

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

JUN 22 2015 PM 1:30

**Applicant/Program:** Coalition for the Homeless

**Executive Summary of Request:**  
Coalition Combined NDF For Homeless Stand Down and Give-A-Jam.

Homeless Stand Down is an event for Homeless Veterans. It brings them together in one spot to pick-up "give-aways" while first having to register and participate in several medical screenings before they are given their goodies. Over 50 vendors will participate and over 700 participants are expected.

Give-A-Jam is a fundraiser. The Arts Community helps raise money by donating items for auction. There are also food vendors from several restaurants that do a "taste." All proceeds go to Homeless veterans. The funds are used to help produce the event.

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

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

24 District #      Madonna Hood Council Member Signature      6,000 Amount      6-22-15 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.

*N/A*

**Approved by:**  
\_\_\_\_\_ Date \_\_\_\_\_  
Appropriations Committee Chairman

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

**OFFICE OF METRO COUNCIL CLERK  
REVIEWED**

DATE 6/22/15 TIME 1:30



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b>		<b>The Coalition for the Homeless, Inc.</b>	
<i>(as listed on: <a href="http://www.sos.kv.gov/business/records">http://www.sos.kv.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 1300 S. 4th St., Ste. 250, Louisville, KY 40208			
<b>Website:</b> www.louhomeless.org			
<b>Applicant Contact:</b>	Natalie Harris	<b>Title:</b>	Executive Director
<b>Phone:</b>	502-636-9550 x 11	<b>Email:</b>	nharris@louhomeless.org
<b>Financial Contact:</b>	Marsha Bailey	<b>Title:</b>	Office Manager
<b>Phone:</b>	502-636-9550 x 10	<b>Email:</b>	mbailey@louhomeless.org
<b>Organization's Representative who attended NDF Training:</b> Marsha Bailey			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	1300 S. 4th St., Ste. 250, Louisville, KY 40208		
<b>Council District(s):</b>	serve all of Jefferson County	<b>Zip Code(s):</b>	serve all of Jefferson County
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Ending Veteran Homelessness			
<b>Total Request: (\$)</b>	20,000	<b>Total Metro Award (this program) in previous year: (\$)</b>	17,250
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input 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	
<b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>			
<b>Source:</b>	Community Development Block Grant	<b>Amount: (\$)</b>	80,000.00
<b>Source:</b>	Emergency Shelter Grant	<b>Amount: (\$)</b>	32,100.00
<b>Source:</b>	Neighborhood Development Fund	<b>Amount: (\$)</b>	17,250.00
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			

Applicant's Initials



## 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 7,380 homeless persons served in Louisville last year was our neighbor and someone's child, parent, brother or sister. Over 1,300 were under the age of 18, 904 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 lowered the overall homeless population in Louisville by 14% in 2014.

This year, our priority through Rx: Housing Veterans is to end veteran homelessness in Louisville by the end of the year. Through community partnerships with over two dozen agencies, we have identified over 244 homeless veterans by name and have housed over 115 of them to date. Through efforts including a community outreach campaign in April, the annual Stand Down in October and Give-a-Jam in December, we hope to raise the funding needed to reach our goal of housing all 244 veterans identified to date and to create an on-going plan to house veterans who become homeless in the future, quickly and easily. We plan to celebrate our success with a press event at the end of the year to include the mayor and our full metro council due to their on-going support.

Handwritten initials in blue ink, appearing to be "MH".



## 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 Louisville's Plan to End Veteran Homelessness. Key partners for this project called Rx: Housing Veterans (because the prescription for homeless veterans is housing) include the Office of the Mayor, The Coalition for the Homeless, St. Vincent de Paul, Interlink Counseling Services, Volunteers of America (VOA), Louisville Metro Housing Authority (LMHA), Veterans for Peace, Restoration Center, Louisville Metro Community Services, Robley Rex VA Hospital Homeless Programs (VA), Family Health Centers (FHC), St. John Center, The Kentucky Department of Veterans Affairs (KDVA), Legal Aid Society, the Brain Injury Alliance, VCAL and Seven Counties Services as well as over 50 additional community service partners who participate in the one day Stand Down event in October. The committee has been meeting since September 2014 to create and implement the attached plan to end veteran homelessness in Louisville. The key community components we are seeking support for are:

Project 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. 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. Over 50 local service agencies have booths on site at the Stand Down/Project Homeless Connect site of Salvation Army on Brook Street, October 7, 2015. This opportunity brings services to the client versus them having to travel around town and wait in line to meet each need. 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 700 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.)

Give-a-Jam is an event created to allow musicians, actors, poets, artists, chefs and business owners to donate their talents to show their commitment to ending homelessness in Louisville. The evening includes sets of music and poetry by the cream of the crop of the Louisville music scene (past artists include The Bibelhauser Brothers, Hog Operation, Tyrone Cotton, Dick Sisto, John Gage, Justin Paul Lewis, Marta Miranda, Joan Shelley and Nathan Salsburg) in a one-of-a-kind jam. The evening includes everything from bluegrass ballads and jazz standards to poetry slams. Another highlight of the evening are the soups and stews made by a who's who of Louisville chefs (past restaurant donors include Bistro 1860, Bourbon's Bistro, Elderdown, Harvest, Majid's, Porcini's, Volare and Wiltshire Pantry) available for sale with all proceeds going to the Coalition. A cash bar and silent auction from local businesses and artists is also available. Everything associated with the event, from the sound equipment to the artists using it to the stage they're playing on is being donated, so the proceeds can all go to The Coalition for the Homeless for Rx: Housing Veterans programs and administration. Our goal is to have all 244 homeless veterans housed with the assistance of this funding. The event takes place on Thursday, December 17th, 2015 from 6:00 - 11:00 p.m. at The Clifton Center, 2117 Payne Street. Over 400 are expected to be in attendance. (Flyers are attached.)

**Sponsorship Benefits:**

Each supporter receives tickets to the Give-a-Jam event they can use or donate to allow a local homeless person to attend, their logo on all event materials and the program as well as inclusion in the press packet for the press event to announce the end of veteran homelessness.

**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 Ending Veteran Homelessness are used solely for Stand Down and Give-a-Jam event costs for which 100% of the proceeds will be used for the Rx: Housing Veterans program to end veteran homelessness. The Coalition for the Homeless and community partners first solicit in-kind services from local nonprofits, churches and businesses and only use NDF funds to cover costs that cannot be accessed through donations. All costs will be incurred for events to address the short-term (Stand Down) and long-term (Give-a-Jam) needs of homeless veterans at two upcoming events. Stand Down/Project Homeless Connect will take place on October 7, 2015 from 8 a.m.-2:00 p.m. at the Salvation Army MALE High School campus on Brook Street with approximately 700 participants and Give-a-Jam will take place on December 17, 2015 from 6 - 11:00 p.m. at the Clifton Center with over 400 participants.

For Stand Down, 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, cell phones used by those offering the IDs, reader glasses, breakfast, lunch, interpretive services, supplies for additional services like the foot washing, building costs to Salvation Army and staff time to plan, set up and clean up after the event.

For Give-a-Jam, The Coalition for the Homeless will cover any of these costs not donated: t-shirt costs, printing costs, tables and chairs, stage set up and equipment, tickets, liquor license, pop, dinner supplies and items needed for keeping soups warm, facility rental and staff time to plan, set up and clean up after the event. All proceeds from this event go toward staffing and deposits to assist veterans in getting access to permanent housing.

The project planning for both events has begun and items must be purchased prior to the October 8th event. 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 supports Give-a Jam, a fundraiser at the Clifton Center on December 17, 2015. Here is a budget of that funding:

Income -

Sponsorships (including NDF)	\$30,000
Raffle	\$ 2,000
Event Tickets	\$ 5,000
Total	\$37,000

Expenses -

T-shirts	\$ 2,000
Liquor license	\$ 150
Raffle and Event Tickets	\$ 100
Pots, bowls and spoons	\$ 1,200
Tables	\$ 300
Sponsor Signs and Printing	\$ 400
Pop and Alcohol	\$ 3,000
Facility Costs	\$ 1,500
Staffing	\$ 4,000
Total	\$12,650

All proceeds from this event go toward staffing and deposits to assist veterans in getting access to permanent housing.

**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, 2015

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.

May be necessary if grant agreement is not ready to expend funds for events.



## 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 700 persons on October 7, 2015. 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.

The Coalition for the Homeless plans to house at least 244 homeless veterans by the end of the year from proceeds of Give-a-Jam and other activities and grants. We manage the HMIS database that tracks all homeless service agencies in the community and is used to track progress including ending veteran homelessness. For this grant, we will be tracking the following outcomes to determine program progress and success:

- 1) find housing for all 244 homeless veterans identified,
- 2) create on-going system to insure all newly homeless vets have immediate access to shelter,
- 3) create on-going system to insure all homeless vets that enter shelter are housed within 6 months in future.

**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 Rx: Housing Veterans group created to end veteran homelessness in Louisville includes over two dozen active groups working toward this goal. Members include The Office of the Mayor, The Coalition for the Homeless, St. Vincent de Paul, Interlink Counseling Services, Volunteers of America (VOA), Louisville Metro Housing Authority (LMHA), Veterans for Peace, Restoration Center, Louisville Metro Community Services, Robley Rex VA Hospital Homeless Programs (VA), Family Health Centers (FHC), St. John Center, The Kentucky Department of Veterans Affairs (KDVA), Legal Aid Society, the Brain Injury Alliance, VCAL and Seven Counties Services..



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>	\$6,000	\$7,000	\$13,000
<b>B: Rent/Utilities</b>			
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance (Attach Detailed List)</b>	\$7,500	\$20,000	\$27,500
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>			
<b>I: Community Events &amp; Festivals (Attach Detail List)</b>	\$6,500	\$30,500	\$37,000
<b>J: Small Equipment</b>			
<b>K: Capital Equipment</b>			
<b>L: Other Expenses (Attach Detail List)</b>			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	\$20,000	\$57,500	\$77,500
<b>% of Program Budget</b>	26 %	74 %	100%

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

Other State, Federal or Local Government	\$7,000
United Way	
Private Contributions (do not include individual donor names)	\$50,500
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Column 2 Expenses. **	\$57,500

\*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	\$13200	330 x 4 hours x \$10
Lion's Eye and other health screen	\$42000	agency quotes
Dare to Care food	\$8000	their estimate
Give-a-Jam event donations	\$20,000	agency quotes
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$83200	

\* 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, 2015

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:

No significant changes expected next year.

