

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

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

**Executive Summary of Request:**

For the Stand Down the Coalition for the Homeless purchases backpacks, clothing items, and hygiene kits for distribution. There are also IDs, reader glasses, breakfast, lunch and interpretive services, foot washing, etc. Items are offered free so the Veterans will attend the event and get health screenings. This will take place October 5th.

The Give-A-Jam is a fund raiser that will benefit chronically homeless people getting access to permanent housing. All money raised will be use for this project.

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

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

24  
District #

Madonna Hood  
Council Member Signature

\$5,000  
Amount

7-25-16  
Date

**Primary Sponsor Disclosure**

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

**Approved by:**

\_\_\_\_\_

Appropriations Committee Chairman

\_\_\_\_\_

Date

**Clerk's Office Only:**

Request Amount: \_\_\_\_\_ Committee Amended Appropriation: \_\_\_\_\_

Original Appropriation: \_\_\_\_\_ Council Amended Appropriation: \_\_\_\_\_

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

N/A

<u>13</u> District #	<u>Vicki Aubrey Welch</u> Council Member Signature	<u>\$ 1,000</u> Amount	<u>7/14/16</u> Date
<u>9</u> District #	<u>Bill Hollabaugh</u> Council Member Signature	<u>\$ 1,000</u> Amount	<u>7/14/16</u> Date
<u>1</u> District #	<u>Jessica [Signature]</u> Council Member Signature	<u>\$ 500.00</u> Amount	<u>7/14/16</u> Date
<u>12</u> District #	<u>Ron Blinnell</u> Council Member Signature	<u>1000</u> Amount	<u>7/14/16</u> Date
<u>10</u> District #	<u>Ernest P. Mulvihill</u> Council Member Signature	<u>250.00</u> Amount	<u>7/14/16</u> Date
<u>4</u> District #	<u>David [Signature]</u> Council Member Signature	<u>1000</u> Amount	<u>7/16/16</u> Date
<u>6</u> District #	<u>[Signature]</u> Council Member Signature	<u>\$ 500.00</u> Amount	<u>7/16/16</u> Date

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

N/A

<u>2</u> District #	<u>Barbara Shanklin</u> Council Member Signature	<u>\$50.00</u> Amount	<u>7/14/16</u> Date
<u>8</u> District #	<u>Sharon K. Crow</u> Council Member Signature	<u>\$500.00</u> Amount	<u>7/14/16</u> Date
<u>25</u> District #	<u>[Signature]</u> Council Member Signature	<u>\$500.00</u> Amount	<u>7/14/16</u> Date
<u>18</u> District #	<u>Marilyn Duke</u> Council Member Signature	<u>500.00</u> Amount	<u>7/14/16</u> Date
<u>17</u> District #	<u>[Signature]</u> Council Member Signature	<u>\$1000</u> Amount	<u>7/14/16</u> Date
<u>16</u> District #	<u>[Signature]</u> Council Member Signature	<u>\$1000 - VETS</u> Amount	<u>7/14/16</u> Date
<u>15</u> District #	<u>[Signature]</u> Council Member Signature	<u>500</u> Amount	<u>7-24-14</u> Date

**Applicant/Program:**

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

22  
District #

Robin Engel  
Council Member Signature

500.00  
Amount

7-19-16  
Date

7  
District #

ALSO  
Council Member Signature

1000.00 VETS  
Amount

7-19-16  
Date

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Amount

\_\_\_\_\_  
Date

**LOUISVILLE METRO COUNCIL  
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST**

Legal Name of Applicant Organization: Coalition for the Homeless  
 Program Name and Request Amount: Ending Veteran & Chronic Homelessness


	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	... <input checked="" type="checkbox"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	... <input checked="" type="checkbox"/>
Is the proposed public purpose of the program viable and well-documented?	... <input checked="" type="checkbox"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	... <input checked="" type="checkbox"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	... <input checked="" type="checkbox"/>
Has prior Metro Funds committed/granted been disclosed?	... <input checked="" type="checkbox"/>
Is the application properly signed and dated by authorized signatory?	... <input checked="" type="checkbox"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	... <input checked="" type="checkbox"/>
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	... <input checked="" type="checkbox"/> NA
Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State?</li> <li>• Louisville Metro Revenue Commission?</li> <li>• Louisville Metro Government?</li> <li>• Internal Revenue Service?</li> <li>• Louisville Metro Human Relations Commission?</li> </ul>	... <input checked="" type="checkbox"/>
Is the current Fiscal Year Budget included?	... <input checked="" type="checkbox"/>
Is the entity's board member list (with term length/term limits) included?	... <input checked="" type="checkbox"/>
Is recommended funding less than 33% of total agency operating budget?	... <input checked="" type="checkbox"/>
Does the application budget reflect only the revenue and expenses of the project/program?	... <input checked="" type="checkbox"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	... <input checked="" type="checkbox"/>
Is the most recent annual audit (if required by organization) included?	... <input checked="" type="checkbox"/>
Is a copy of Signed Lease (if rent costs are requested) included?	... <input checked="" type="checkbox"/> NA
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	... <input checked="" type="checkbox"/> NA
Are the Articles of Incorporation of the Agency included?	... <input checked="" type="checkbox"/>
Is the IRS Form W-9 included?	... <input checked="" type="checkbox"/>
Is the IRS Form 990 included?	... <input checked="" type="checkbox"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	... <input checked="" type="checkbox"/> NA
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	... <input checked="" type="checkbox"/> (X)
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	... <input checked="" type="checkbox"/> (X)

Prepared by: Andia Deener Date: July 13, 2016



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b>		<b>The Coalition for the Homeless, Inc.</b>	
<i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 1300 S. 4th St., Ste. 250, Louisville, KY 40208			
<b>Website:</b> www.louhomeless.org			
<b>Applicant Contact:</b>	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 and Chronic Homelessness			
<b>Total Request: (\$)</b>	20,000	<b>Total Metro Award (this program) in previous year: (\$)</b>	20,000
<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>	External Agency Fund	<b>Amount: (\$)</b>	10,000.00
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 6,737 homeless persons served in Louisville last year was our neighbor and someone's child, parent, brother or sister. Over 1,250 were under the age of 18, 791 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 \$10 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 helped Louisville become one of a handful of cities that has reached "functional zero" in addressing veteran homelessness.

