8/14/14</u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: Coalition for the Homeless Stand Down		
Program Name: Stand Down	Request Amount: \$11,500	Yes/No/NA
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?		Y
Request form: Is the funding proposed less than or equal to the request amount?		Y
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		Y
Application Page 1: Has prior Metro funds committed/granted been disclosed?		Y
Application Page 1: Is the application properly signed and dated by authorized signatory?		Y
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		Y
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?		Y
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?		NA
Application Budget Page 6: 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
Faith Based Organizations: Is the signed Faith Based Form signed and included?		NA
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?		Y
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?		Y
Good Standing: Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included 		Y
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?		NA
Small Cities: 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)		NA
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?		Y
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		Y
Operating Budget: Is the organization's current fiscal year operating budget included?		Y
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		Y
Board Members: Is the entity's board member list (with term length/term limits) included?		Y
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?		Y
Annual Audit: Is the most recent annual audit (if required by organization) included?		Y
Rent Requests: Is a copy of signed lease included?		NA
Articles of Incorporation: Are the Articles of Incorporation of the organization included?		Y
IRS Form W-9: Is the IRS Form W-9 included?		Y
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?		NA
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		Y
Prepared by: Andrea Derouen		Date: 8-22-14



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		The Coalition for the Homeless, Inc.	
<i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 1300 S. 4th St., Ste. 250, Louisville, KY 40208			
Website: www.louhomeless.org			
Applicant Contact:	Natalie Harris	Title:	Executive Director
Phone:	502-636-9550 x 11	Email:	nharris@louhomeless.org
Financial Contact:	Marsha Bailey	Title:	Office Manager
Phone:	502-636-9550 x 10	Email:	mbailey@louhomeless.org
Organization's Representative who attended NDF Training: Marsha Bailey			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	1300 S. 4th St., Ste. 250, Louisville, KY 40208		
Council District(s):	serve all of Jefferson County	Zip Code(s):	serve all of Jefferson County
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Stand Down/Project Homeless Connect			
Total Request: (\$)	11,500	Total Metro Award (this program) in previous year: (\$)	11,750
Purpose of Request (check all that apply):			
<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)			
The Following are Required Attachments:			
<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 checked="" 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	
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.			
Source:	Community Development Block Grant	Amount: (\$)	56300.00
Source:	Emergency Shelter Grant	Amount: (\$)	58391.64
Source:	Neighborhood Development Fund	Amount: (\$)	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%.



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.):

This is a collaborative proposal submitted by The Coalition for the Homeless for Stand Down/Project Homeless Connect. The Louisville Stand Down/Project Homeless Connect Committee is made up of the Kentucky and U.S.V.A., Metro Louisville, Family Health Centers, Dare to Care, Salvation Army and about 50 additional community service partners. The committee has been meeting since April to plan for the event to take place at Salvation Army MALE High School campus on October 8, 2014. The purpose of the event is to create a day where the homeless can come to a single site and get a myriad of services at one time.

Stand Down was first created by the Veteran's Administration (VA) to provide basic services to homeless veterans. A separate event was then created by the city and The Coalition for the Homeless for non-veteran homeless. The groups then agreed to combine the events to create more opportunities for all homeless during the day. Over 50 local service agencies have booths on site at the Stand Down/Project Homeless Connect site. This opportunity brings services to the client versus them having to travel around town and wait in line to get each service. The ultimate goal is to increase access to services and shorten lengths of homelessness in Louisville.

Any homeless person is welcome to attend Stand Down/Project Homeless Connect. We anticipate approximately 800 persons to be in attendance. They are able to access state IDs, flu shots and other medical services, eye screenings and glasses, counseling, applications for housing, food, clothing and sundry items, employment and educational opportunities, applications for food stamps, Medicaid and other benefits.

(See attached flyer.)

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

All funds provided by Louisville Metro Council for Stand Down/Project Homeless Connect are used solely for Stand Down set up and direct services to meet the basic human needs of homeless individuals. The committee first solicits in-kind services from local nonprofits, churches and businesses and only uses NDF funds to cover costs that cannot be accessed through donations. All items and services will be distributed on October 8, 2014 from 8 a.m.-2:00 p.m. at the Salvation Army MALE High School campus on Brook Street to approximately 800 participants.

The Coalition for the Homeless will purchase backpacks, clothing items and hygiene kits for distribution unless these items are donated by others. We will also cover the cost of IDs, reader glasses, breakfast, lunch, interpretive services, building costs to Salvation Army and staff time to set up and clean up after the event.

The project planning has begun and items must be purchased prior to the October 8th event for distribution. If the grant agreement is not issued early enough, we may need to purchase items prior to approval and grant agreement dates. In this case, we will purchase the items and request reimbursement after the funding is released.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

This request is not for a fundraiser.

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.

We are requesting this option in case the grant agreement takes longer than October 8, 2014



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:

We anticipate providing direct services to approximately 800 persons on October 8, 2014. All served will be homeless. Services include state IDs, flu shots, shelter reservations, eye exams, health screenings, housing applications, education and job training opportunities, sign ups for Medicaid and other benefits, food and clothing. We believe this opportunity to serve so many people at one site will achieve:

- 1) lower waiting lists and back logs at social service agencies,
- 2) improved health of the local homeless population and a lowering of hospital visits,
- 3) shorter waiting times for homeless in need of services, and
- 4) shortened lengths of time homeless for those participating particularly for those who access IDs that help them obtain other benefits.

Each participant is asked to complete a survey which asks what services were most helpful and what services should be added in the future. We also conduct assessments of those who have not had one done in the shelter to identify those in greatest need and find the best housing option for each person.