Applicant's Initials





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: [Signature] Date: 5/8/15
Legal Signatory: (please print): Natalie Harris Title: Executive Director
Phone: 502-636-9550 Extension: 11 Email: nharris@louhomeless.org

Jared Dearing, Leg. Assit. to District 2, Louisville Metro Council is a Board Member

[Handwritten initials]

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

<b>Organization Number</b>	0215424
<b>Name</b>	THE COALITION FOR THE HOMELESS, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	5/22/1986
<b>Organization Date</b>	5/22/1986
<b>Last Annual Report</b>	2/6/2015
<b>Principal Office</b>	1300 SO. FOURTH ST., SUITE 250 LOUISVILLE, KY 40203
<b>Registered Agent</b>	NATALIE HARRIS 1300 SOUTH 4TH STREET, SUITE 250 LOUISVILLE, KY 40208

**Current Officers**

<b>President</b>	<a href="#">Lisa Cates</a>
<b>Vice President</b>	<a href="#">Linda Ruffenach</a>
<b>Secretary</b>	<a href="#">Jared Grant</a>
<b>Treasurer</b>	<a href="#">E. Wayne Schwertley</a>
<b>Director</b>	<a href="#">Lisa Cates</a>
<b>Director</b>	<a href="#">Linda Ruffenach</a>
<b>Director</b>	<a href="#">Jared Grant</a>
<b>Director</b>	<a href="#">E Wayne Schwertley</a>

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

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

**Images available online**

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

<a href="#">Annual Report</a>	2/6/2015	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	1/27/2014	1 page	<a href="#">PDF</a>

<a href="#">Annual Report</a>	1/11/2013	1 page	<a href="#">PDF</a>
<a href="#">Principal Office Address Change</a>	1/11/2012 12:32:24 PM	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	1/11/2012	1 page	<a href="#">PDF</a>
<a href="#">Registered Agent name/address change</a>	1/25/2011 12:02:01 PM	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	1/25/2011	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	1/21/2010	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/30/2009	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	8/11/2008	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	2/20/2007	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	1/31/2006	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	2/11/2005	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	8/25/2003	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	7/2/2002	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	8/15/2001	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	7/6/2000	4 pages	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	8/17/1999	5 pages	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Statement of Change Letters</a>	7/21/1999	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	1/28/1999	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	9/2/1998	5 pages	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Statement of Change</a>	7/3/1997	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1997	3 pages	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1996	3 pages	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1995	2 pages	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Statement of Change</a>	5/26/1994	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	4/20/1994	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	4/5/1993	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	3/25/1992	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Statement of Change</a>	3/16/1992	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1991	2 pages	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1990	3 pages	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1989	2 pages	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Articles of Incorporation</a>	5/22/1986	7 pages	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Articles of Incorporation</a>	5/22/1986	7 pages	<a href="#">tiff</a> <a href="#">PDF</a>

**Assumed Names**

**Activity History**

Filing	File Date	Effective Date	Org. Referenced
Annual report	2/6/2015 1:44:44 PM	2/6/2015 1:44:44 PM	
Annual report	1/27/2014 2:59:52 PM	1/27/2014 2:59:52 PM	
Annual report	1/11/2013 12:34:01 PM	1/11/2013 12:34:01 PM	
Annual report	1/11/2012 12:40:16 PM	1/11/2012 12:40:16 PM	

Principal office change	1/11/2012 12:32:24 PM	1/11/2012 12:32:24 PM
Registered agent address change	1/25/2011 12:02:01 PM	1/25/2011 12:02:01 PM
Annual report	1/25/2011 11:58:11 AM	1/25/2011 11:58:11 AM
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

# Rx:Housing Veterans

## **Report to Mayor Fischer on Ending Veteran Homelessness in Louisville, Kentucky December 5, 2014**

On September 20, 2014, Mayor Greg Fischer called together several community leaders to issue a challenge of ending veteran homelessness in Louisville. Mayor Fischer was one of the first mayor's in the country to sign the national pledge and he asked the group to work together to create a plan for how it could be done and to report back with: 1) a number needing to be served, 2) a list of resources already in place, 3) changes to take place to reach the goal and 4) any barriers preventing success. The group now called Rx: Housing Veterans met three times after September 20, 2014 and continues to meet monthly. They also applied for and were named one of 25 cities to be part of the national Zero2016 campaign created to end veteran and chronic homelessness by 2016. Here is their plan:

**Agencies represented in Rx: Housing Veterans include:** The Office of the Mayor, The Coalition for the Homeless, St. Vincent de Paul, Interlink Counseling Services, Volunteers of America (VOA), Louisville Metro Housing Authority (LMHA), Veterans for Peace, Restoration Center, Louisville Metro Community Services, Robley Rex VA Hospital Homeless Programs (VA), Family Health Centers (FHC), St. John Center, The Kentucky Department of Veterans Affairs (KDVA), Legal Aid Society, the Brain Injury Alliance, VCAL and Seven Counties Services.

**Number of Homeless Veterans in Louisville:** The Louisville Homeless Management Information System and U.S. Veterans Administration data have shown a steady decrease of homeless veterans in Louisville over the past four years. Much of this is due to increased resources provided by the U.S. Veterans Administration and U.S. Department of Housing and Urban Development including the VASH housing voucher program targeted to chronically homeless veterans. The Robley Rex VA Hospital Homeless Programs staff took lists of homeless veterans from the Veterans Administration, Louisville Continuum of Care (CoC) Common Assessment, Louisville CoC Homeless Management Information System and St. John

Center, created a single database, removed all duplicates, deceased and housed persons to create a final list of **336 known homeless veterans in Louisville, Kentucky**. This number of veterans includes anyone who meets the national Zero2016 definition of veteran which is anyone who wore the uniform of any of the military forces (it does not include national guard members who were never called up for service.) National research shows that approximately one-third of this group will need permanent supportive housing, one-third will need a short term subsidy and one-third will need community supports and linkages to employment plus a deposit to make it into housing. (As of February 12, 2015, over 50 of these veterans have already been referred for permanent housing options listed below.)

**Outreach to Homeless Veterans and Waiting Lists for Housing:** The Robley Rex VA Hospital has five outreach staff that visit homeless programs and those living on the streets to locate and assist homeless veterans. Family Health Centers also has a common assessment team that works to identify, assess and rank any homeless persons in the community. These two teams have agreed to make several changes in procedures to insure that homeless veterans access all services they qualify to receive:

- 1) The Louisville CoC common assessment team will refer all veterans immediately to the VA for assessment. This will be a warm hand off making sure the VA knows the client is coming and can do the assessment. The VA will in return notify the common assessment team of anyone who does not qualify for the VASH program so they can be referred back to housing in the CoC. This will again be a warm hand off to make sure no clients are dropped.
- 2) The Louisville CoC will provide a preference in housing for veterans so that those veterans not eligible for a VASH voucher get served first on the CoC permanent supportive housing waiting list.
- 3) The VA and Louisville CoC will get signed waivers from all clients to allow them to make direct referrals to each other and share information as needed.

**Emergency/Transitional Shelter:** Because it takes 30-180 days for homeless veterans to access permanent housing, emergency/transitional housing options are needed. There are presently 154 per diem beds at shelters funded by the VA at Interlink Counseling Services, Salvation Army, St. Vincent de Paul and Wayside Christian Mission. Interlink also has 80 treatment beds for homeless veterans and hopes to add 100 more. Restoration Center is creating an 8-unit transitional house in west Louisville and is interested in expanding to 60 handicapped accessible apartments if property were available for expansion. The VA has agreed to make the following change:

- 1) The VA is opening all emergency/transitional per diem beds and homeless services to all veterans except those with a dishonorable discharge. They will also look into this change for dental. This will insure that more veterans are eligible for these services.

**Services, Benefits and Employment:** Volunteers of America has received \$3 million in new Social Services for Veteran Families (SSVF) grant funding expected to help up to 125 families per year with deposits, debt, start up funding for housing needs and case management. The Homeless Veterans Reintegration Program (HVRP), also managed by VOA, helps veterans integrate in the community through assistance with employment, housing stability, substance abuse counseling and employment. The VA operates case management for all VASH clients and has a Veteran Career Center. Legal Aid Society has two attorneys that work with veterans on expungements and other needs. Rx: Housing Veterans partners agreed to coordinate these changes to insure that each veteran receives all the benefits and services they should in the following ways:

- 1) The Kentucky Department of Veteran Affairs will create a flyer to post at all shelters and homeless agencies to ask all case managers to check on the benefits status of ALL homeless veterans because some benefits are now more easily available to those who may have been denied in the past.
- 2) The common assessment team and VA will refer all veterans to the VOA SSVF and HVRP programs to determine if they qualify for services.
- 3) All programs will make referrals to the Legal Aid Society for expungements and to the VA Career Center for employment. Referrals will also be made as appropriate to the Brain Injury Alliance.

The following are barriers identified by Rx: Housing Veterans that if addressed could help coordinate services so that all veterans get help receiving benefits and opportunities for employment:

- A) The VA is seeking a building of approximately 15,000 square feet to develop a veteran resource center. This one-stop center would house approximately 50 VA and other community service staff serving veterans. While the VA has funding for the operations of this facility, they do not have funding for the building itself. If developed, the VA would offer space in the facility to other veteran service agencies at no cost.
- B) Funding is needed for an additional staff person who can assess each veteran to see if they qualify for but are not receiving general, not just veteran benefits, like food stamps and SSI.
- C) Many in the community need to hear about the importance of hiring veterans. The Mayor could speak to this issue in the community and ask local business owners to hire veterans whenever possible.

**Permanent Supportive Housing:** If the national research holds true in Louisville, we will need at least 120 additional units of permanent supportive housing for veterans with long-term disabilities making it difficult for them to be fully employed in the future. The Louisville Metro Housing Authority and VA operate 364 VASH vouchers (44 awarded in 2014). As of November 1, 2014; 293 VASH vouchers were utilized and six were looking for units. This leaves 65

available for homeless veterans on the list and an application was just submitted for 5 more VASH vouchers. Additionally LMHA set aside 50 new vouchers matched with a \$1.2 million SAHMSA grant awarded to Family Health Centers and has committed up to 100 additional vouchers if needed for this population. Rx: Housing Louisville has also agreed to the following:

- 1) The Louisville CoC will provide a preference in housing for veterans so that those veterans not eligible for a VASH voucher get served first on the CoC permanent supportive housing waiting list. This includes 40 additional vouchers coordinated through the new FHC SAHMSA grant.
- 2) LMHA is adding up to 16 units of housing for veterans to the Smoketown development and will make available 10 vouchers for persons existing CoC and VASH programs so that these vouchers can be freed up to support housing for additional chronically homeless veterans.
- 3) LMHA will work to insure that the most lenient policies are used in each housing subsidy program to insure that as many veterans qualify as possible. The VA will refer anyone who does not qualify for their programs to Shelter Plus Care.
- 4) Rx: Housing Veterans will create a committee to review the cases of veterans that do not fit in any available programs to create a community-based solution for their cases.