This year, our priorities through Rx: Housing Veterans are to maintain "functional zero" for veteran homelessness in Louisville and end "chronic homelessness" by the end of the year. Through community partnerships with over two dozen agencies, we housed over 800 homeless veterans last year and have identified 490 chronically homeless persons by name this year with over 40 of them housed to date. Through efforts including a community outreach campaign in February, 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 490 chronically homeless persons identified this year and to maintain functional zero among homeless veterans by continuing to house approximately 25 homeless veterans each month (300 for the year).

"Functional Zero" is the federal term used to identify a community that has housed all of a homeless population (like homeless veterans) with a system in place to quickly house those who become homeless within this population in the future. The "Chronically Homeless" are seriously disabled persons who have been homeless for over a year.



# Louisville Metro Continuum of Care 2015 Homeless Census

## Number of Homeless

The homeless service providers in Jefferson County, KY counted 6737 unduplicated homeless people who were served between January 1, 2015 and December 31, 2015. This number includes both sheltered and unsheltered\* homeless. The count of the unsheltered homeless is very likely an undercount, due to the difficulty in counting this population group.

Sheltered homeless	6129	13.5% Decrease from 2014
Unsheltered homeless	608	29% Increase from 2014
<b>Total</b>	<b>6737</b>	<b>8% Decrease from 2014</b>

\* Sheltered = people who stayed in emergency or transitional shelters.  
Unsheltered = people living on the street that do not go into the shelters.

## Homeless Subpopulation Counts

The subpopulation counts below apply to the 6,737 sheltered and unsheltered homeless.

Number of single individuals	5002	10% Decrease From 2014
Number of homeless families	429	4% Decrease From 2014
Number of people in families	1317	1% Increase From 2014
Number of children (age less than 18, including unaccompanied youth)	1257	8% Decrease From 2014
Number of unaccompanied youth	418	16% Decrease From 2014
People with disabilities	3471	1% Increase From 2014
Victims of domestic violence	1042	19% Increase From 2014
Chronically homeless**	904	69% Increase From 2014
Veterans	791	12.5% Decrease From 2014

\*\* The chronic homeless total is an estimate. Chronic data is skewed because new questions were introduced by HUD in October 2014 and again in October 2015. These new (self-reported) questions should provide a more focused answer regarding chronic homelessness in the future.

## Shelter Capacity

The shelter capacity is the total number of shelter beds that were available during the reporting period. This data is pulled and calculated from the October 1, 2014 – September 31, 2015 AHAR and is not available on current HMIS Reports

Number of ES and TH* shelter beds in 2015	1062 (10% Decrease from 2014)	
Bed utilization on an average night	ES – Singles	88%
	ES – Families	85%
	TH – Singles	77%
	TH - Families	79%

\* ES = Emergency Shelter, TH = Transitional Shelter

## Success in Reducing Homelessness

Each year, the homeless providers in Jefferson County, KY manage to stabilize and move many of the homeless people out of homelessness. This table shows our community success in moving people to some type of permanent housing during the year.

People exiting shelters to permanent housing in 2015	1244
Percent of total homeless people entering permanent housing in 2015	18% (7% increase from 2014)

YH





## 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 Chronic and Veteran Homelessness. Key partners for this project called Rx: Housing (because the prescription for homelessness is housing) include the Office of the Mayor, The Coalition for the Homeless, St. Vincent de Paul, Seven Counties Services, 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, and VCAAL 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 plans to end veteran and chronic 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 5, 2016. 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, Hag 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 for Rx: Housing. 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 programs and administration. Our goal is to house 300 homeless veterans and 490 chronically homeless persons with the assistance of this funding. The is tentatively scheduled for Wednesday, December 21nd, 2016 from 6:00 - 11:00 p.m. at The Clifton Center, 2117 Payne Street. Over 450 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 chronic 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 Chronic and 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 Program. 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 and the chronically homeless at two upcoming events. Stand Down/Project Homeless Connect will take place on October 5, 2016 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 tentatively take place on December 21, 2016 from 6 - 11:00 p.m. at the Clifton Center with over 450 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, rental and/or utility 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, TARC tickets, 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 and chronically homeless persons in getting access to permanent housing.

The project planning for both events has begun and items must be purchased prior to the October 5th 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.

## Stand Down/Project Homeless Connect – October 2016

### Income

Sponsorships (including EAF and NDF)	15,000
Private Donations	5,300
US Veterans Administration	5,000
Metro Louisville Community Services	<u>1,000</u>
	26,300

(also \$42,000 in-kind services, \$23,535.60 volunteers and \$8,000 donated food – all in-kind)

### Expenses

Staff Time (Personnel Exp.)	6,500
Backpacks (Client Asst.)	8,900
Sweatshirts (Client Asst.)	3,000
Socks and Underwear (Client Asst.)	1,000
Reader Glasses (Client Asst.)	600
Footwashing Items (Client Asst.)	100
TARC tickets (Client Asst.)	100
Interpreter (Client Asst.)	100
Towels (Client Asst.)	200
Donuts (Client Asst.)	1,500
Space Rental (Event Exp.)	1,500
Lunch (Client Asst.)	1,500
IDs (Client Asst.)	1,000
TARC tickets for clients (Client Asst.)	200
Cell Phones for ID staff (Event Exp.)	<u>100</u>
	26,300