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. The Stand Down/Project Homeless Connect committee meets monthly throughout the year to plan the one day event. Members include the Kentucky and U.S.V.A., Metro Louisville, Family Health Centers, Dare to Care, Salvation Army, Dismas Charities, VOA and The Coalition for the Homeless. Project partners providing services at the event also include St. Johns Center, Wayside, Passport, Louisville Metro Housing Authority, Lion's Eye, Center for Women and Families, WellCare, Humana/Caresource and 30 other community partners.



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	2,500	2,500	5,000
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)	\$9,000	\$25,000	\$34,000
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)			
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	\$11,500	\$27,500	\$39,000
% of Total Program Budget	29.5 %	70.5 %	100%

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

Other State, Federal or Local Government	\$25,000
United Way	
Private Contributions (do not include individual donor names)	\$ 2,500
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Column 2 Expenses ***	\$27,500

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

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

Detail of Stand Down/Project Homeless Connect Budget:

NDF Funding - \$10,000

\$2,500 Coalition for the Homeless staff time coordinating, setting up, managing and cleaning up after the event on October 8, 2014 to be verified by time sheets

\$250 Foot tubs, plastic gloves and towels for foot washing and checking people's feet

\$500 donuts for event from Pflems Bakery

\$1,500 Chili ingredients, paper wear and water to reimburse Salvation Army for expenses

\$100 Spanish interpreter Teresa Lajara for event

\$120 TARC tickets for clients at event

\$5,030 backpacks and sweatshirts for each non-veteran client at event

Metro Louisville Funding - \$1,800

\$1,800 IDs for homeless clients at event plus the cost of cell phone usage that day to call to check each ID

U.S. Department of Veteran Affairs - \$23,200

\$10,000 backpacks, boots and sweatshirts for each veteran client at event

\$3,500 tents for event

\$3,000 chair and table rental for event

\$5,000 USVA staff time coordinating, setting up, managing and cleaning up after the event on October 8, 2014

\$1,500 reader glasses for all clients at the event

\$200 coffee and paperwear for event


Coalition for the Homeless - \$2,500

\$2,500 Coalition for the Homeless staff time coordinating, setting up, managing and cleaning up after the event on October 8, 2014 to be verified by time sheets



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
volunteers	\$12000	300 x 4 hours x \$10
Lion's Eye and other health screer 	\$25000	agency quotes
Dare to Care food	\$8000	their estimate
Medical and service staff time	\$17000	agency quotes
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$62000	

* 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.



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

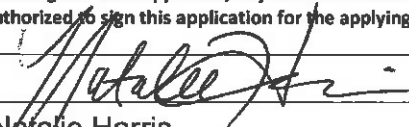
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event 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 member.

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.

Signature of Legal Signatory:		Date:	8/19/14
Legal Signatory: (please print):	Natalie Harris	Title:	Executive Director
Phone:	502-636-9550	Extension:	11
Email:	nharris@louhomeless.org		

Stand Down / Project Homeless Connect

**Wednesday
October 8, 2014
8:30 am to 12:30 pm**

**The Salvation Army
Formally the Old Male High School
911 South Brook
Louisville, Kentucky**

**TARC will provide transportation from
shelter sites to this event at no cost**



Introduction

Louisville VA Medical Center, the Kentucky Department of Veteran Affairs along with the Louisville Metro Government, The Coalition for the Homeless, and other agencies provide a variety of resources that help veterans and homeless individuals obtain food, clothing, shelter, drug and alcohol counseling, medical treatment, and other supportive services.

Stand Down / Project Homeless Connect provides an opportunity in which agencies and other interested volunteers can develop a more cohesive network through aggressive outreach to those living on the streets who otherwise would not seek or receive assistance



2014 Stand Down / Project Homeless Connect Sponsors



Stand Down / Project Homeless Connect



**Wednesday
October 8, 2014
8:30 am to 12:30 pm**

Salvation Army
Male High School
900 S. Brook Street
Louisville, Kentucky

WHAT IS STAND DOWN/PROJECT HOMELESS CONNECT

During times of war, combat exhausted soldiers are periodically removed from the field of combat to a place of relative safety and security for brief periods of respite. During a "Stand Down" troops are given food, clean clothing, haircuts, and an opportunity to use shower facilities and receive medical treatment.

Through our effort we are attempting to provide a similar opportunity of relief for homeless veterans and other homeless persons by giving them a chance to receive needed food, clothing, medical care, social and psychological counseling. It is a unique venue that can result in a feeling of satisfaction to both those receiving and those giving.

The Secretary of Veterans affairs once said, "We call our veterans on the street homeless. They have a home. It's called America. We must bring them inside the home that is rightfully theirs."

Through our concerted effort, we can provide a "Hand Up" to the homeless of our community by providing goods, services, and the community resources that can lead them to abandon life on the streets.

HOW YOU CAN GET INVOLVED

For more than a decade, active and reserve military unit, veteran's groups, civic, and community organizations along with interested volunteers have come together to help the homeless. All federal, state, community agencies, organizations, businesses, and private citizens are invited to participate and can choose to support Stand Down/Project Homeless Connect by donating:

- **Staff Time to Help Educate Participants and Hand out Applications for Housing**
- **Toiletries, personal care items, towels, socks, underwear, winter coats, and other items for men, women, and children are needed.**

We would appreciate your support in this effort and hope that you will be able to assist by providing "A Hand Up" to those who are homeless in our community.