**Rapid Re-Housing and Other Short Term Subsidies:** If the national research holds true in Louisville, we will need at least 120 additional slots of Rapid-Rehousing or other short-term subsidies for homeless veterans who need approximately 12 months of assistance to get back on their feet. The VOA SSVF program can serve up to 125 veterans, but all who have this need may not qualify for the program. Rx: Housing Veterans agreed to coordinate the following:

- 1) VOA will work with any veterans or families that do not qualify for SSVF to insure that they are referred to Louisville Metro Community Services' Rapid-Rehousing Program. Louisville Metro Community Services will give priority to veterans in this program. The committee also recommends that VOA use as much of their SSVF funding as possible for Rapid Rehousing versus Homeless Prevention in order to help those already homeless.

**Deposits and Household Items:** All 360 identified homeless veterans will need access to an average of \$650 in security deposits and approximately \$1,100 in household items. The VOA SSVF program can serve approximately 125. The KDVA can help with deposits for approximately 10 and The Coalition for the Homeless has funding raised through Give-a-Jam to serve approximately 20. This funding is the area where Rx: Housing Veterans feels the corporate and private members of our community could do the most to support the effort to end veteran homelessness. Therefore, we have done the following:

- 1) The Coalition for the Homeless has submitted a proposal to Leadership Louisville asking for a group to help recruit business groups to help in raising funds for deposits and household items for veterans.



- 2) Rx: Housing Veterans will ask VCAL, Auxiliary Groups and others to support funding for these items.
- 3) The VA found a website where donors can purchase kits to start up new homes at [www.lodgingkit.com](http://www.lodgingkit.com)
- 4) Louisville Metro Community Services will provide housing deposits for veterans identified and served by the recently announced SAMHSA vouchers. Participants must be CSBG eligible.

We have identified the following barrier where the Office of the Mayor and city could help:

- D) Rx: Housing Veterans needs to recruit corporate and other private entities interested in veterans' services to access the flexible funding needed for this effort. Funding is especially needed for furniture (something to sit on, eat on and sleep on) and household items like sheets and dishes as well as service staff to help veterans access and move into their apartments.

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

DEPARTMENT OF THE TREASURY

Date: JAN 15 1991

Employer Identification Number:

Contact Person:

DOTTIE DOWNING

Contact Telephone Number:

(513) 684-3578

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

Our Letter Dated:

July 2, 1987

Addendum Applies:

No

Dear Applicant:

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

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

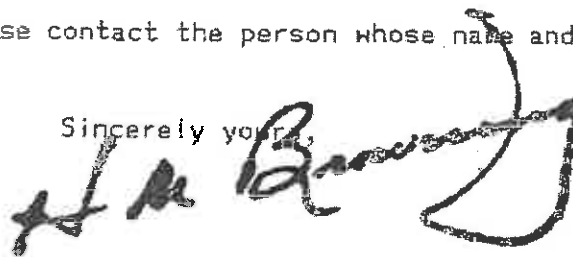
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the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

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

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

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

Sincerely yours,



Harold M. Browning  
District Director

REVENUE	2014 '15				2015 '14				COMMUNITY COORDINATION				SUPPORT SERVICES				ADVERSE		DEVELOPMENT		TOTAL		
	CF	GRANT	MEMBERSHIP	FAIR	CF	GRANT	MEMBERSHIP	FAIR	CF	GRANT	MEMBERSHIP	FAIR	CF	GRANT	MEMBERSHIP	FAIR	CF	GRANT	MEMBERSHIP	FAIR			
	15-46 budget	15-46 budget	15-46 budget	15-46 budget	15-46 budget	15-46 budget	15-46 budget	15-46 budget	15-46 budget	15-46 budget	15-46 budget	15-46 budget	15-46 budget	15-46 budget	15-46 budget	15-46 budget	15-46 budget	15-46 budget	15-46 budget	15-46 budget		15-46 budget	
RESTRICTED																							
GRANTS & CONTRACTS																							
Grants																							
Contract Services																							
Board Meeting Expenses																							
Swenfood Expenses																							
Fundraising Event Exp																							
Bank Service Charges																							
Server Hosting																							
Web Hosting and Name																							
Utilities Costs																							
Payroll Services																							
Marketing Services																							
Marketing and Data																							
Books and Reference M																							
Micro United Way Progr																							
Administrative																							
Accounting Services																							
Other Contract Services																							
Property and Liability I																							
Capital																							
Printing																							
Postage																							
Rent																							
Office Supplies																							
Telephone																							
Dental Insurance																							
Health Insurance and F																							
Salaries																							
Salaries/Other																							
Retirement Funds																							
Liability Insurance																							
Worker's Comp Insuran																							
Payroll Tax																							
Employer Payroll Tax																							
Staff Training/Develop																							
Conferences																							
Monthly Travel and Exp																							
Reserve Fund																							
Treatment Loans																							
Transfer																							
Unusable Equipment an																							
Printing Expenses																							

REVENUE	BPA #	2014-14	COMMUNITY COORDINATES				SHEPHERD'S				DORCHESTER				TOTAL					
			CLMPT	W	EMISPT	JARC	Scout Down	Wing Top	CEB	MOT III	LASH	TRIA	SANAM	PSIA		Re. Hk	Admstr	Bnrg	Transfer	General
RESTRICTED																				
Phone Line Expenses	\$ 1,600.00	\$	\$ 1,600.00																	\$ 1,600.00
Language Line Expenses	\$ 960.00	\$	\$ 960.00																	\$ 960.00
Community Education F	\$ 2,000.00	\$	\$ 2,000.00																	\$ 2,000.00
Bingo License and Per	\$ 375.00	\$	\$ 375.00																	\$ 375.00
Bingo Security	\$ 4,000.00	\$	\$ 4,000.00																	\$ 4,000.00
Bingo Rent	\$ 80,000.00	\$	\$ 80,000.00																	\$ 80,000.00
Bingo Supplies	\$ 75,000.00	\$	\$ 75,000.00																	\$ 75,000.00
Bingo Advertising	\$ 2,750.00	\$	\$ 2,750.00																	\$ 2,750.00
Bingo Taxes	\$ 15,000.00	\$	\$ 15,000.00																	\$ 15,000.00
Bingo Salaries	\$ 30,000.00	\$	\$ 30,000.00																	\$ 30,000.00
Bingo Payroll Tax	\$ 800.34	\$	\$ 800.34																	\$ 800.34
Bingo Printing	\$ 100.00	\$	\$ 100.00																	\$ 100.00
Bingo Fines and Penalt	\$	\$	\$																	\$
HUD Leasing	\$ 887,887.00	\$	\$ 887,887.00																	\$ 887,887.00
HUD Operations	\$ 287,226.00	\$	\$ 287,226.00																	\$ 287,226.00
HUD Services	\$ 882,824.00	\$	\$ 882,824.00																	\$ 882,824.00
HUD Admin	\$ 76,937.00	\$	\$ 76,937.00																	\$ 76,937.00
TARC Tickets	\$ 320,000.00	\$	\$ 320,000.00																	\$ 320,000.00
Rec: Housing Deposits	\$	\$	\$																	\$
White Flag and Shelter	\$ 10,000.00	\$	\$ 10,000.00																	\$ 10,000.00
Shared Chrm Expenses	\$ 10,000.00	\$	\$ 10,000.00																	\$ 10,000.00
TOTAL	\$ 3,541,862.00	\$	\$ 3,541,862.00	\$ 313,314.99	\$ 33,000.00	\$ 20,000.00	\$ 18,000.00	\$ 10,000.00	\$ 4,500.00	\$ 607,451.00	\$ 87,200.00	\$ 640,274.00	\$ 233,572.50	\$ 174,627.00	\$	\$ 18,813.40	\$ 231,650.17	\$ 66,000.00	\$ 5,641,543.79	
Sign. memo	\$ 33,000.00	\$	\$ 33,000.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 33,000.00
ll-Rnd Donations	\$ 35,000.00	\$	\$ 35,000.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 35,000.00


The Coalition for the Homeless, Inc.,  
1300 S. 4<sup>th</sup> St., Suite 250, Louisville KY 40208



**2014-2015 BOARD OF DIRECTORS**

**Stacy Deck, Past Chair**  
Spalding University  
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**E. Wayne Schwertley, Treasurer**

  
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The Coalition for the Homeless, Inc.,  
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[REDACTED]  
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**Kathy Beach**  
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**LaTonya Phillips** [REDACTED]  
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Term Expires Dec 2017

**Kitty McKune** [kmckune@rwsvlaw.com](mailto:kmckune@rwsvlaw.com)  
Term Expires December 2018

## The Coalition for the Homeless

## PROFIT AND LOSS

July 2014 - April 2015

	TOTAL
<b>Income</b>	
43300 Direct Public Grants	
43330 Foundation and Trust Grants	24,030.07
<b>Total 43300 Direct Public Grants</b>	<b>24,030.07</b>
43400 Direct Public Support	
43450 Individ, Business Contributions	41,494.57
43490 Religious Organizations	4,027.91
<b>Total 43400 Direct Public Support</b>	<b>45,522.48</b>
44500 Government Grants	
44520 HUD Grants to Coalition	
44521 HUD Grant - Coc/HPPP	45,475.09
44522 HUD Grants - Administration	46,834.63
44523 HUD Grants - HMIS	174,387.27
44524 HUD Grants - Operations	281.00
44525 HUD Grants - Leasing Salaries	204.00
44526 HUD Program Income - Leasing	16,430.52
<b>Total 44520 HUD Grants to Coalition</b>	<b>283,612.51</b>
44530 HUD Pass Thru Grants	
44531 HUD Grants - Leasing Thru CFH	249,236.72
44532 HUD Grants - Leasing	608,187.76
44533 HUD Grants - Operations	81,386.50
44534 HUD Grants - Services	581,482.64
44535 HUD Grants - HMIS	658.91
44536 HUD Grants - Administration	69,271.52
<b>Total 44530 HUD Pass Thru Grants</b>	<b>1,590,224.05</b>
44540 Local Government Grants	
44541 CoC	79,999.96
44542 Education	7,600.00
44544 Stand Down	10,699.17
44545 WF	32,100.00
<b>Total 44540 Local Government Grants</b>	<b>130,399.13</b>
44550 State Grants	
44551 Atlanta CoC/HPPP	6,432.50
44552 KHC Advocacy	8,000.00
<b>Total 44550 State Grants</b>	<b>14,432.50</b>
<b>Total 44500 Government Grants</b>	<b>2,018,668.19</b>
44800 Indirect Public Support	
44820 United Way - CoC/HPPP	15,782.04
<b>Total 44800 Indirect Public Support</b>	<b>15,782.04</b>
45000 Investments	
45030 Interest-Savings, Short-term CD	88.27