## Give A Jam – December 2016

### Income

Sponsorships (including NDF)	30,000
Auction Proceeds	5,000
Event Tickets and Proceeds	<u>18,000</u>
	53,000

(also \$3,200 volunteers and \$30,000 in donated music, food and auction items for event)

### Expenses

Staff Time (Personnel Exp.)	6,000
T-Shirts (Event Exp.)	2,000
Liquor License (Event Exp.)	150
Event and Auction Tickets (Event Exp.)	100
Pots, Bowls and Spoons (Event Exp.)	1,200
Facility Costs (Event Exp.)	3,000
Food and Warming Soup (Event Exp.)	500
Signs and Printing (Event Exp.)	400
Tables and Table Cloths (Event Exp.)	1,000
Pop and Alcohol (Event Exp.)	<u>3,000</u>
	17,450

\$35,550 profit goes to cover costs of Rx: Housing Program including deposits, furniture and administration (Client Asst.)



## 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 21, 2016. Here is a budget of that funding:

Income -

Sponsorships (including NDF)	\$30,000
Auction	\$ 5,000
Event Tickets	\$18,000
Total	\$53,000

Expenses -

T-shirts	\$ 2,000
Liquor license	\$ 150
Auction and Event Tickets	\$ 100
Pots, bowls and spoons	\$ 1,200
Tables and Table Cloths	\$ 1,000
Sponsor Signs and Printing	\$ 400
Pop and Alcohol	\$ 3,000
Facility Costs	\$ 3,000
Staffing	\$ 6,000
Food/Items for Warming Soup	\$ 500
Total	\$17,450

All proceeds from this event (\$35,550) go toward staffing and deposits to assist veterans and the chronically homeless 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, 2016

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.

*YAH*



## 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 5, 2016. 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 490 chronically homeless and 300 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 and chronic homelessness. For this grant, we will be tracking the following outcomes to determine program progress and success:

- 1) find housing for 490 chronically homeless and 300 homeless veterans identified,
- 2) create on-going system to insure all newly homeless vets and chronically homeless have immediate access to shelter,
- 3) create on-going system to insure all homeless vets and the chronically homeless that enter shelter are housed within three 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 group created to end veteran and chronic 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>	\$6000.00	\$6500.00	\$12500
<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>	\$7000	\$56050	\$63050
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>			
<b>I: Community Events &amp; Festivals (Attach Detail List)</b>	\$7000	\$4450	\$11450
<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	\$67000	\$87000
<b>% of Program Budget</b>	22.9 %	77.1 %	100%

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

Other State, Federal or Local Government	\$16,000
United Way	
Private Contributions (do not include individual donor names)	\$51000
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	\$67,000

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

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



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Table with 3 columns: Donor\*/Type of Contribution, Value of Contribution, Method of Valuation. Rows include: volunteers (\$13200, 330 x 4 hours x \$10), Lion's Eye and other health screening (\$42000, agency quotes), Dare to Care food (\$8000, their estimate), Give-a-Jam event donations (\$30,000, agency quotes), and Total Value of In-Kind (\$93200).

\* 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, 2016

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 [x]

If YES, please explain:

We do expect to receive additional U.S. Department of Housing and Urban Development (HUD) funding next year to allow us to hire staff to coordinate and monitor the \$10 million allocated to local agencies. In the past, this monitoring was conducted by HUD.

Applicant's Initials [Signature]



## 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

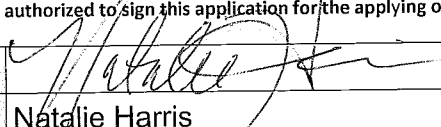
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event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

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	4/14/16
Legal Signatory: (please print):	Natalie Harris	Title:	Executive Director
Phone:	502-636-9550	Extension:	11
Email:	nharris@louhomeless.org		



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).

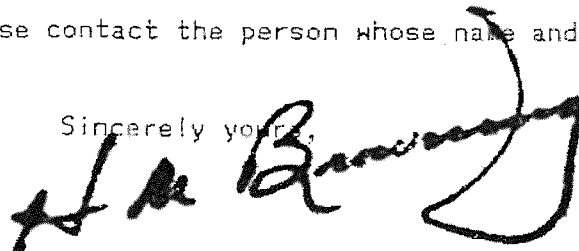
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the 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

# **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), Wellspring, 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

YH

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.



# Rx:Housing

## **Report on Ending Chronic Homelessness in Louisville, Kentucky December 14, 2015**

In late 2014, Community Solutions selected Louisville, Kentucky as one of the twenty five cities in the country most likely to reach the U.S Interagency Council on Homelessness goals of ending both veteran and chronic homelessness by December 31, 2016. On veteran's day, November 15, 2015, Louisville reached "functional zero" in addressing veteran homelessness which means that all homeless veterans in the community had been identified by name and all had been housed except for a small number in process no larger than the number being housed on a monthly basis. Louisville is now preparing to meet the second goal of ending chronic homelessness in Louisville by the end of 2016. It should be noted that this work is not new for Louisville. The Louisville Continuum of Care began identifying and housing the chronically homeless in 2011. This effort has led to lower numbers of chronically homeless in the community each year and even while housing over 628 veterans in 2015, the community also housed 364 chronically homeless persons.

In order to reach "functional zero" in addressing chronic homelessness, we must gather the following: 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 will hold their first meeting on January 5, 2016 and continue to meet until the goal is met. We will continue to work with Community Solutions, HUD and others for assistance through the process:

**Agencies represented in Rx: Housing include:** The Office of the Mayor, The Coalition for the Homeless, St. Vincent de Paul, Volunteers of America (VOA), Louisville Metro Housing Authority (LMHA), Louisville Metro Community Services, Family Health Centers (FHC), St. John Center, Wellspring, Legal Aid Society, the Brain Injury Alliance, Seven Counties Services, Jeff Street at Liberty, Louisville Rescue Mission and Wayside Christian Mission.