TO VOLUNTEER AT STAND DOWN/PROJECT HOMELESS OR TO MAKE A DONATION CONTACT:

Pat McKiernan, Kentucky Dept of Veteran Affairs 595-4447

Jamie Watts, Veterans Hospital 439-7494

Joe Hamilton, Louisville Metro Dept of Homelessness 574-3325

Natalie Harris, The Coalition for the Homeless 636-9550



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

This request is not for a fundraiser.

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.

We are requesting this option in case the grant agreement takes longer than October 8, 2014.



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:

We anticipate providing direct services to approximately 800 persons on October 8, 2014. All served will be homeless. Services include state IDs, flu shots, shelter reservations, eye exams, health screenings, housing applications, education and job training opportunities, sign ups for Medicaid and other benefits, food and clothing. We believe this opportunity to serve so many people at one site will achieve:

- 1) lower waiting lists and back logs at social service agencies,
- 2) improved health of the local homeless population and a lowering of hospital visits,
- 3) shorter waiting times for homeless in need of services, and
- 4) shortened lengths of time homeless for those participating particularly for those who access IDs that help them obtain other benefits.

Each participant is asked to complete a survey which asks what services were most helpful and what services should be added in the future. We also conduct assessments of those who have not had one done in the shelter to identify those in greatest need and find the best housing option for each person.

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. The Stand Down/Project Homeless Connect committee meets monthly throughout the year to plan the one day event. Members include the Kentucky and U.S.V.A., Metro Louisville, Family Health Centers, Dare to Care, Salvation Army, Dismas Charities, VOA and The Coalition for the Homeless. Project partners providing services at the event also include St. Johns Center, Wayside, Passport, Louisville Metro Housing Authority, Lion's Eye, Center for Women and Families, WellCare, Humana/Caresource and 30 other community partners.



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	2,500	2,500	5,000
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)	\$9,000	\$25,000	\$34,000
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)			
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	\$11,500	\$27,500	\$39,000
	29.5 %	70.5 %	100%

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

Other State, Federal or Local Government	\$25,000
United Way	
Private Contributions (do not include individual donor names)	\$ 2,500
Fees Collected from Program Participants	
Other (please specify)	
	\$27,500

*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
volunteers	\$12000	300 x 4 hours x \$10
Lion's Eye and other health screen	\$25000	agency quotes
Dare to Care food	\$8000	their estimate
Medical and service staff time	\$17000	agency quotes
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$62000	

* 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.



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

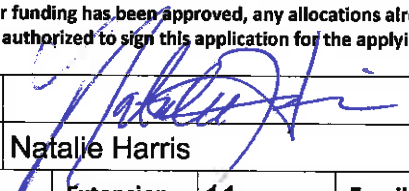
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event 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 member

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.

Signature of Legal Signatory:		Date:	7/1/2014
Legal Signatory: (please print):	Natalie Harris	Title:	Executive Director
Phone:	502-636-9550	Extension:	11
Email:	nharris@louhomeless.org		

NH
JAH

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

DEPARTMENT OF THE TREASURY

Date: JAN 15 1991

Identification Number:



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

DOTTIE DOWNING
Contact Telephone Number:
(513) 684-3578

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

REVENUE	2014 15	2013 14	CYC 100%	WY	COMMUNITY COORDINATION	BLDG	Street Name	Street Type	CHL	HQYTH	LAURE	TRVA	SAFAH	SBVA	Rd Bldg	Address	BLDG	BLDG	BLDG	TOTAL
					BLDG	BLDG														
RESTRICTED																				
GRANTS & CONTRACTS																				
State	\$ 8,000.00	\$ 8,000.00																		\$ 8,000.00
Stipend	\$ 10,000.00	\$ 10,000.00																		\$ 10,000.00
Stipend Pmt. Prog. (H)	\$ 7,718.00	\$ 7,718.00																		\$ 7,718.00
UNRES	\$ 205,577.00	\$ 205,577.00																		\$ 205,577.00
UNRES II and III	\$ 107,045.00	\$ 107,045.00																		\$ 107,045.00
UNRES III	\$ 98,532.00	\$ 98,532.00																		\$ 98,532.00
UNRES IIIA	\$ 207,226.00	\$ 207,226.00																		\$ 207,226.00
UNRES IIIB	\$ 862,894.00	\$ 862,894.00																		\$ 862,894.00
UNRES IIIC	\$ 71,897.00	\$ 71,897.00																		\$ 71,897.00
UNRES IIID	\$ 21,000.00	\$ 21,000.00																		\$ 21,000.00
UNRES IIIE	\$ 12,000.00	\$ 12,000.00																		\$ 12,000.00
UNRES IIIF	\$ 32,000.00	\$ 32,000.00																		\$ 32,000.00
UNRES IIIG	\$ 56,000.00	\$ 56,000.00																		\$ 56,000.00
UNRES IIIH	\$ 25,000.00	\$ 25,000.00																		\$ 25,000.00
UNRES IIII	\$ 1,000.00	\$ 1,000.00																		\$ 1,000.00
UNRES IIIIA	\$ 325,000.00	\$ 325,000.00																		\$ 325,000.00
UNRES IIIIA	\$ 867,894.00	\$ 867,894.00																		\$ 867,894.00
UNRES IIIIA	\$ 3,086,854.00	\$ 3,086,854.00																		\$ 3,086,854.00
UNRES IIIIA	\$ 30,000.00	\$ 30,000.00																		\$ 30,000.00
UNRES IIIIA	\$ 16,000.00	\$ 16,000.00																		\$ 16,000.00
UNRES IIIIA	\$ 40,500.00	\$ 40,500.00																		\$ 40,500.00
UNRES IIIIA	\$ 30,000.00	\$ 30,000.00																		\$ 30,000.00
UNRES IIIIA	\$ 30,000.00	\$ 30,000.00																		\$ 30,000.00
UNRES IIIIA	\$ 1,000.00	\$ 1,000.00																		\$ 1,000.00
UNRES IIIIA	\$ 290,000.00	\$ 290,000.00																		\$ 290,000.00
UNRES IIIIA	\$ 100.00	\$ 100.00																		\$ 100.00
UNRES IIIIA	\$ 468,100.00	\$ 468,100.00																		\$ 468,100.00
UNRES IIIIA	\$ 1,254,854.00	\$ 1,254,854.00																		\$ 1,254,854.00
UNRES IIIIA	\$ 3,844,152.00	\$ 3,844,152.00																		\$ 3,844,152.00
EXPENSES																				
Board Mgmt/Planning Exp	\$ 500.00	\$ 500.00																		\$ 500.00
Event/Field Expenses	\$ 1,200.00	\$ 1,200.00																		\$ 1,200.00
Food/Supplies	\$ 4,000.00	\$ 4,000.00																		\$ 4,000.00
Food/Supplies	\$ 200.00	\$ 200.00																		\$ 200.00
Health Insurance	\$ 1,500.00	\$ 1,500.00																		\$ 1,500.00
Life Insurance	\$ 2,500.00	\$ 2,500.00																		\$ 2,500.00
Printing	\$ 2,000.00	\$ 2,000.00																		\$ 2,000.00
Printing	\$ 1,400.00	\$ 1,400.00																		\$ 1,400.00
Books and Reference	\$ 600.00	\$ 600.00																		\$ 600.00
Books and Reference	\$ 8,700.00	\$ 8,700.00																		\$ 8,700.00
Audit	\$ 6,000.00	\$ 6,000.00																		\$ 6,000.00
Accounting Services	\$ 4,200.00	\$ 4,200.00																		\$ 4,200.00
Other Contract Services	\$ 3,750.00	\$ 3,750.00																		\$ 3,750.00
Property and Liability Ins	\$ 2,800.00	\$ 2,800.00																		\$ 2,800.00
Printing	\$ 6,000.00	\$ 6,000.00																		\$ 6,000.00
Printing	\$ 4,500.00	\$ 4,500.00																		\$ 4,500.00
Printing	\$ 2,200.00	\$ 2,200.00																		\$ 2,200.00
Printing	\$ 40,000.00	\$ 40,000.00																		\$ 40,000.00
Printing	\$ 14,500.00	\$ 14,500.00																		\$ 14,500.00
Printing	\$ 8,500.00	\$ 8,500.00																		\$ 8,500.00
Printing	\$ 8,000.00	\$ 8,000.00																		\$ 8,000.00
Printing	\$ 37,800.00	\$ 37,800.00																		\$ 37,800.00
Printing	\$ 88,500.00	\$ 88,500.00																		\$ 88,500.00
Printing	\$ 4,000.00	\$ 4,000.00																		\$ 4,000.00
Printing	\$ 27,000.00	\$ 27,000.00																		\$ 27,000.00
Printing	\$ 700.00	\$ 700.00																		\$ 700.00
Printing	\$ 25,250.00	\$ 25,250.00																		\$ 25,250.00
Printing	\$ 35,130.00	\$ 35,130.00																		\$ 35,130.00
Printing	\$ 4,000.00	\$ 4,000.00																		\$ 4,000.00
Printing	\$ 8,000.00	\$ 8,000.00																		\$ 8,000.00
Printing	\$ 4,000.00	\$ 4,000.00																		\$ 4,000.00
Printing	\$ 15,000.00	\$ 15,000.00																		\$ 15,000.00
Printing	\$ 20,000.00	\$ 20,000.00																		\$ 20,000.00
Printing	\$ 64,000.00	\$ 64,000.00																		\$ 64,000.00
Printing	\$ 100.00	\$ 100.00																		\$ 100.00

REVENUE	2013-14		COMMUNITY COORDINATOR										SVC GRANTS			DAV COMPEN		TOTAL		
	2013-14	2014-15	CH	FOURTH	LABS	TRPA	BARBAR	FURTA	SA HR	ARRANG	RING	Founders	Central							
RESTRICTED																				
Phone Line Expenses	\$ 1,800.00	\$ -																		\$ 1,800.00
Landscape Line Expenses	\$ 850.00	\$ -																		\$ 850.00
Community Education E	\$ 2,000.00	\$ -																		\$ 2,000.00
Group License and Fair	\$ 375.00	\$ -																		\$ 375.00
Group Security	\$ 4,950.00	\$ 3,900.00																		\$ 8,850.00
Group Rent	\$ 83,200.00	\$ 80,000.00																		\$ 163,200.00
Group Supplies	\$ 78,000.00	\$ 78,000.00																		\$ 156,000.00
Group Accounting	\$ 2,750.00	\$ 2,750.00																		\$ 5,500.00
Group Taxes	\$ 16,800.00	\$ 16,800.00																		\$ 33,600.00
Group Utilities	\$ 10,800.00	\$ 54,362.00																		\$ 65,162.00
Group Payroll Tax	\$ 608.24	\$ 4,603.00																		\$ 5,211.24
Group Printing	\$ 500.00	\$ -																		\$ 500.00
Group Frisk and Penins	\$ 100.00	\$ -																		\$ 100.00
HO Leasing	\$ 597,597.00	\$ -																		\$ 597,597.00
HO Operations	\$ 277,228.00	\$ -																		\$ 277,228.00
HO Services	\$ 82,624.00	\$ -																		\$ 82,624.00
HO Admin	\$ 75,897.00	\$ -																		\$ 75,897.00
TRAP Tickets	\$ 320,000.00	\$ 358,800.00																		\$ 678,800.00
Rec: Bonding Deposits	\$ -	\$ -																		\$ -
White Flag and Shelter	\$ 32,000.00	\$ 18,300.00																		\$ 50,300.00
Shared Down Expenses	\$ 10,000.00	\$ 10,000.00																		\$ 20,000.00
TOTAL	\$ 3,642,894.79	\$ 1,271,871.46	\$ 286,641.53	\$ 21,000.00	\$ 258,589.99	\$ 259,800.00	\$ 10,000.00	\$ 4,500.00	\$ 607,542.00	\$ 87,240.00	\$ 648,216.00	\$ 334,877.50	\$ 484,138.50	\$ 173,627.00	\$ 10,332.00	\$ 21,659.17	\$ 182,596.70	\$ 73,699.80	\$ 5,529,876.74	
2013-14	\$ 1,882.21	\$ 1,977.50	\$ (25,846.33)	\$ -	\$ (17,627.90)	\$ 2,000.00	\$ (7,300.00)	\$ -	\$ -	\$ -	\$ (7,000.00)	\$ -	\$ -	\$ -	\$ (2,223.00)	\$ -	\$ (57,580.70)	\$ (9,310.00)	\$ (7,746.79)	
In-Kind Donations	\$ 85,000.00	\$ -																		\$ 85,000.00