45050 Other Investment Revenue	14,410.96
<b>Total 45000 Investments</b>	<b>14,499.23</b>
46400 Other Types of Income	
46410 Bingo Income	231,692.00
46420 TARC Sales	312,427.53
46430 Miscellaneous Revenue	2,697.61
<b>Total 46400 Other Types of Income</b>	<b>546,817.14</b>
47200 Membership Income	
47230 Membership Dues	29,750.00
47240 HHS Fees	26,581.00
<b>Total 47200 Membership Income</b>	<b>56,331.00</b>
49000 Special Event Income	
49010 Give a Jam	36,978.02
49020 Other Fundraisers	11,345.13
<b>Total 49000 Special Event Income</b>	<b>48,323.15</b>
69500 Transfers In	125,894.52
<b>Total Income</b>	<b>\$2,895,867.82</b>
<b>Gross Profit</b>	<b>\$2,895,867.82</b>
<b>Expenses</b>	
60900 Business Expenses	
60910 Annual Meetings and Events	558.46
60920 Board Meeting/Planning Expenses	214.75
60930 Bank Fines, Penalties, Judgments	118.67
60960 Fundraising Event Expenses	
60961 Fundraising - Fundraiser	447.74
60962 Fundraising - Rx Housing	2,032.92
<b>Total 60960 Fundraising Event Expenses</b>	<b>2,480.66</b>
60970 Licenses and Permits	274.00
60975 Bingo Licences and Permits	300.00
<b>Total 60900 Business Expenses</b>	<b>3,946.54</b>
60990 Investment Losses	11,582.14
62100 Contract Services	
62110 Accounting Fees	3,500.00
62112 Accounting - General	59.92
<b>Total 62110 Accounting Fees</b>	<b>3,559.92</b>
62120 Audit	9,700.00
62150 Web Hosting	1,652.40
62180 Other Contract Services	
62182 Other Contract Services - General	10,033.44
<b>Total 62180 Other Contract Services</b>	<b>10,033.44</b>
62190 Payroll Services	1,759.15
62825 Bingo Security	3,300.00
<b>Total 62100 Contract Services</b>	<b>30,004.91</b>
62800 Facilities and Equipment	
62850 Janitorial Services	5,500.00
62870 Property Insurance	



62871 Property & Liability Ins - General	630.00
62872 Property and Liability Ins - CoC/HPPP	3,103.99
62873 Property and Liability Ins - HMIS	315.00
<b>Total 62870 Property Insurance</b>	<b>4,048.99</b>
62890 Rent, Parking, Utilities	
62891 Rent - CoC/HPPP	10,253.25
62892 Rent - HMIS	17,143.00
62893 Rent, Parking, Utilities - General	5,978.75
<b>Total 62890 Rent, Parking, Utilities</b>	<b>33,375.00</b>
62895 Bingo Rent	73,600.00
62899 HMIS/SPE Equipment and Services	53,318.57
<b>Total 62800 Facilities and Equipment</b>	<b>169,842.56</b>
65000 Operations	
65010 Books, Subscriptions, Reference	422.00
65020 Postage, Mailing Service	
65021 Postage - CoC/HPPP	1,075.25
65022 Postage - General	662.29
65023 Postage - HMIS	263.57
<b>Total 65020 Postage, Mailing Service</b>	<b>2,001.11</b>
65030 Printing and Copying	
65031 Bingo Printing	555.00
65032 Copier - CoC/HPPP	851.39
65033 Copier - General	527.72
65034 Copier - HMIS	218.66
65035 Printing - CoC/HPPP	95.00
65036 Printing - General	1,350.86
65037 Printing - HMIS	23.75
<b>Total 65030 Printing and Copying</b>	<b>3,622.38</b>
65038 Street Tips Printing	5,121.00
65040 Supplies	
65045 Bingo Supplies	65,063.19
65046 Supplies - CoC/HPPP	1,128.57
65047 Supplies - General	4,098.92
65048 Supplies - HMIS	893.83
<b>Total 65040 Supplies</b>	<b>71,184.51</b>
65050 Telephone, Telecommunications	
65051 Telephone - HMIS	1,775.84
65052 Language Line Expenses - HMIS	3,173.53
65054 Internet Cost - General	289.84
65055 Internet Cost - HMIS	1,586.94
65056 Telephone - CoC/HPPP	1,103.44
65057 Telephone - General	600.78
<b>Total 65050 Telephone, Telecommunications</b>	<b>8,530.37</b>
65060 Memberships and Dues	1,100.00
<b>Total 65000 Operations</b>	<b>91,981.37</b>
65100 Other Types of Expenses	
65115 Bingo Advertising	1,845.00
65160 Other Misc Costs	115.00

65185 Bingo Taxes	17,772.26
<b>Total 65100 Other Types of Expenses</b>	<b>19,732.26</b>
<b>66000 Payroll Expenses</b>	
<b>66010 Health Insurance</b>	
66011 Health Ins - Advocacy	835.26
66012 Health Ins - CoC/HPPP	19,787.17
66013 Health Ins - General	5,775.39
66014 Health Ins - HMIS	9,467.50
<b>Total 66010 Health Insurance</b>	<b>35,865.32</b>
<b>66020 Salaries</b>	
66021 Salaries - Advocacy	14,670.24
66022 Salaries - CoC/HPPP	104,149.29
66023 Salaries - General	43,419.43
66024 Salaries - HMIS	80,278.00
<b>Total 66020 Salaries</b>	<b>242,516.96</b>
66029-i Bingo Salaries	19,916.16
<b>66030 Retirement Funds</b>	
66031 Retirement Funds - Advocacy	450.00
66032 Retirement Funds - CoC/HPPP	8,203.94
66033 Retirement Funds - General	6,953.73
66034 Retirement Funds - HMIS	7,068.13
<b>Total 66030 Retirement Funds</b>	<b>22,675.80</b>
<b>66040 Life/Disability Insurance</b>	
66041 Life/Disability Ins - Advocacy	74.80
66042 Life/Disability Ins - CoC/HPPP	1,302.78
66043 Life/Disability Ins - General	817.84
66044 Life/Disability Ins - HMIS	1,278.42
<b>Total 66040 Life/Disability Insurance</b>	<b>3,473.84</b>
<b>66060 Payroll Tax</b>	
66061 Payroll Tax - Advocacy	2,367.05
66062 Payroll Tax - CoC/HPPP	50,105.85
66063 Payroll Tax - General	21,240.42
66064 Payroll Tax - HMIS	37,377.47
<b>Total 66060 Payroll Tax</b>	<b>111,090.79</b>
<b>66065 Employer Payroll Taxes</b>	
66066 Employer Payroll Tax - Advocacy	60.12
66067 Employer Payroll Tax - CoC/HPPP	1,232.40
66068 Employer Payroll Tax - General	31,904.92
66069 Employer Payroll Tax - HMIS	2,487.01
<b>Total 66065 Employer Payroll Taxes</b>	<b>35,684.45</b>
66069B Bingo Payroll Tax	6,761.58
<b>66070 Dental Insurance</b>	
66071 Dental Ins - CoC/HPPP	812.21
66072 Dental Ins - General	681.36
<b>Total 66070 Dental Insurance</b>	<b>1,493.57</b>
66080 Metro United Way Payments	837.34
<b>Total 66000 Payroll Expenses</b>	<b>480,315.81</b>

<b>67000 Program Expenses</b>	
67010 White Flag and Shelter Assistan	32,100.00
67020 TARC Tickets	302,510.00
67030 Stand Down Expenses	7,710.69
67040 Community Education Expenses	2,478.78
67050 Rx Housing Deposits	28,136.71
67080 HUD Pass Thru Funds	
67081 HUD Pass Thru Funds - Admin/Inspections	69,668.22
67082 HUD Pass Thru Funds - Leasing	881,467.25
67083 HUD Pass Thru Funds - Operations	81,385.25
67084 HUD PASS Thru Funds - Services	581,519.62
67085 HMIS Expenses	658.91
<b>Total 67080 HUD Pass Thru Funds</b>	<b>1,614,699.25</b>
<b>Total 67000 Program Expenses</b>	<b>1,987,635.43</b>
<b>68300 Staff Travel and Development</b>	
68310 Conference, Convention, Meeting	
68311 Conference, Convention, Meeting - CoC/HPPP	4,723.67
68312 Conference, Convention, Meeting - General	1,492.31
68313 Conference, Convention, Meeting - HMIS	1,325.00
<b>Total 68310 Conference, Convention, Meeting</b>	<b>7,540.98</b>
68320 Travel and Food	
68321 Monthly Travel and Expenses - CoC/HPPP	543.87
68322 Monthly Travel and Expenses - General	4,585.33
68323 Monthly Travel and Expenses - HMIS	1,268.50
<b>Total 68320 Travel and Food</b>	<b>6,397.70</b>
68330 Staff Development	849.83
<b>Total 68300 Staff Travel and Development</b>	<b>14,788.51</b>
69000 Transfers Out	125,894.52
<b>Total Expenses</b>	<b>\$2,935,724.05</b>
<b>Net Operating Income</b>	<b>\$ -39,856.23</b>
<b>Other Expenses</b>	
80400 Reconciliation Discrepancies	251,833.20
<b>Total Other Expenses</b>	<b>\$251,833.20</b>
<b>Net Other Income</b>	<b>\$ -251,833.20</b>
<b>Net Income</b>	<b>\$ -291,689.43</b>

Friday, May 08, 2015 11:58:51 AM PDT GMT-4 - Accrual Basis

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

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE COALITION FOR THE HOMELESS, INC.</b>		<b>D</b> Employer identification number [REDACTED]
	Doing Business As		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number
	<b>1300 S. 4TH STREET</b>	<b>250</b>	<b>502-636-9550</b>
City or town, state or province, country, and ZIP or foreign postal code <b>LOUISVILLE, KY 40208</b>		<b>G</b> Gross receipts \$ <b>3,702,271.</b>	
<b>F</b> Name and address of principal officer: <b>NATALIE HARRIS</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>J</b> Website: <b>WWW.LOUHOMELESS.ORG</b>		If "No," attach a list. (see instructions)	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>H(c)</b> Group exemption number	
<b>L</b> Year of formation: <b>1986</b>		<b>M</b> State of legal domicile: <b>KY</b>	