**Number of Chronically Homeless Persons in Louisville:** The Louisville Homeless Management Information System has shown a steady decrease in the chronically homeless over the past four years. This is mostly due to the creation of a common assessment team that assesses every homeless person in the community and prioritizes permanent housing resources for those in greatest need versus those first in line. It is difficult to get consistent information on who was chronically homeless in the past due to changes in the chronically homeless definition and how it is recorded in the Homeless Management Information System database, but a print out of all persons identified as homeless since January 1, 2015, shows that the community has identified **490 known homeless chronically persons in Louisville, Kentucky**. This is a list of anyone identified as homeless and disabled in Louisville that has been homeless for over a year or that has been homeless more than four times in three years. National research shows that while this group may be smaller than the group originally identified as homeless veterans, most of this group will need permanent supportive housing. It is also important to note that more people will fall into this definition during the year as they remain in a state of homelessness and reach the one year threshold adding to our original list of 490.

**Outreach to the Chronically Homeless and Waiting Lists for Housing:** Seven Counties Services has an outreach team of four that provides outreach on the streets and in camps to identify and help the chronically homeless. Family Health Centers has an outreach team, mental health outreach team and common assessment team that work to identify, assess and rank any homeless persons in the community. These teams have agreed to make several changes in procedures to insure that chronically homeless persons access all services they qualify to receive:

- 1) Seven Counties services will enter clients identified on the streets into HMIS and work to insure that any chronically homeless persons identified are referred to the common assessment team.
- 2) The Louisville CoC will provide a preference in housing for the chronically homeless so that these clients in greatest need will get served first on the CoC permanent supportive housing waiting list.
- 3) Seven Counties Services and the Louisville CoC will get signed waivers from all clients to allow them to make direct referrals to each other and share information as needed.
- 4) The Coalition for the Homeless will work with volunteer outreach groups to add any folks not identified in HMIS.

**Emergency/Transitional Shelter:** Because it takes 30-180 days for homeless persons to access permanent housing, emergency/transitional housing options are needed. There are presently 406 emergency shelter beds for single persons at Salvation Army, St. Vincent de Paul and Wayside Christian Mission. There are also 122 transitional housing units for the minority of chronically homeless persons who may be able to make it on their own after drug treatment or other programming.

**Services, Benefits and Employment:** Several agencies has adopted the best practice model of “housing first” services in the provision of permanent supportive housing for the chronically homeless in our community. The costs of these services are covered through Community Development Block Grant, U.S. Department of Housing and Urban Development Supportive Housing Funding, Federal SAHMSA funding and local private dollars. A small group of providers have received their license to bill Medicaid for these services but most are still in process of making this happen. Family Health Centers has a full-time SOAR worker who makes sure each client receives the full benefits they are eligible to receive. Seven Counties Services ACT Teams and a St. Johns Center case manager are also available to help the chronically homeless navigate the service system to housing. Rx: Housing Chronic partners agreed to coordinate these changes to insure that each chronically homeless person receives all the benefits and services they should in the following ways:

- 1) Five agencies are working to get licensed to bill Medicaid for behavioral health services in supportive housing.
- 2) Several agencies have met with the Jobs Center to create employment opportunities including supported employment.
- 3) The common assessment team will refer the chronically homeless on their list to ACT and St. John to help with the transition to permanent housing.

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) Funding is needed to expand the SOAR program to other agencies.

**Verifying Disability and Chronic Status:** The Common Assessment Team will work with data provided in HMIS and staff at day shelters and outreach programs to verify homelessness. They will work with Family Health Centers and Seven Counties Services early in the project to verify disability for everyone possible in HMIS.

**Permanent Supportive Housing:** Most of the 490 chronically homeless identified in Louisville will need permanent supportive housing. While there are 860 permanent housing vouchers available through the Louisville Continuum of Care, most of these are full. At this point, approximately eight openings are available for new people to move in each year. To assist with the remaining need, Louisville Metro Housing Authority has made available 100 “move up” vouchers for those who are stabilized in the existing 860 vouchers above to get a Section 8 voucher making their voucher with services available to someone new moving from the streets. This means that approximately 196 new permanent housing vouchers will be made available during the year. Rx: Housing Louisville has also agreed to the following:

- 1) The Louisville CoC will provide a preference in housing for chronically homeless persons.



- 2) LMHA will work to insure that the most lenient policies are used in each housing subsidy program to insure that as many persons in permanent housing will qualify for the Move Up vouchers as possible.
- 3) Rx: Housing will create a committee to review the cases of difficult to serve chronically homeless to address their housing needs.

We have identified the following barriers to permanent housing:

- B) Even when subsidies are available, there is a great shortage of efficiency and one-bedroom rental units in the community making it difficult to use these vouchers. We will need to continue to educate landlords about the need and may need to use policies from other communities like a signing bonus to get all the chronically homeless housed.

**Deposits and Household Items:** All 490 chronically homeless persons identified are expected to need access to an average of \$650 in security deposits and approximately \$1,100 in household items. The Coalition for the Homeless has funding raised through Give-a-Jam to serve approximately 20 so this is a huge service gap to meet our goal. This funding is the area where Rx: Housing Chronic feels the corporate and private members of our community could do the most to support the effort to end chronic homelessness. Therefore, we have done the following:

- 1) Rx: Housing will ask the community to support funding for these items through websites, grant applications and community events.
- 2) St. Vincent de Paul has agreed to accept furniture and other items and give Rx: Housing partner agencies vouchers of equal value so that their clients can shop in their stores for items they need to set up their homes.
- 3) Community partners have multiple studies available to show the community the cost savings of housing this population versus allowing them to live on the streets.