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



2014-2015 BOARD OF DIRECTORS

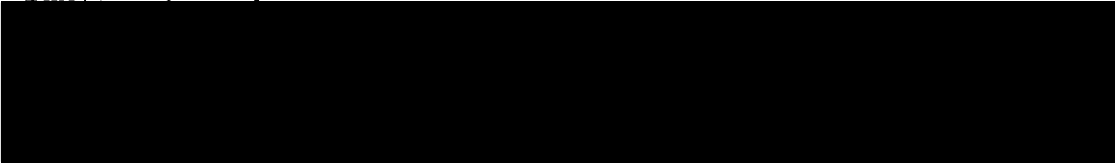
Mark Snyder, Past Chairperson
PNC Bank

Ed Wnorowski



Stacy Deck, Chairperson

Joseph Hamilton

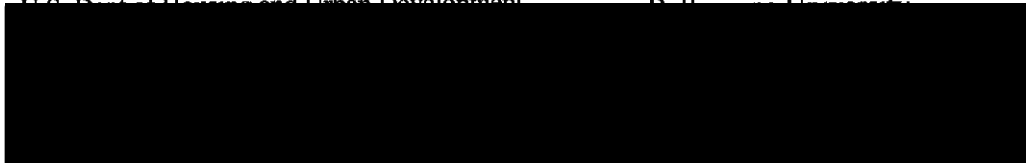


Term Expires: December 2014

Term Expires: at will of the Mayor

Michael Browder
U.S. Dept. of Housing and Urban Development

Bernard Minnis
Ball State University

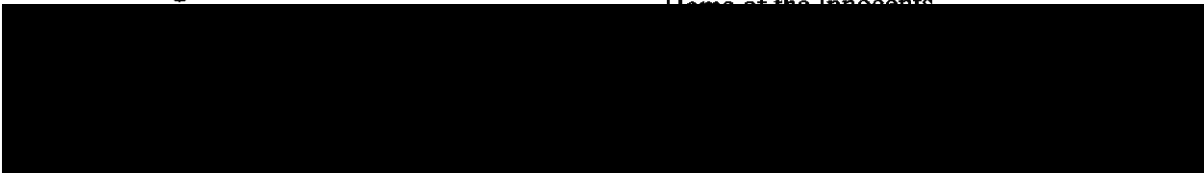


Term Expires: December 2015

Term ends: December 2016

Michael Tigue, Secretary

Judith Bloor
Home of the Innocents



Term Expires: December 2014

Term Ends: December 2016

Lisa Cates, Vice Chairperson

Debra DeLor
902 Flat Rock Road



Term ends: December 2014

Term ends: December 2016

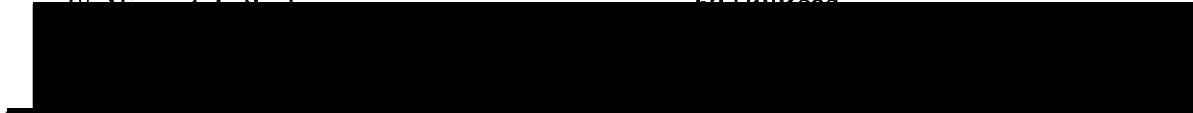
The Coalition for the Homeless, Inc.,
1300 S. 4th St., Suite 250, Louisville KY 40208
(502) 636-9550, Fax: 636-9950



2014-2015 BOARD OF DIRECTORS

Beth White

St. Vincent St. P...



Term ends: December 2014

E. Wayne Schwertley

60 Hill Road

Term expires December 2016

Linda Ruffenach

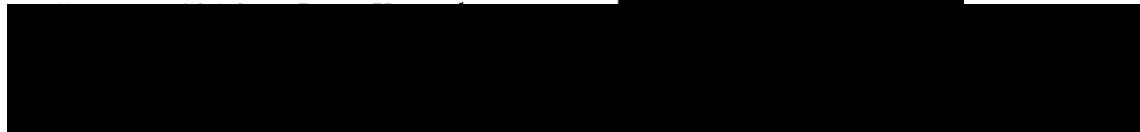


Term ends: December 2014

Jared A. Grant

Term expires: December 2016

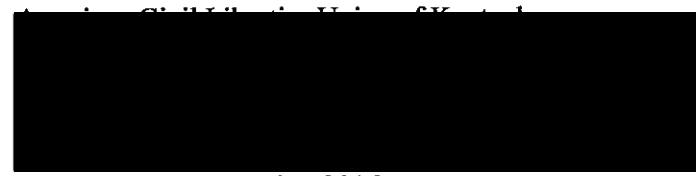
Barry Steiger



Term expires: December 2016

barry.steiger@vncshomeless.com
Term Expires: December 2016

Anne McKune



Term Expires: December 2016

THE COALITION FOR THE HOMELESS, INC.