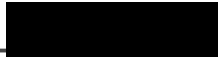
Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF THE COALITION FOR THE HOMELESS IS TO ADVOCATE FOR PEOPLE WHO ARE HOMELESS AND FOR THE</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)		<b>20</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)		<b>20</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)		<b>15</b>
	<b>6</b> Total number of volunteers (estimate if necessary)		<b>800</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12		<b>0.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34		<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>564,549.</b>	<b>1,490,413.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>418,190.</b>	<b>316,349.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>13,070.</b>	<b>6,056.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>164,796.</b>	<b>152,198.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,160,605.</b>	<b>1,965,016.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>32,102.</b>	<b>833,391.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>441,382.</b>	<b>588,035.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>65,714.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>646,905.</b>	<b>606,717.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,120,389.</b>	<b>2,028,143.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>40,216.</b>	<b>-63,127.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>479,796.</b>	<b>End of Year</b> <b>496,304.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>7,903.</b>	<b>38,184.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>471,893.</b>	<b>458,120.</b>

**Part II Signature Block**

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

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

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



Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No 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 \$ 1,369,107. including grants of \$ 798,874. ) (Revenue \$ ) 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 ORGANIZED THROUGHOUT THE COMMUNITY TO COORDINATE THE CONTINUUM OF CARE APPLICATIONS, RESULTING IN OVER \$9 MILLION FOR PARTICIPATING AGENCIES. THE COALITION ALSO CREATED A NEW CONTINUUM OF CARE BOARD AND COMMON ASSESSMENT TEAM TO ASSESS INDIVIDUALS IN THE HOMELESS SYSTEM FOR APPROPRIATE HOUSING SOLUTIONS. THE COALITION ALSO ADVOCATED WITH LOUISVILLE METRO COUNCIL TO INCREASE JEFFERSON COUNTY'S MINIMUM WAGE. IN ADDITION, A NEW #TAKEASTAND EDUCATION CAMPAIGN AND VIDEO WAS LAUNCHED.

4b (Code: ) (Expenses \$ 310,072. including grants of \$ ) (Revenue \$ 316,349. ) 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 400 PASSES PER MONTH.

4c (Code: ) (Expenses \$ 34,517. including grants of \$ 34,517. ) (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 2,972 INDIVIDUALS WERE SHELTERED THROUGH THIS PROGRAM.

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

4e Total program service expenses 1,713,696.

**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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	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 or note to any line in this Part V

Table with columns for question number, description, sub-questions (1a-14b), and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.



**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 or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	20	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	20	
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
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
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
9			

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

	Yes	No
10a		X
b		
10b		
11a	X	
b		
11a		
12a	X	
b	X	
12b		
c	X	
12c		
13	X	
14	X	
15		
a	X	
15a		
b	X	
15b		
16a		X
b		
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 or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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) JOSEPH HAMILTON DIRECTOR	1.00	X						0.	0.	0.
(2) LISA CATES CHAIRPERSON	1.00	X						0.	0.	0.
(3) BETH WHITE DIRECTOR	1.00	X						0.	0.	0.
(4) LINDA RUFFENACH VICE CHAIR	1.00	X						0.	0.	0.
(5) MICHAEL TIGUE DIRECTOR	1.00	X						0.	0.	0.
(6) MICHAEL BROWDER TREASURER	1.00	X						0.	0.	0.
(7) BARRY STEIGER DIRECTOR	1.00	X						0.	0.	0.
(8) ANNE MCKUNE DIRECTOR	1.00	X						0.	0.	0.
(9) JARED A GRANT SECRETARY	1.00	X						0.	0.	0.
(10) ED WNOROWSKI DIRECTOR	1.00	X						0.	0.	0.
(11) JUDITH BLOOR DIRECTOR	1.00	X						0.	0.	0.
(12) DEBRA DELOR DIRECTOR	1.00	X						0.	0.	0.
(13) WOOD MCGRAW DIRECTOR	1.00	X						0.	0.	0.
(14) E. WAYNE SCHWERTLEY DIRECTOR	1.00	X						0.	0.	0.
(15) JON FAIRFIELD DIRECTOR	1.00	X						0.	0.	0.
(16) TAYLOR INGRAM DIRECTOR	1.00	X						0.	0.	0.
(17) TERRY CUNNINGHAM DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JARED DEARING DIRECTOR	1.00	X						0.	0.	0.
(19) SHEILA ETCHEN DIRECTOR	1.00	X						0.	0.	0.
(20) DR. VAUGHN PAYNE DIRECTOR	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								0.	0.	0.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b	31,650.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,317,617.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	141,146.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		1,490,413.			
Program Service Revenue	2 a TARC TICKETS	Business Code 624100	316,349.	316,349.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		316,349.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,056.		6,056.	
	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				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	50,864.			
		b Less: direct expenses	b	0.		
c Net income or (loss) from fundraising events			50,864.		50,864.	
9 a Gross income from gaming activities. See Part IV, line 19	a	1,838,589.				
	b Less: direct expenses	b	1,737,255.			
	c Net income or (loss) from gaming activities		101,334.		101,334.	
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						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		1,965,016.	316,349.	0.	158,254.	



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	833,391.	833,391.		
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	455,482.	352,111.	81,681.	21,690.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	88,999.	49,416.	35,133.	4,450.
9 Other employee benefits				
10 Payroll taxes	43,554.	33,536.	7,840.	2,178.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	80,324.	46,575.	33,749.	
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				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	39,712.	33,077.	6,635.	
17 Travel	11,515.	5,872.	5,643.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	358.		358.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,366.	1,419.	710.	237.
23 Insurance				
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	330,797.	330,797.		
b MISCELLANEOUS	99,883.	88.	63,872.	35,923.
c SUPPLIES	14,906.	9,998.	4,417.	491.
d PRINTING	10,674.	7,993.	2,413.	268.
e All other expenses	16,182.	9,423.	6,282.	477.
25 Total functional expenses. Add lines 1 through 24e	2,028,143.	1,713,696.	248,733.	65,714.
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 or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	196,028.	<b>1</b>	242,490.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	103,913.	<b>3</b>	60,960.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	8,698.	<b>8</b>	5,681.
	<b>9</b> Prepaid expenses and deferred charges .....	6,728.	<b>9</b>	4,186.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 18,276.		
	<b>b</b> Less: accumulated depreciation .....	10b 4,610.	16,030.	10c 13,666.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	148,399.	<b>12</b>	169,321.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16</b> Total assets. Add lines 1 through 15 (must equal line 34) .....	479,796.	<b>16</b>	496,304.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	7,903.	<b>17</b>	38,184.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26</b> Total liabilities. Add lines 17 through 25 .....	7,903.	<b>26</b>	38,184.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	443,824.	<b>27</b>	403,574.
	<b>28</b> Temporarily restricted net assets .....	28,069.	<b>28</b>	54,546.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	471,893.	<b>33</b>	458,120.	
<b>34</b> Total liabilities and net assets/fund balances .....	479,796.	<b>34</b>	496,304.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,965,016.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,028,143.
3	Revenue less expenses. Subtract line 2 from line 1	3	-63,127.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	471,893.
5	Net unrealized gains (losses) on investments	5	14,931.
6	Donated services and use of facilities	6	
7	Investment expenses	7	7,946.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	26,477.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	458,120.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain 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)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **THE COALITION FOR THE HOMELESS, INC.** Employer identification number XXXXXXXXXX

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____		
(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).

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



**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15		%
16a <b>33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b <b>33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b <b>10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	498,187.	538,691.	570,971.	659,092.	1504357.	3771298.
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	311,987.	273,408.	313,145.	418,190.	316,349.	1633079.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	1776650.	1969462.	2133038.	1941821.	1838589.	9659560.
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						
<b>6 Total.</b> Add lines 1 through 5	2586824.	2781561.	3017154.	3019103.	3659295.	15063937.
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.
<b>8 Public support</b> (Subtract line 7c from line 6.)						15063937.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	2586824.	2781561.	3017154.	3019103.	3659295.	15063937.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,554.	15,009.	477.	280.	6,056.	29,376.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	7,554.	15,009.	477.	280.	6,056.	29,376.
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.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	2594378.	2796570.	3017631.	3019383.	3665351.	15093313.

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 2013 (line 8, column (f) divided by line 13, column (f))	15	99.81 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.80 %

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

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.19 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	.20 %

19a **33 1/3% support tests - 2013.** 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 - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

[Empty lined area for supplemental information]

**Schedule of Contributors**

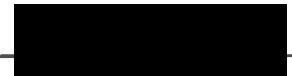
▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2013**

Name of the organization

THE COALITION FOR THE HOMELESS, INC.

Employer identification number



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 its Form 990-PF, Part I, line 2, 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) (2013)

Name of organization <b>THE COALITION FOR THE HOMELESS, INC.</b>	Employer identification number <div style="background-color: black; width: 100px; height: 20px;"></div>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PNC FOUNDATION 1200 S. FOURTH STREET LOUISVILLE, KY 40203	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	KENTUCKY HOUSING CORPORATION 1231 LOUISVILLE ROAD FRANKFORT, KY 40601	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LOUISVILLE METRO 810 BARRETT AVENUE LOUISVILLE, KY 40204	\$ 131,842.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	U.S. DEPT. OF HOUSING & URBAN DEVELOPMENT 601 WEST BROADWAY LOUISVILLE, KY 40601	\$ 1,130,459.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
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 for noncash contributions.)
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 for noncash contributions.)

Name of organization

Employer identification number

THE COALITION FOR THE HOMELESS, INC.