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

- C) Rx: Housing needs to recruit corporate and other private entities interested in helping the chronically homeless move into housing. 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 the chronically homeless access and move into their apartments.



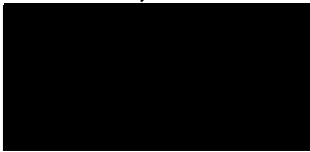
REVENUE	2015:16	2014:15	Coc/THPP	COMMUNITY COORDINATION	Street Tips	CHZ	SHG GRANTS	THYA	SAF-SH	SHCH	PSHYA	Advisory	DEVELOPMENT	TOT II
RESTRICTED				COMMUNITY COORDINATION	Street Tips	CHZ	SHG GRANTS	THYA	SAF-SH	SHCH	PSHYA	Advisory	DEVELOPMENT	TOT II
GRANTS & CONTRACTS				COMMUNITY COORDINATION	Street Tips	CHZ	SHG GRANTS	THYA	SAF-SH	SHCH	PSHYA	Advisory	DEVELOPMENT	TOT II
State				COMMUNITY COORDINATION	Street Tips	CHZ	SHG GRANTS	THYA	SAF-SH	SHCH	PSHYA	Advisory	DEVELOPMENT	TOT II
Advocacy	\$ 8,000.00	\$ 8,000.00										\$ 8,000.00		\$ 8,000.00
HMS	\$ 10,000.00	\$ 10,000.00												\$ 10,000.00
Homeless Prev. Pre) (HIP)	\$ 7,719.00	\$ 7,719.00												\$ 7,719.00
HUD	\$ 209,577.00	\$ 209,577.00												\$ 209,577.00
C&C Planning	\$ 110,365.00	\$ 110,365.00												\$ 110,365.00
SHF CFH Admin	\$ 89,913.00	\$ 71,937.00												\$ 89,913.00
SHF CFH Operations	\$ 2,500.00	\$ -												\$ 2,500.00
SHF CFH Leasing	\$ 57,000.00	\$ -												\$ 57,000.00
HUD Pass Thru Leasing	\$ 1,531,289.00	\$ 997,697.00												\$ 1,531,289.00
HUD Pass Thru Operations	\$ 284,458.00	\$ 297,697.00												\$ 284,458.00
HUD Pass Thru Services	\$ 969,169.00	\$ 862,924.00												\$ 969,169.00
HUD Pass Thru HMS	\$ 1,900.00	\$ -												\$ 1,900.00
HUD Pass Thru Admin	\$ 93,917.00	\$ 71,937.00												\$ 93,917.00
Micro United Way	\$ 21,000.00	\$ 21,000.00												\$ 21,000.00
C&C	\$ 14,000.00	\$ 12,000.00												\$ 14,000.00
NDF	\$ 32,000.00	\$ 32,000.00												\$ 32,000.00
CDBG White Flag	\$ 55,000.00	\$ 55,000.00												\$ 55,000.00
CDBG C&C	\$ 25,000.00	\$ 25,000.00												\$ 25,000.00
CDBG HMS/SPE	\$ 1,000.00	\$ 1,000.00												\$ 1,000.00
Other Contracts & Grants	\$ 400,000.00	\$ 400,000.00												\$ 400,000.00
Street Tips	\$ 3,847,458.80	\$ 3,076,829.80			\$ 1,000.00									\$ 3,847,458.80
TARC Tickets					\$ 400,000.00									\$ 400,000.00
Subtotal	\$ 3,847,458.80	\$ 3,076,829.80			\$ 1,000.00							\$ 8,000.00		\$ 3,847,458.80
UNRESTRICTED														
Donations - Foundation	\$ 30,000.00	\$ 30,000.00												\$ 30,000.00
Donations - Corporate	\$ 50,000.00	\$ 35,000.00												\$ 50,000.00
Donations - Individuals	\$ 40,000.00	\$ 35,000.00												\$ 40,000.00
Donations - Religious	\$ 100.00	\$ 100.00												\$ 100.00
Investments	\$ 3,500.00	\$ 5,000.00												\$ 3,500.00
Bingo Income	\$ 260,000.00	\$ 260,000.00												\$ 260,000.00
Misc Income	\$ -	\$ -												\$ -
Membership Dues	\$ 30,000.00	\$ 30,000.00												\$ 30,000.00
HMS Membership Fees	\$ 25,000.00	\$ 18,000.00												\$ 25,000.00
Event Income	\$ 15,000.00	\$ 45,000.00												\$ 15,000.00
Subtotal	\$ 485,800.00	\$ 485,100.00												\$ 485,800.00
Total	\$ 4,333,258.80	\$ 3,561,929.80			\$ 1,000.00							\$ 8,000.00		\$ 4,333,258.80
EXPENSES														
Event/food Expenses	\$ 1,750.00	\$ 1,750.00												\$ 1,750.00
Board/Planning Exp	\$ 500.00	\$ 500.00												\$ 500.00
Bank Service Charges	\$ 150.00	\$ 200.00												\$ 150.00
Bingo Service Charges	\$ 100.00	\$ 100.00												\$ 100.00
Event Expenses	\$ 4,000.00	\$ 4,000.00												\$ 4,000.00
Permits	\$ 600.00	\$ -												\$ 600.00
Accounting Services	\$ 4,680.00	\$ 4,200.00												\$ 4,680.00
Audit	\$ 10,200.00	\$ 9,700.00												\$ 10,200.00
Web Hosting and Manag	\$ 2,400.00	\$ 2,100.00												\$ 2,400.00
Contract Services Train	\$ 1,000.00	\$ 1,000.00												\$ 1,000.00
Contract Services Detail	\$ 450.00	\$ 450.00												\$ 450.00
Contract Marketing Serv	\$ 8,100.00	\$ 8,100.00												\$ 8,100.00
Contract Services YMCA	\$ 2,700.00	\$ -												\$ 2,700.00
Payroll Services	\$ 2,277.00	\$ 2,000.00												\$ 2,277.00
Bingo Security	\$ 4,600.00	\$ 4,050.00												\$ 4,600.00
Lanternal Services	\$ 6,000.00	\$ 6,000.00												\$ 6,000.00
Property and Liability In	\$ 4,100.00	\$ 3,000.00												\$ 4,100.00
Rent	\$ 41,152.00	\$ 40,000.00												\$ 41,152.00
Bingo Rent	\$ 62,800.00	\$ 62,800.00												\$ 62,800.00
HMS/SPE Equipment an	\$ 80,000.00	\$ 64,000.00												\$ 80,000.00
Books and Reference M	\$ 100.00	\$ 50.00												\$ 100.00
Postage	\$ 2,500.00	\$ 2,200.00												\$ 2,500.00
Copier	\$ 4,000.00	\$ 1,900.00												\$ 4,000.00
Printing	\$ 4,000.00	\$ 6,000.00												\$ 4,000.00
Street Tips Printing	\$ 5,250.00	\$ 4,500.00												\$ 5,250.00
Bingo Printing	\$ 800.00	\$ 800.00												\$ 800.00
Bingo Supplies	\$ 80,000.00	\$ 75,000.00												\$ 80,000.00
Office Supplies	\$ 10,000.00	\$ 15,000.00												\$ 10,000.00
Telephone	\$ 8,000.00	\$ 8,000.00												\$ 8,000.00
Language Line Expense	\$ 1,000.00	\$ 350.00												\$ 1,000.00
InterNet Costs	\$ 2,600.00	\$ 2,800.00												\$ 2,600.00
Membership Dues	\$ 1,400.00	\$ 1,400.00												\$ 1,400.00