FINANCIAL REPORT

JUNE 30, 2013

CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT ON THE FINANCIAL STATEMENTS	1-2
FINANCIAL STATEMENTS	
Statements of financial position	3
Statements of activities	4
Statements of functional expenses	5
Statements of cash flows	6
Notes to financial statements	7-12



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 P.C.

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>
ASSETS		
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>
LIABILITIES		
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>
NET ASSETS		
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	51,312	11,433
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>
NET ASSETS AT BEGINNING OF YEAR	<u>361,952</u>	<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>
CASH FLOWS FROM OPERATING ACTIVITIES		
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>
CASH FLOWS FROM INVESTING ACTIVITIES		
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.

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

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
	<u>\$ 148,399</u>	<u>\$ 120,555</u>	<u>\$ 135,504</u>	<u>\$ 122,568</u>

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	--	--
	<u>\$ 148,399</u>	<u>\$ 148,399</u>	<u>\$ --</u>	<u>\$ --</u>

	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	--	--
	<u>\$ 135,504</u>	<u>\$ 122,047</u>	<u>\$ 13,457</u>	<u>\$ --</u>

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
	<u>\$ 132,450</u>

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:

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

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)

Department of the Treasury
Internal Revenue Service

▶ 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 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	C Name of organization THE COALITION FOR THE HOMELESS, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1300 S. 4TH STREET 250 City, town, or post office, state, and ZIP code LOUISVILLE, KY 40208 F Name and address of principal officer: NATALIE HARRIS SAME AS C ABOVE	D Employer identification number [REDACTED] E Telephone number 502-636-9550 G Gross receipts \$ 3,009,921. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I 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		
J Website: ▶ WWW.LOUHOMELESS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1986 M State of legal domicile: KY		

Part I Summary			
	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF THE COALITION FOR THE HOMELESS IS TO ADVOCATE FOR PEOPLE WHO ARE HOMELESS AND FOR THE	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3 16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 16
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 9
	6	Total number of volunteers (estimate if necessary)	6 800
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)
9		Program service revenue (Part VIII, line 2g)	313,145. 418,190.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	477. 13,070.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	201,484. 164,796.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,086,077. 1,160,605.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	41,053. 32,102.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	456,961. 441,382.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 61,871.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	470,062. 646,905.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	968,076. 1,120,389.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	118,001. 40,216.
	20	Total assets (Part X, line 16)	Beginning of Current Year 417,558. End of Year 479,796.
	21	Total liabilities (Part X, line 26)	55,606. 7,903.
	22	Net assets or fund balances. Subtract line 21 from line 20	361,952. 471,893.

Part II Signature Block

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

Sign Here	Signature of officer NATALIE HARRIS, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JON A. MEYER	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01379283
	Firm's name ▶ JONES, NALE & MATTINGLY PLC Firm's address ▶ 642 SOUTH FOURTH ST, STE 300 LOUISVILLE, KY 40202	Firm's EIN ▶ 61-0420207 Phone no. (502)583-0248

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

1 Briefly describe the organization's mission: THE MISSION OF THE COALITION FOR THE HOMELESS IS TO 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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 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 <i>Schedule B, Schedule of Contributors</i> ?	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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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)

21	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>	21	X	
22	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>	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. 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>	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		X
26	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>	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
c	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>	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	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>	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		X
34	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>	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a Did the organization receive any payments for indoor tanning services during the tax year?			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X



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

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a	16	
b Enter the number of voting members included in line 1a, above, who are independent		
1b	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.)

	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?		
10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	
12c	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?		
16b		

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 WNIOROWSKI 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 MCKUNE DIRECTOR	1.00	X						0.	0.	0.



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

(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			
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							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)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b	42,500.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	438,719.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	83,330.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		564,549.			
Program Service Revenue	2 a TARC TICKETS	Business Code 624100	418,190.	418,190.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		418,190.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		280.		280.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	13,457.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	667.			
		c Gain or (loss)	12,790.			
	d Net gain or (loss)		12,790.		12,790.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	71,624.			
		b Less: direct expenses	b	0.		
c Net income or (loss) from fundraising events			71,624.		71,624.	
9 a Gross income from gaming activities. See Part IV, line 19	a	1,941,821.				
	b Less: direct expenses	b	1,848,649.			
	c Net income or (loss) from gaming activities		93,172.	93,172.		
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a	a					
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d						
12 Total revenue. 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 PROGRAM EXPENSE	401,340.	401,340.		
b MISCELLANEOUS	40,265.	5,004.	2,017.	33,244.
c SUPPLIES	15,814.	9,488.	4,744.	1,582.
d TELEPHONE	11,789.	7,073.	3,537.	1,179.
e All other expenses	11,374.	5,590.	5,165.	619.
25 Total functional expenses. Add lines 1 through 24e	1,120,389.	928,590.	129,928.	61,871.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

Check if Schedule O contains a response 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 1,719.	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	Total assets. 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	Total liabilities. Add lines 17 through 25	55,606.	26	7,903.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	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	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	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	Total net assets or fund balances	361,952.	33	471,893.	
34	Total liabilities and net assets/fund balances	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		
2b 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		
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	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
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why 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.