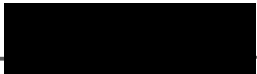
**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	YUM! BRANDS, INC. 1441 GARDINER LANE LOUISVILLE, KY 40213	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	MAINSOURCE BANK 201 N. BROADWAY GREENSBURG, IN 47240	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
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 for noncash contributions.)
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 for noncash contributions.)
11	LG&E AND KU P.O. BOX 32030 LOUISVILLE, KY 40232	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	GHEENS FOUNDATION 401 W MAIN ST. LOUISVILLE, KY 40202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**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 <b>THE COALITION FOR THE HOMELESS, INC.</b>	Employer identification number <div style="background-color: black; width: 100%; height: 20px;"></div>
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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.** Employer identification number XXXXXXXXXX

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

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

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

3 Volunteer hours ..... 0.

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$           

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$           

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

4a Was a correction made? .....  Yes  No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$           

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$           

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$           

4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

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) .....														
c Total lobbying expenditures (add lines 1a and 1b) .....														
d Other exempt purpose expenditures .....														
e Total exempt purpose expenditures (add lines 1c and 1d) .....														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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) .....														
h Subtract line 1g from line 1a. If zero or less, enter -0- .....														
i Subtract line 1f from line 1c. If zero or less, enter -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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	184,862.	170,626.	187,039.		542,527.
b Lobbying ceiling amount (150% of line 2a, column(e))					813,791.
c Total lobbying expenditures	8,000.	8,000.			16,000.
d Grassroots nontaxable amount	46,216.	42,657.	46,760.		135,633.
e Grassroots ceiling amount (150% of line 2d, column (e))					203,450.
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

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization **THE COALITION FOR THE HOMELESS, INC.** Employer identification number [REDACTED]

**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 Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  3b

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		18,276.	4,610.	13,666.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 13,666.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) <b>MUTUAL FUNDS</b>	169,321.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	169,321.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.**

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

1	Total revenue, gains, and other support per audited financial statements		1	1,662,889.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	7,946.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-310,073.	
e	Add lines 2a through 2d	2e		-302,127.
3	Subtract line 2e from line 1	3		1,965,016.
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		1,965,016.

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

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

1	Total expenses and losses per audited financial statements		1	1,718,070.
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		1,718,070.
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	310,073.	
c	Add lines 4a and 4b	4c		310,073.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		2,028,143.

**Part XIII Supplemental Information.**

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

**PART X, 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 XI, LINE 2D - OTHER ADJUSTMENTS:**

COST OF TARC TICKETS -310,073.



**Part XIII** Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COST OF TARC TICKETS 310,073.

Multiple horizontal lines for supplemental information.



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

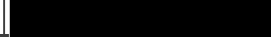
**2013**

**Open To Public Inspection**

Name of the organization

THE COALITION FOR THE HOMELESS, INC.

Employer identification number



**Part I**

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

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		5K WALK (event type)	GIVEAJAM (event type)	NONE (total number)		
Revenue	1	Gross receipts	46,714.	4,150.	50,864.	
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	46,714.	4,150.	50,864.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
	11	Net income summary. Subtract line 10 from line 3, column (d)				50,864.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue	393,560.	
Direct Expenses	2	Cash prizes	470,147.	1,106,659.	1,576,806.
	3	Noncash prizes			
	4	Rent/facility costs	77,525.		77,525.
	5	Other direct expenses	82,924.		82,924.
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes 85.00 % <input type="checkbox"/> No	<input type="checkbox"/> Yes 85.00 % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				1,737,255.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				101,334.

9 Enter the state(s) in which the organization operates gaming activities: KY

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |              |
|--------------------------------------|--------------|
| <b>a</b> The organization's facility | 13a 100.00 % |
| <b>b</b> An outside facility         | 13b %        |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ JENNIFER HAGGARD

Address ▶ 5001 STEPHAN DR. - LOUISVILLE, KY 40258

- 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 ▶ JENNIFER HAGGARD

Gaming manager compensation ▶ \$ 13,246.

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.** 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).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization: **THE COALITION FOR THE HOMELESS, INC.** Employer: [REDACTED]

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

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)	7,239.	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)	15,802.	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)	11,006.	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.**

3 Enter total number of other organizations listed in the line 1 table **3.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2013)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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


**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

THE COALITION FOR THE HOMELESS, INC.

Employer identification number

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:

EXPLANATION: RX: HOUSING VETERANS - A COMMUNITY COLLABORATION TO END VETERAN HOMELESSNESS IN LOUISVILLE

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

Name of the organization

THE COALITION FOR THE HOMELESS, INC.

EIN number



FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS THE POLICY SIGNED ANNUALLY. IN ADDITION,  
THE POLICY IS SUBMITTED TO HUD.

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 26,477.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**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.

4 I request an additional 3-month extension of time until **MAY 15, 2015**.

5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**WAITING ON INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 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 and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** \_\_\_\_\_ Title **▶ CPA** Date **▶** \_\_\_\_\_



MAY 23 1986

*Shirley Davis*

ARTICLES OF INCORPORATION

OF

THE COALITION FOR THE HOMELESS

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

ARTICLE I - TITLE

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

ARTICLE II - DURATION

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

ARTICLE III - PURPOSES

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

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

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

ARTICLE V - INCORPORATORS

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

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

ARTICLE VI - INITIAL  
BOARD OF DIRECTORS

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

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

## ARTICLE VII - BYLAWS

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

## ARTICLE VIII - NONPROFIT STATUS

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

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

- a) impermissible under Section 501(c)(3) of the Internal Revenue Code of 1954 and amendments, applicable to corporations exempt from federal income tax or
- b) impermissible under Section 170(c)(2) of the Internal Revenue Code of 1954 and amendments, applicable to corporations which can receive tax deductible contributions.

## ARTICLE IX - DISSOLUTION

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

- 1) conveyance or distribution to an organization(s) organized and operated exclusively for charitable, educational, religious or scientific purposes and, at that time, qualified as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1954 (or corresponding provision of any future United States Internal Revenue law), and/or
- 2) making distributions which, themselves, further civic, educational or charitable purposes which are consistent with the purposes for which this Corporation was formed, consistent with Kentucky Revised Statute, Chapter 273, and consistent with the tax exempt purposes enumerated in Section 501(c)(3) of the Internal Revenue Code.

ARTICLE X - INTERNAL AFFAIRS

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

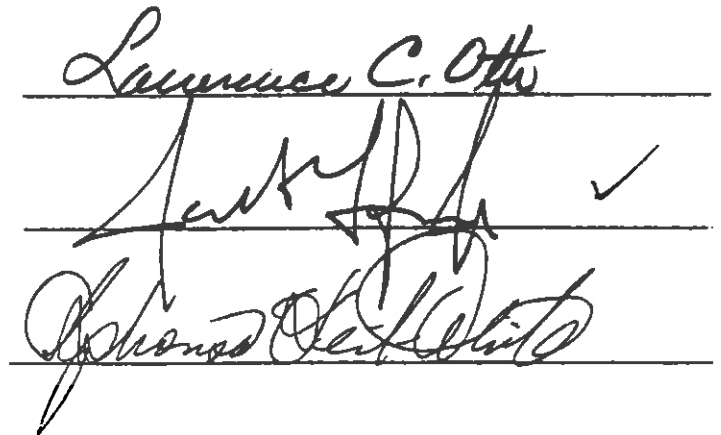
ARTICLE XI - LIABILITY

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

ARTICLE XII - AMENDMENTS

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

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



STATE OF KENTUCKY

COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority personally appeared Lawrence C. Otto, James H. Klemme, 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 16<sup>th</sup> day of May, 1986.

My Commission Expires: July 9, 1987

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

THIS DOCUMENT PREPARED BY:

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

Book 354 pg 184

**Request for Taxpayer  
 Identification Number and Certification**

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

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 (required):  Individual sole proprietor  C Corporation  S Corporation  Partnership  Trust/estate

Limited liability company. Enter the tax classification on (C) C corporation, (S) S corporation, (P) partnership ▶

Exempt payee

Other (see instructions) ▶

Address (number, street, and apt. or suite no.)

*1300 S. 4th Street, Suite 250*

City, state, and ZIP code

*Louisville, Ky 40208*

Requester's name and address (optional)

List account number(s) here (optional)

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

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

Social security number

--	--	--	--	--	--	--	--	--	--

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

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 ▶

*Michael James*

Date ▶

*5/8/2015*

**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**

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

**Counseling Services**

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

**Employment**

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

**HOUSING**

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

**MEDICAL SERVICES**

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

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

**Pg 2  
SHELTERS**

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

**VA SERVICES**

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

**OTHER SERVICES**

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



**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?

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

**FINANCIAL REPORT**

**JUNE 30, 2014**

## 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
SUPPLEMENTARY INFORMATION	
Schedule of Expenditures of Federal Awards	13
Notes to Schedule of Expenditures of Federal Awards	14
INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF THE FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH <i>GOVERNMENT AUDITING STANDARDS</i>	15-16
INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE	17-18
Schedule of Findings and Questioned Costs	19-20
Summary Schedule of Prior Audit Findings	21



*Jones, Nide & Mattingly P.C.*

## INDEPENDENT AUDITOR'S REPORT

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

### **Report on the Financial Statements**

We have audited the accompanying financial statements of The Coalition for the Homeless, Inc., (a nonprofit organization), which comprise the statements of financial position as of June 30, 2014 and 2013, 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 and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. 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, 2014 and 2013, 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.

## **Other Matters**

### ***Other Information***

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

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

In accordance with *Government Auditing Standards*, we have also issued our report dated February 5, 2015, on our consideration of The Coalition for the Homeless, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering The Coalition for the Homeless, Inc.'s internal control over financial reporting and compliance.

*Jones, Male & Mattingly PC*

Louisville, Kentucky  
February 5, 2015

THE COALITION FOR THE HOMELESS, INC.