REVENUE	2014-15		COMMUNITY COORDINATION										SHIPMENTS			DEVELOPMENT		TOTAL
	2014-15	2014-15	Co/CHFF	HMS-SFE	TARC	Stand Down/VF	Street Tips	CITZ	LASH	THA	%/AU	MICH	PHICT	PHYA	Advocacy	Bingo	General	
RESTRICTED																		
Bingo Advertising	\$ 2,750.00	\$ 2,750.00														\$ 2,750.00		\$ 2,750.00
Bingo Taxes	\$ 18,000.00	\$ 18,000.00														\$ 18,000.00		\$ 18,000.00
Health Insurance and Etc	\$ 49,788.62	\$ 37,861.00	\$ 20,311.46	\$ 13,190.55											\$ 248.08	\$ 2,300.55	\$ 4,147.98	\$ 49,788.62
Salaries	\$ 469,642.00	\$ 464,350.00	\$ 249,695.60	\$ 138,158.00											\$ 6,311.63	\$ 75,276.72	\$ 469,642.00	
Bingo Salaries	\$ 25,227.00	\$ 27,890.00	\$ 16,217.70	\$ 8,793.83											\$ 435.76	\$ 25,227.00	\$ 25,227.00	
Life/Disability Insurance	\$ 5,892.00	\$ 4,704.00	\$ 2,524.40	\$ 1,793.40											\$ 47.04	\$ 176.40	\$ 5,755.54	\$ 5,892.00
Payroll Tax	\$ 35,237.36	\$ 23,832.00	\$ 18,699.37	\$ 10,375.18											\$ 497.27	\$ 5,755.54	\$ 35,237.36	
Employer Payroll Tax	\$ 25,344.00	\$ 35,119.00	\$ 11,193.60	\$ 8,533.60											\$ 168.96	\$ 2,743.60	\$ 25,344.00	
Bingo Payroll Tax	\$ 1,893.81	\$ 808.34													\$ 1,930.81		\$ 1,930.81	
Dental Insurance	\$ -	\$ -																\$ -
Metro United Way Paym	\$ -	\$ -																\$ -
White Flag and Shelter A	\$ 32,000.00	\$ 32,000.00				\$ 32,000.00												\$ 32,000.00
TARC Tickets	\$ 350,000.00	\$ 350,000.00			\$ 393,000.00													\$ 350,000.00
Stand Down Expenses	\$ 7,000.00	\$ 7,000.00				\$ 7,000.00												\$ 7,000.00
Community Education E	\$ -	\$ 2,000.00																\$ 2,000.00
Rx: Housing Deposits	\$ -	\$ -																\$ -
HUD Pass Thru Admin	\$ 83,917.00	\$ 76,537.00						\$ 20,536.00	\$ 21,761.00	\$ 7,078.00	\$ 14,327.00	\$ 9,601.00	\$ 14,826.00	\$ 5,588.00				\$ 83,917.00
HUD Pass Thru Leasing	\$ 1,531,289.00	\$ 967,887.00						\$ 425,344.00	\$ 354,177.00	\$ 135,408.00		\$ 197,704.00	\$ 306,888.00	\$ 111,768.00				\$ 1,531,289.00
HUD Pass Thru Operatib	\$ 264,458.00	\$ 297,258.00						\$ 52,453.00	\$ 149,735.00	\$ 14,336.00		\$ 21,665.00	\$ 16,772.00	\$ 9,500.00				\$ 264,458.00
HUD Pass Thru Services	\$ 969,198.00	\$ 862,824.00						\$ 121,574.00	\$ 119,865.00	\$ 66,966.00	\$ 415,052.00	\$ 54,505.00	\$ 87,789.00	\$ 43,708.00				\$ 969,198.00
HUD Pass Thru Hflis	\$ 1,500.00	\$ -										\$ 1,500.00						\$ 1,500.00
Conferences	\$ 10,000.00	\$ 8,000.00	\$ 6,000.00	\$ 2,000.00												\$ 2,000.00		\$ 10,000.00
Monthly Travel	\$ 5,000.00	\$ 4,000.00	\$ 500.00	\$ 500.00												\$ 4,000.00		\$ 5,000.00
TA Training	\$ 12,000.00	\$ -																\$ 12,000.00
Start Training/Developm	\$ 3,000.00	\$ 4,000.00																\$ 3,000.00
Hiring Expenses	\$ 100.00	\$ 100.00		\$ 100.00														\$ 100.00
Reserve	\$ 13,000.00	\$ 13,000.00																\$ 13,000.00
TOTAL	\$ 4,306,109.79	\$ 4,541,088.34	\$ 378,861.13	\$ 273,884.58	\$ 393,000.00	\$ 39,000.00	\$ 5,250.00	\$ 619,907.00	\$ 645,538.00	\$ 223,528.00	\$ 492,579.00	\$ 284,972.00	\$ 426,275.00	\$ 170,564.00	\$ 8,228.79	\$ 225,839.86	\$ 174,482.43	\$ 4,306,109.79
In-Kind Donations	\$ 948.21	\$ 691.96	\$ (27,951.33)	\$ (4,307.36)	\$ 7,000.00	\$ -	\$ (4,250.00)	\$ 29,000.00	\$ 32,200.00	\$ 7,077.00	\$ (4,320.00)	\$ (3,100.00)	\$ (2,395.00)	\$ (3,088.00)	\$ (428.79)	\$ 47,169.14	\$ 4,117.37	\$ 24,943.21
	\$ 545,000	\$ 335,000	\$ 24,346.13															