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?
 - (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? _____
 - (ii) A family member of a person described in (i) above? _____
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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	
Total									

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. 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 failed 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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	414,960.	498,187.	538,691.	570,971.	659,092.	2681901.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	232,173.	311,987.	273,408.	313,145.	418,190.	1548903.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	1865639.	1776650.	1969462.	2133038.	1941821.	9686610.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	2512772.	2586824.	2781561.	3017154.	3019103.	13917414.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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.
c Add lines 7a and 7b						0.
8 Public support. (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
9 Amounts from line 6	2512772.	2586824.	2781561.	3017154.	3019103.	13917414.
10a 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 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,645.	7,554.	15,009.	477.	280.	27,965.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (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

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	99.80 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99.71 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	.20 %
18 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

6

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

Employer identification number

THE COALITION FOR THE HOMELESS, INC.

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

THE COALITION FOR THE HOMELESS, INC.

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	YUM! BRANDS, INC. 1441 GARDINER LANE LOUISVILLE, KY 40213	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	COMPREHENSIVE HEALTH MANAGEMENT DBA WELLCARE 13551 TRITON PARK BLVD, STE 1800 LOUISVILLE, KY 40223	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	GE UNITED WAY APPLIANCE PARK, AP3-232 LOUISVILLE, KY 40225	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	MILDRED HORN FOUNDATION PMB #324, 2028 SOUTH HWY 53, STE. 3 LAGRANGE, KY 40031	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash 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

THE COALITION FOR THE HOMELESS, INC.



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

THE COALITION FOR THE HOMELESS, INC.

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organization. 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 on the total line.)
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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527

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 990 (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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
c	Total lobbying expenditures (add lines 1a and 1b)	0.													
d	Other exempt purpose expenditures	1,120,389.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	1,120,389.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	187,039.													
<table border="1"> <thead> <tr> <th>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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	46,760.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	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.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total	
2a	Lobbying nontaxable amount	168,966.	184,862.	170,626.	187,039.	711,493.
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,067,240.
c	Total lobbying expenditures	10,914.	8,000.	8,000.		26,914.
d	Grassroots nontaxable amount	42,242.	46,216.	42,657.	46,760.	177,875.
e	Grassroots ceiling amount (150% of line 2d, column (e))					266,813.
f	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
1 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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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.

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.** Em XXXXXXXXXX

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?

Yes No

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(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements 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

▶ \$ _____

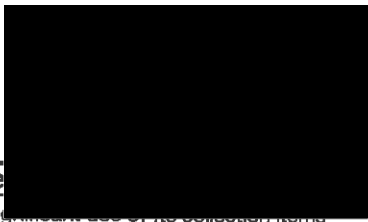
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

- 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				
Total. 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)		
Total. (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)		
Total. (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)	
Total. (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)	
Total. (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			7.
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)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2012

Open To Public

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.

Name of the organization

THE COALITION FOR THE HOMELESS, INC.

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 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... b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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.

Total

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.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$10,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts of more than \$1,000.

		(a) Event #1	(b) Event #2	(c) Other	(add col. (a) through col. (c))	
		5K WALK (event type)		NON-PROFIT (total number)		
Revenue	1	35,101.			35,101.	
	2					
	3	35,101.			35,101.	
Direct Expenses	4					
	5					
	6					
	7					
	8					
	9					
	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	381,700.	1,549,121.	
Direct Expenses	2	474,622.	1,191,632.		1,666,254.
	3				
	4	81,000.			81,000.
	5	90,395.			90,395.
	6	<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?
- 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?
- 13 Indicate the percentage of gaming activity operated in:

13a	100.00	%
13b		%

- a The organization's facility
- b An outside facility
- 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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations 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.

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)

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.

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.

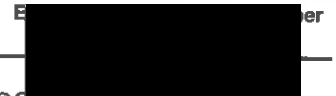
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

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.



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

▶ **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 **X**
- 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 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.

Type or print	Name of exempt organization or other filer, see instructions. THE COALITION FOR THE HOMELESS, INC.	Employer identification number (EIN) or
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. 1300 S. 4TH STREET, NO. 250	Social XXXXXXXXXX
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40208	

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

3a 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.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	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.

ARTICLES OF INCORPORATION

MAY 23 1986 *Not*

OF

THE COALITION FOR THE HOMELESS

Shirley R. 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.

2.

3.

The

is duly

1.

2.

3.

4.

5.

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 Bernice C. Otto, James H. Kilmore, Jr. + Alphonso O'neil 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 16th day of May, 1986.

My Commission Expires: July 9, 1987

May Kay Greer
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

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) The Coalition for the Homeless, Inc.	
	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 checked="" type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.) 1300 S. 4th St., Ste. 250 City, state, and ZIP code Louisville, KY 40208 List account number(s) here (optional)	
		Requester's name and address (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.

	Social security number [][]-[][]-[][][][]
	Employer identification number [][][][]-[][][][]-[][][][]

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.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>7/1/2014</u>
------------------	----------------------------	------------------------

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.