STATEMENTS OF FINANCIAL POSITION

June 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
<b>ASSETS</b>		
Cash	\$ 242,490	\$ 196,028
Grants receivable	60,960	103,913
Inventory	5,681	8,698
Prepaid expenses	4,186	6,728
Investments (Notes 2 and 3)	169,321	148,399
Furniture and equipment, net (Note 4)	<u>13,666</u>	<u>16,030</u>
Total assets	<u>\$ 496,304</u>	<u>\$ 479,796</u>
<b>LIABILITIES</b>		
Accounts payable	\$ 27,030	\$ 3,201
Accrued expenses and withholdings	<u>11,154</u>	<u>4,702</u>
Total liabilities	<u>\$ 38,184</u>	<u>\$ 7,903</u>
<b>NET ASSETS</b>		
Unrestricted	\$ 403,574	\$ 443,824
Temporarily restricted (Note 6)	<u>54,546</u>	<u>28,069</u>
Total net assets	<u>\$ 458,120</u>	<u>\$ 471,893</u>
Total liabilities and net assets	<u>\$ 496,304</u>	<u>\$ 479,796</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, 2014 and 2013**

UNRESTRICTED NET ASSETS	<u>2014</u>	<u>2013</u>
Revenues and support:		
Federal awards (Note 10)	\$ 1,107,915	\$ 294,644
Grants and contributions	285,613	187,370
Charitable gaming revenue	\$ 1,838,589	\$ 1,941,821
Direct payouts	(1,576,806)	(1,666,254)
Other direct expenses	<u>(160,449)</u>	<u>(182,395)</u>
In-kind income	28,315	94,545
Membership dues	31,650	42,500
Special events	50,864	40,990
Investment income	6,056	280
Realized and unrealized gain on investments, net	14,931	12,790
Other income	<u>29,779</u>	<u>51,312</u>
Total support and revenue	<u>\$ 1,656,457</u>	<u>\$ 817,603</u>
Released from restrictions	<u>\$ 21,363</u>	<u>\$ 40,034</u>
Expenses:		
Program services	\$ 1,403,623	\$ 537,227
General and administrative	248,733	129,928
Fundraising	<u>65,714</u>	<u>61,871</u>
	<u>\$ 1,718,070</u>	<u>\$ 729,026</u>
Increase (decrease) in unrestricted net assets	<u>\$ (40,250)</u>	<u>\$ 128,611</u>
 TEMPORARILY RESTRICTED NET ASSETS		
Grants	\$ 47,840	\$ 21,364
Released from restrictions	<u>(21,363)</u>	<u>(40,034)</u>
Increase (decrease) in temporarily restricted net assets	<u>\$ 26,477</u>	<u>\$ (18,670)</u>
Increase (decrease) in net assets	<u>\$ (13,773)</u>	<u>\$ 109,941</u>
NET ASSETS AT BEGINNING OF YEAR	<u>471,893</u>	<u>361,952</u>
NET ASSETS AT END OF YEAR	<u><u>\$ 458,120</u></u>	<u><u>\$ 471,893</u></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, 2014 and 2013

	2014			
	Program Services	General and Administrative	Fund- raising	Total
Salaries	\$ 352,111	\$ 81,681	\$ 21,690	\$ 455,482
Payroll taxes	33,536	7,840	2,178	43,554
Employee benefits	49,416	35,133	4,450	88,999
Federal awards - subrecipients (Note 10)	798,874	--	--	798,874
Advertising	--	--	--	--
Shelter assistance	34,517	--	--	34,517
Supplies	9,998	4,417	491	14,906
Printing	7,993	2,413	268	10,674
Postage	766	383	128	1,277
Stand down program expense	11,735	--	--	11,735
Rent	33,077	6,635	--	39,712
Repairs and maintenance	1,650	1,100	--	2,750
Insurance	--	--	--	--
Telephone	7,007	3,139	349	10,495
Auto, travel and conferences	5,872	5,643	--	11,515
Dues and subscriptions	--	1,545	--	1,545
Depreciation	1,419	710	237	2,365
Professional fees	46,575	33,749	--	80,324
Miscellaneous	88	63,872	--	63,960
Other program expenses	8,989	--	--	8,989
Special events	--	--	35,923	35,923
Board and committees	--	358	--	358
Licenses	--	115	--	115
	<u>\$ 1,403,623</u>	<u>\$ 248,733</u>	<u>\$ 65,714</u>	<u>\$ 1,718,070</u>

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



2013

Program Services	General and Administrative	Fund-raising	Total
\$ 260,229	\$ 48,793	\$ 16,264	\$ 325,286
23,162	4,343	1,447	28,952
69,715	13,072	4,357	87,144
--	--	--	--
2,230	1,487	--	3,717
32,102	--	--	32,102
9,488	4,744	1,582	15,814
2,617	1,308	436	4,361
1,096	548	183	1,827
9,977	--	--	9,977
18,630	9,315	3,105	31,050
1,877	1,252	--	3,129
3,518	2,345	--	5,863
7,073	3,537	1,179	11,789
15,879	--	--	15,879
--	1,957	--	1,957
443	221	74	738
74,187	34,468	--	108,655
5,004	2,017	189	7,210
--	--	--	--
--	--	33,055	33,055
--	421	--	421
--	100	--	100
<u>\$ 537,227</u>	<u>\$ 129,928</u>	<u>\$ 61,871</u>	<u>\$ 729,026</u>

THE COALITION FOR THE HOMELESS, INC.

STATEMENTS OF CASH FLOWS  
Years Ended June 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Increase (decrease) in net assets	\$ (13,773)	\$ 109,941
Adjustments to reconcile increase (decrease) in net assets to net cash provided by (used in) operating activities:		
Depreciation	2,365	738
Realized and unrealized (gain) on investments net	(14,931)	(12,790)
Change in assets and liabilities net of the effects of investing activities:		
(Increase) decrease in grants receivable	42,953	(72,168)
Decrease in inventory	3,017	7,066
Decrease in prepaid expenses	2,542	242
Increase (decrease) in accounts payable	23,829	(45,907)
Increase (decrease) in accrued expenses	6,452	(1,796)
Net cash provided by (used in) operating activities	<u>\$ 52,454</u>	<u>\$ (14,674)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchase of investments	\$ (5,992)	\$ (13,562)
Proceeds from sale of investments	--	13,457
Purchase of equipment	--	(15,050)
Net cash (used in) investing activities	<u>\$ (5,992)</u>	<u>\$ (15,155)</u>
Net increase (decrease) in cash	\$ 46,462	\$ (29,829)
Cash:		
Beginning of year	<u>196,028</u>	<u>225,857</u>
End of year	<u>\$ 242,490</u>	<u>\$ 196,028</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 and mutual funds 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 statements of activities. The Coalition classifies all 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 statements 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 statements 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 is generally three years.

#### Subsequent events

Management has evaluated subsequent events through February 5, 2015, 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, 2014		June 30, 2013	
	Fair Value	Cost	Fair Value	Cost
Cash equivalents	\$ 3,299	\$ 3,299	\$ 3,122	\$ 3,122
Mutual funds	166,022	123,098	145,277	117,433
	<u>\$ 169,321</u>	<u>\$ 126,397</u>	<u>\$ 148,399</u>	<u>\$ 120,555</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 an organization's own assumptions of market participant valuation (Level 3).

Fair values of assets measured on a recurring basis at June 30, 2014 and 2013 are as follows:

	Balance at June 30, 2014	Fair Value Measurements Using:		
		Level 1	Level 2	Level 3
Financial assets:				
Money market accounts	\$ 3,299	\$ 3,299	\$ --	\$ --
Mutual funds				
Growth	72,525	72,525	--	--
Growth and income	22,380	22,380	--	--
Income	71,117	71,117	--	--
	<u>\$ 169,321</u>	<u>\$ 169,321</u>	<u>\$ --</u>	<u>\$ --</u>
	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>

## NOTES TO FINANCIAL STATEMENTS

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

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

The carrying amounts of money market accounts 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

Property and equipment and total accumulated depreciation are as follows:

	June 30, 2014	June 30, 2013
Furniture and equipment	\$ 18,276	\$ 18,276
Less accumulated depreciation	(4,610)	(2,246)
	\$ 13,666	\$ 16,030

### 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, 2014 and 2013 were \$34,857 and \$23,175, respectively.

### Note 6. Temporarily Restricted Net Assets

Temporarily restricted net assets consist of the following:

	June 30, 2014	June 30, 2013
Continuum of Care Program, Metro United Way	\$ 21,363	\$ 11,018
Quality Assurance Standards Program, Metro United Way	--	7,345
HMIS Grant, Metro United Way	--	3,000
Rx: Housing Grant	31,333	6,706
Give-A-Jam Fundraiser	1,850	--
	\$ 54,546	\$ 28,069

**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 for purposes of operating bingo games twice per week. For the years ended June 30, 2014 and 2013, lease payments for the bingo hall totaled \$76,550 and \$81,000, 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 for the years ended June 30, 2014 and 2013.

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 \$18,000 and \$9,000 for the years ended June 30, 2014 and 2013, respectively.

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,	
2015	\$ 40,050
2016	25,350
2017	18,000
2018	9,000
	<u>\$ 92,400</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, 2014</u>	<u>June 30, 2013</u>
Ticket revenue	\$ 316,349	\$ 418,190
Ticket expense	<u>(310,073)</u>	<u>(391,363)</u>
Net ticket income	<u>\$ 6,276</u>	<u>\$ 26,827</u>

## NOTES TO FINANCIAL STATEMENTS

### Note 9. Risks and Uncertainties

The Coalition 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.

### Note 10. Federal Awards

During the year ended June 30, 2014, the Coalition received federal awards under programs administered by the U.S. Department of Housing and Urban Development. As required under the programs, the Coalition passed through awards totaling \$798,874 to subrecipients who provide programs that assist the homeless. The total amount of awards passed through to subrecipients was zero for the year ended June 30, 2013.



**THE COALITION FOR THE HOMELESS, INC.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended June 30, 2014**

Federal Grantor / Pass-Through Grantor / Program Title	<u>Federal CFDA Number</u>	<u>Federal Expenditures</u>
U.S. Department of Housing and Urban Development:		
Continuum of Care Program	14.267	\$ 1,105,778
Supportive Housing Program	14.235	<u>2,137</u>
Total Expenditures of Federal Awards		<u>\$ 1,107,915</u>

See Accompanying Notes to Schedule of Expenditures of Federal Awards.

THE COALITION FOR THE HOMELESS, INC.

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
Year Ended June 30, 2014

Note 1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (the "Schedule") includes the federal grant activity of programs of the federal government for the year ended June 30, 2014 and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Because the Schedule presents only a selected portion of the operation of The Coalition for the Homeless, Inc., it is not intended to and does not present the financial position, changes in net assets or cash flows of The Coalition for the Homeless, Inc.

Note 2. Subrecipients

Of the federal expenditures presented in the Schedule, The Coalition for the Homeless, Inc. provided federal awards to subrecipients as follows:

<u>CFDA Number</u>	<u>Program Name</u>	<u>Amount Provided to Subrecipients</u>
14.267	Continuum of Care Program	\$ 798,874



*Jones, Nale & Mattingly PLLC*

**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL  
OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS  
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE  
WITH GOVERNMENT AUDITING STANDARDS**

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

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of The Coalition for the Homeless, Inc., which comprise the statements of financial position as of June 30, 2014 and 2013, and the related statements of activities, functional expenses and cash flows the years then ended and the related notes to the financial statements, and have issued our report thereon dated February 5, 2015.

**Internal Control Over Financial Reporting**

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

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as described in the accompanying schedule of findings and questioned costs, we identified certain deficiencies in internal control that we consider to be material weaknesses and significant deficiencies.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. We consider the deficiency described in the accompanying schedule of findings and questioned costs to be a material weakness. [2014-001]

A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the deficiency described in the accompanying schedule of findings and questioned costs to be a significant deficiency. [2014-002]

### **Compliance and Other Matters**

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

### **The Coalition for the Homeless, Inc.'s Response to Findings**

The Coalition for the Homeless, Inc.'s response to the findings identified in our audit is described in the accompanying schedule of findings and questioned costs. The Coalition for the Homeless, Inc.'s responses were not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on them.