## 2015 - 2016 BOARD OF DIRECTORS

**Lisa Cates, Past Chair**



Term expires: December 2017

**Linda Ruffenach, Chair**

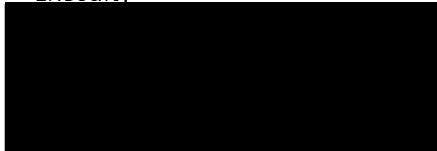
Execuity



Term Expires: December 2017

**Jared Grant, Vice Chair**

Execuity



Term Expires: December 2017

**Sheila Etchen, Secretary**

Republic Bank



Term Expires Dec 2017

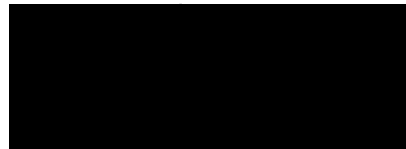
**E. Wayne Schwertley, Treasurer**



Term Expires: December 2016

**Michael Browder**

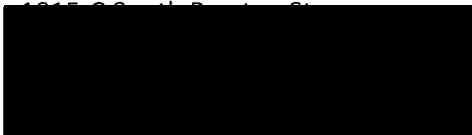
U.S. Dept of Housing and Urban  
Development



Term Expires: December 2018

**Ed Wnorowski**

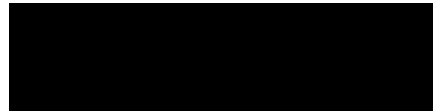
St Vincent de Paul



Term Expires: December 2016

**Joseph Hamilton**

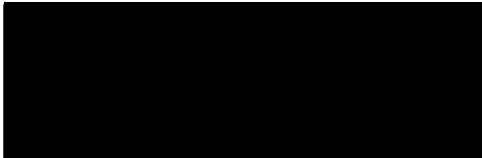
Metro Government



Term Expires: at will of the Mayor

**Judith Bloor**

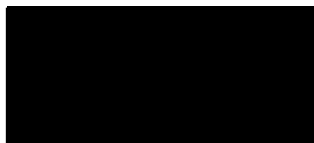
Home of the Innocents



Term Expires: December 2016

**Debra DeLor**

Deb DeLor Consulting



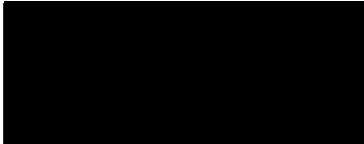
Term Expires: December 2016



## 2015 - 2016 BOARD OF DIRECTORS

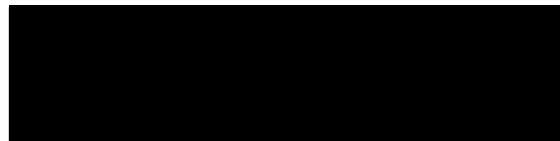
**Beth White**

St. Vincent de Paul



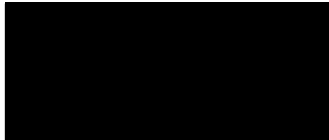
Term Expires: December 2017

**Terry Cunningham**



Term Expires: December 2017

**Wood McGraw**



Term Expires: December 2017

**Jared Dearing**

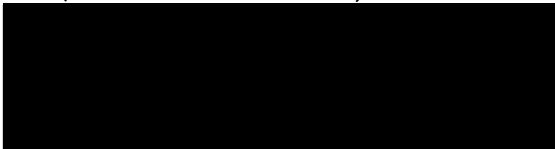
Metro Government



Term Expires: December 2017

**Greg Mayes, Jr.**

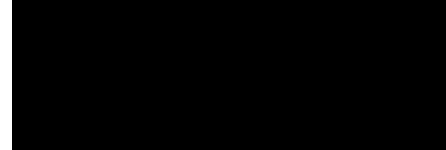
Steptoe & Johnson Attorneys at Law



Term Expires: December 2018

**Dr. Vaughn Payne**

Humana/CareSource



Term Expires December 2017

**Jon Fairfield**

Stewart & Associates



Term Expires: December 2016

**Kathy Beach**

Stock Yards Bank & Trust



Term expires December 2018

**Taylor Ingram**

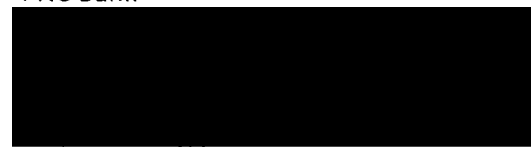
Wellcare of Kentucky



Term Expires: December 2017

**Troy Ransdell**

PNC Bank



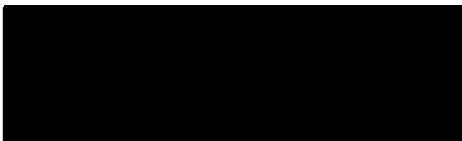
Term expires December 2018



## 2015 - 2016 BOARD OF DIRECTORS

**Mark McWane**

Humana



Term Expires December 2018

**LaTonya Phillips**

Norton Healthcare



Term Expires December 2018

**Kitty McKune**

Counsel



Term Expires December 2018

**Alicia Johnson**

Associate Brand Manager, Jack Daniel's  
Brown-Forman



Term Expires December 2018

**Michael Shumway**



Just Elected – Term Expires December 2019

# The Coalition for the Homeless

## PROFIT AND LOSS

July 2015 - March 2016

	<b>TOTAL</b>
<b>Income</b>	
43300 Direct Public Grant Categories	
43330 Foundation and Trust Grants	24,593.00
<b>Total 43300 Direct Public Grant Categories</b>	<b>24,593.00</b>
43400 Direct Public Support Categories	
43450 Individ, Business Contributions	61,730.47
43490 Religious Organizations	4,506.79
<b>Total 43400 Direct Public Support Categories</b>	<b>66,237.26</b>
44500 Government Grant Categories	
44520 HUD Grants to Coalition Categories	
44521 HUD Grant - Coc/HPPP	26,745.36
44522 HUD Grants - Administration	62,802.83
44523 HUD Grants - HMIS	153,612.14
44524 HUD Grants - Operations	0.00
44525 HUD Grants - Leasing Salaries	21,656.81