**PROJECT HOMELESS CONNECT/STAND-DOWN
RESOURCE SHEET/EXIT INTERVIEW**

Benefit Information

PRIORITY	PROGRAM	AGENCY SIGNATURE
	Phoenix Health Center (SOAR)	
	Social Security Administration	
	Center for Accessible Living	
	Legal Aid Society	
	KIPDA Area on Aging and Independent living	
	Neighborhood Place	

Counseling Services

PRIORITY	PROGRAM	AGENCY SIGNATURE
	Phoenix Health Center/Substance Abuse	
	Seven Counties Outreach Team	
	Phoenix Health Center/Mental Health	

Employment

PRIORITY	PROGRAM	AGENCY SIGNATURE
	Louisville Metro Community Action Partnership (CAP)	
	Office of Employment and Training	

HOUSING

PRIORITY	PROGRAM	AGENCY SIGNATURE
	Housing of Ruth	
	Louisville Metro Housing Authority	
	LM Gov. Extended Care Service	
	LMHES-Shelter Plus Care	
	US HUD	
	Family Scholar House	
	Restoration Center INC	
	Women in Transition	

MEDICAL SERVICES

	VA Medical Center Health Screening	
	Phoenix Dental(Family Health Centers)	
	Phoenix Health Center(Medical)	
	Volunteers of America	
	Kentucky Lions Eye Foundation	

**PROJECT HOMELESS CONNECT/STAND-DOWN
RESOURCE SHEET/EXIT INTERVIEW**

**Pg 2
SHELTERS**

PRIORITY	PROGRAM	AGENCY SIGNATURE
	St. Vincent DePaul	
	St. John Center	
	Salvation Army	
	Wayside Christian Mission	
	YMCA Safe Place Services	

VA SERVICES

PRIORITY	PROGRAM	AGENCY SIGNATURE
	Interlink Counseling Services, Inc.	
	Vet Center	
	Department of Veterans Affairs Regional Office	
	Kentucky Department of Veterans Affairs	
	VAMC/Chaplain Service	
	VAMC/Compensated Work Therapy	
	VAMC/Healthcare Eligibility	
	VAMC/OEF/OIF Program	
	VAMC/PCT and MST Program	
	Veteran Voices of Kentuckiana	

OTHER SERVICES

PRIORITY	PROGRAM	AGENCY SIGNATURE
	Internal Revenue Services	
	Office for Women/Louisville Metro Government	
	Safelink Community	

**PROJECT HOMELESS CONNECT/STAND-DOWN
RESOURCE SHEET/EXIT INTERVIEW**

Pg 3

EXIT INTERVIEW

(Circle specific responses):

1. Did you get what you came for? Yes No

2. If "no", what didn't you get? Why not?

CLOTHING

SOMETHING ELSE (Describe Below)

(Please tell the participant that they will receive clothing after they complete the interview)

Please rate your satisfaction with each of the following aspects of today's event.

a. Health services (for example, flu shots, glasses, HIV testing, mental health).

Very satisfied Satisfied Not satisfied at all No opinion/Did not use

b. Community services (for example, legal services, housing & job information, disability services, food stamps)

Very satisfied Satisfied Not satisfied at all No opinion/Did not use

c. Veteran's resources (KY Department of Vets Affairs, Interlink, VA, many others)

Very satisfied Satisfied Not satisfied at all No opinion/Did not use

d. Security Services (sheriffs outside in waiting area, security personnel inside)

Very satisfied Satisfied Not satisfied at all No opinion/did not use

e. People who served you today (Escorts, Triage volunteers, agency volunteer, and others)

Very satisfied Satisfied Not satisfied at all No opinion/did not use

3. If you could change one thing about today, what would it be?



Executive Director

Development Director

CoC Assistant



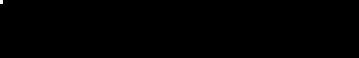
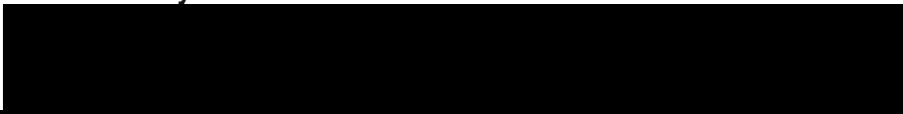
DOB: March 6th

DOB: November 30th

DOB: Feb 12th

Office Manager
Marsha Bailey

Client Care Services
Lonnie Williams



williams@coahomeless.org
DOB: April 15th

DOB: January 28th

Client Care Services

**Director of Community
Coordination**

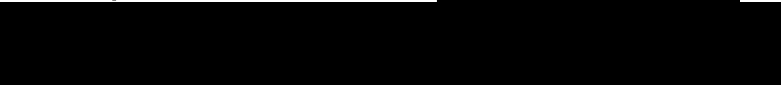


DOB: June 30th

DOB: November 23rd

**Homeless Services
Quality Assurance
Manager**
Brandi Scott

HMIS Administrator
Will King



DOB: March 18th

DOB: June 23rd

Client Care Services

Fundraising Assistant
Jennifer Haggard



DOB: February 11th

THE COALITION FOR THE HOMELESS, INC.

General Information

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

Current Officers

President [Stacy Deck](#)
Vice President [Lisa Cates](#)
Secretary [Michael Tigue](#)
Treasurer [Michael Browder](#)
Director [Stacy Deck](#)
Director [Michael Tigue](#)
Director [Michael Browder](#)
Director [Lisa Cates](#)

Individuals / Entities listed at time of formation

Director [LARRY OTTO](#)
Director [JIM GILMORE](#)
Director [TERESA WATSON](#)
Director [REV. MIKE ELLIOTT](#)
Director [BLANCHE COOPER](#)
Incorporator [LARRY OTTO](#)
Incorporator [JIM GILMORE](#)
Incorporator [ALPHONSO O'NEIL WHITE](#)

Images available online

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.

Annual Report	1/27/2014	1 page	PDF
Annual Report	1/11/2013	1 page	PDF

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