### **Purpose of this Report**

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

*Jones, Male & Mattingly P.C.*

Louisville, Kentucky  
February 5, 2015



*Jones, Nale & Mattingly PLLC*

**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY OMB CIRCULAR A-133**

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

**Report on Compliance for Each Major Federal Program**

We have audited The Coalition for the Homeless, Inc.'s compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of The Coalition for the Homeless, Inc.'s major federal programs for the year ended June 30, 2014. The Coalition for the Homeless, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

**Management's Responsibility**

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

**Auditor's Responsibility**

Our responsibility is to express an opinion on compliance for each of The Coalition for the Homeless, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America, the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about The Coalition for the Homeless, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

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

### Opinion on Each Major Federal Program

In our opinion, The Coalition for the Homeless, Inc., complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2014.

### Report on Internal Control Over Compliance

Management of The Coalition for the Homeless, Inc., is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered The Coalition for the Homeless, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of The Coalition for the Homeless, Inc.'s internal control over compliance.

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

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

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

*Jones, Nale & Mattingly PC*

Louisville, Kentucky  
February 5, 2015

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

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
Year Ended June 30, 2014**

**SUMMARY OF AUDITOR'S RESULTS**

1. The auditor's report expresses an unmodified opinion on the financial statements of the The Coalition for the Homeless, Inc.
2. One material weakness and one significant deficiency relating to the audit of the financial statements are reported in the **INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS.**
3. No instances of noncompliance material to the financial statements of the The Coalition for the Homeless, Inc. were disclosed during the audit.
4. No significant deficiencies relating to the audit of the major federal award programs are reported in the **INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY OMB CIRCULAR A-133.**
5. The auditor's report on compliance for the major federal award program expresses an unmodified opinion.
6. There are no audit findings relative to the major federal award programs that are required to be reported in accordance with Section 510(a) of OMB Circular A-133.
7. The programs tested as major programs included:
  - Continuum of Care Program, CFDA No. 14.267
8. The threshold used for distinguishing between Type A and B programs was \$300,000.
9. The Coalition for the Homeless, Inc. did not qualify as a low-risk auditee.

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

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS (CONTINUED)  
Year Ended June 30, 2014**

**FINDINGS—FINANCIAL STATEMENTS AUDIT**

**2014-001 General Ledger Reconciliations**

*Criteria:* A system of internal control over financial reporting includes controls over the monthly process of reconciling accounts to the general ledger

*Condition:* The audit of the financial statements resulted in several adjustments due to accounts not being reconciled to the general ledger.

*Cause:* The Coalition did not appear to have adequate staffing to perform the account reconciliations.

*Effect:* The Coalition's financial statements may not be accurate.

*Recommendation:* To mitigate this finding, the Coalition should have someone perform these reconciliations on a monthly basis.

*Response:* The Coalition has hired an individual to perform monthly account reconciliations.

**2014-002 Financial Reporting**

*Criteria:* A system of internal control over financial reporting includes controls over financial statement preparation, including footnote disclosures.

*Condition:* The Coalition does not have a person with the complete knowledge to prepare the annual financial statements that include all the disclosures required by generally accepted accounting principles.

*Cause:* The Coalition does not employ someone with the level of knowledge and training to prepare annual financial statements to include footnote disclosures.

*Effect:* The annual financial statements are prepared by management with consultation from their auditors.

*Recommendation:* To mitigate this finding the Coalition would have to employ a person with this level of expertise.

*Response:* The Coalition's management has advised us that they do not believe that the benefit of employing this level of expertise warrants the associated costs.

**FINDINGS AND QUESTIONED COSTS—MAJOR FEDERAL AWARD PROGRAM AUDIT**

None



**THE COALITION FOR THE HOMELESS, INC.**  
**SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS**  
**Year Ended June 30, 2014**

**FINDINGS AND QUESTIONED COSTS—MAJOR FEDERAL AWARD PROGRAM AUDIT**

There were no prior audit findings and questioned costs related to major federal award programs audit.



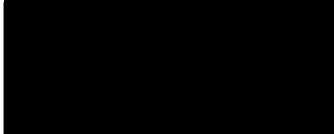
**Executive Director**  
Natalie Harris



[nharris@louhomeless.org](mailto:nharris@louhomeless.org)

\$79,800

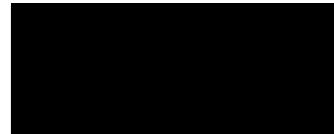
**Office Manager**  
Marsha Bailey



[mbailey@louhomeless.org](mailto:mbailey@louhomeless.org)

DOB: January 28<sup>th</sup>

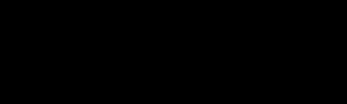
**Director of Community  
Coordination**  
Mary Frances Schafer



[mfschafer@louhomeless.org](mailto:mfschafer@louhomeless.org)

\$58,200

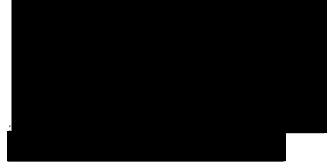
**HMIS Administrator**  
Will King



[wking@louhomeless.org](mailto:wking@louhomeless.org)

\$55,540

**Fundraising Assistant**  
Jennifer Haggard

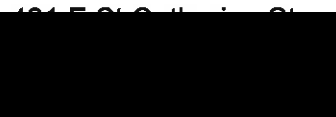


**Development Director**  
Catherine McGeeney



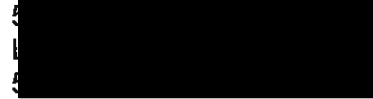
[cmcgeeney@louhomeless.org](mailto:cmcgeeney@louhomeless.org)

**Client Care Services**  
Lisa Bauer



302-310-2025  
[lbauer@louhomeless.org](mailto:lbauer@louhomeless.org)

**Client Care Services**  
Megan Pardue



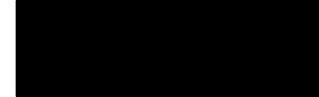
[mpardue@louhomeless.org](mailto:mpardue@louhomeless.org)

**Homeless Services  
Quality Assurance  
Manager**  
Brandi Scott



[bscott@louhomeless.org](mailto:bscott@louhomeless.org)

**Client Care Services**  
Jayme Campbell



[icampbell@louhomeless.org](mailto:icampbell@louhomeless.org)

**CoC Assistant**  
Jamason Bailey



[ibailey@louhomeless.org](mailto:ibailey@louhomeless.org)

**Helton, Jessamyn**

---

**From:** Flood, Madonna  
**Sent:** Friday, June 19, 2015 1:37 PM  
**To:** Helton, Jessamyn; Ott, Stephen  
**Cc:** Derouen, Andrea

Jess or Stephen—

Please allow my Aide, Andrea Derouen, to sign the NDF for the Homeless Coalition for \$6,000 and the NDF for the Jefferson County Public School Foundation for \$6,000.

Thank you—

Madonna—

## NDF NON-PROFIT APPLICATION CHECKLIST

<b>Legal Name of Applicant Organization:</b> <i>Coalition for the Homeless</i>		
<b>Program Name:</b> <i>Stand Down/Give-a-Jam</i>	<b>Request Amount:</b> <i>\$20,000</i>	<b>Yes/No/NA</b>
<b>Request form:</b> Is the NDF request form signed by all Council Member(s) appropriating funding?		<i>N</i>
<b>Request form:</b> Is the funding proposed less than or equal to the request amount?		<i>LESS</i>
<b>Request form:</b> Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		<i>Y</i>
<b>Application Page 1:</b> Has prior Metro funds committed/granted been disclosed?		<i>Y</i>
<b>Application Page 1:</b> Is the application properly signed and dated by authorized signatory?		<i>Y</i>
<b>Application Page 3:</b> Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		<i>N</i>
<b>Application Pages 3 – 5:</b> Is the proposed public purpose of the program well-documented?		<i>Y</i>
<b>Application 4:</b> Is there adequate documentation of how the proceeds of the fundraiser will be spent?		<i>Y</i>
<b>Application Budget Page 6:</b> Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for “Metro, Non Metro and Total” expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?		<i>Y</i>
<b>Faith Based Organizations:</b> Is the signed Faith Based Form signed and included?		<i>NA</i>
<b>Jefferson County Only:</b> Will all funding be spent in Louisville/Jefferson County?		<i>Y</i>
<b>Capital Project(s) request:</b> Is the cost estimate(s) from proposed vendor(s) included?		<i>Y</i>
<b>Good Standing:</b> Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State – include Secretary of State website information on organization</li> <li>• Louisville Metro Government – check OMB monthly report filed in Council Financial Reports</li> <li>• Internal Revenue Service – most recent Form 990 included</li> </ul>		<i>Y</i>
<b>Separate Taxing Districts:</b> If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?		<i>N/A</i>
<b>Small Cities:</b> Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)		<i>N/A</i>
<b>Operating Requests:</b> Is recommended operating funding less than or equal to 33% of total operating budget?		<i>Y</i>
<b>IRS Exempt Proof:</b> Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		<i>Y</i>
<b>Operating Budget:</b> Is the organization’s current fiscal year operating budget included?		<i>Y</i>
<b>Ordinance Required:</b> Is the amount committed by Council members greater than \$5,000 to <b>any one project/program within an organization</b> in this fiscal year.		<i>Y</i>
<b>Board Members:</b> Is the entity’s board member list (with term length/term limits) included?		<i>Y</i>
<b>Staff:</b> Is a list of the highest paid staff included with their expected annual personnel costs?		<i>Y</i>
<b>Annual Audit:</b> Is the most recent annual audit (if required by organization) included?		<i>Y</i>
<b>Rent Requests:</b> Is a copy of signed lease included?		<i>N/A</i>
<b>Articles of Incorporation:</b> Are the Articles of Incorporation of the organization included?		<i>Y</i>
<b>IRS Form W-9:</b> Is the IRS Form W-9 included?		<i>Y</i>
<b>Evaluation Forms:</b> Are the evaluation forms (if program participants are given evaluation forms) included?		<i>N/A</i>
<b>Affirmative Action:</b> Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		<i>Y</i>
<b>Prepared by:</b> <i>[Signature]</i>	<b>Date:</b> <i>6-22-15</i>	