44526 HUD Program Income - Leasing	0.00
<b>Total 44520 HUD Grants to Coalition Categories</b>	<b>264,817.14</b>
44530 HUD Pass Thru Grant Categories	
44531 HUD Grants - Leasing Thru CFH and Our inspections	693,994.36
44532 HUD Grants - Leasing Thru Grantees	368,381.58
44533 HUD Grants - Operations	86,069.46
44534 HUD Grants - Services	613,459.04
44535 HUD Grants - HMIS	626.76
44536 HUD Grants - Administration	73,386.54
<b>Total 44530 HUD Pass Thru Grant Categories</b>	<b>1,835,917.74</b>
44540 Louisville Grant Categories	
44541 CoC	80,000.00
44542 Education	0.00
44544 Stand Down	30,000.00
44545 WF	4,115.00
<b>Total 44540 Louisville Grant Categories</b>	<b>114,115.00</b>
44550 State Grant Categories	
44551 Adanta CoC/HPPP	5,789.25
44552 KHC Advocacy	8,000.00
<b>Total 44550 State Grant Categories</b>	<b>13,789.25</b>
<b>Total 44500 Government Grant Categories</b>	<b>2,228,639.13</b>
44800 Indirect Public Support Categories	
44820 United Way - CoC/HPPP	16,261.63
<b>Total 44800 Indirect Public Support Categories</b>	<b>16,261.63</b>
45000 Investment Ctegeries	
45010 Interest-Savings, Short-term CD	113.84

45020 Income and Distributions	6,763.74
45030 Change in Market Value	14,987.40
<b>Total 45000 Investment Categories</b>	<b>21,864.98</b>
46400 Other Income Categories	
46410 Bingo Income	296,657.00
46420 TARC Sales	259,574.92
46430 Miscellaneous Revenue	886.20
<b>Total 46400 Other Income Categories</b>	<b>557,118.12</b>
47200 Membership Income Categories	
47230 Membership Dues	28,055.00
47240 HMIS Fees	37,098.32
<b>Total 47200 Membership Income Categories</b>	<b>65,153.32</b>
49000 Special Event Income Categories	
49010 Give a Jam	21,025.86
49020 Other Fundraisers	8,310.75
<b>Total 49000 Special Event Income Categories</b>	<b>29,336.61</b>
69500 Transfers In	45,120.00
<b>Total Income</b>	<b>\$3,054,324.05</b>
<b>Gross Profit</b>	<b>\$3,054,324.05</b>
<b>Expenses</b>	
60900 Business Expense Categories	
60910 Annual Meetings and Events	1,021.74
60920 Board Meeting/Planning Expenses	432.22
60930 Bank Fines, Penalties, Judgments	108.00
60935 Bingo Fines and Penalties	374.00
60960 Event Expense Categories	
60961 Fundraising - Fundraiser	1,473.78
60962 Fundraising - Rx Housing	10,616.95
<b>Total 60960 Event Expense Categories</b>	<b>12,090.73</b>
60970 Licenses and Permits	65.00
60975 Bingo Licences and Permits	400.00
<b>Total 60900 Business Expense Categories</b>	<b>14,491.69</b>
60990 Investment Loss Categories	
60991 Change in Market Value	29,034.49
60992 Other Investment Transactions	792.57
<b>Total 60990 Investment Loss Categories</b>	<b>29,827.06</b>
62100 Contract Categories	
62110 Accounting Fees	3,592.37
62120 Audit	4,000.00
62150 Web Hosting	1,326.18
62180 Other Contract Services	16,388.44
62190 Payroll Services	1,487.55
62825 Bingo Security	2,920.00
<b>Total 62100 Contract Categories</b>	<b>29,714.54</b>
62800 Facilities Categories	
62850 Janitorial Services	5,000.00
62870 Property Insurance	2,590.91



62890 Rent, Parking, Utilities	31,029.78
62895 Bingo Rent	65,975.00
62899 HMIS/SPE Equipment and Services	52,224.64
<b>Total 62800 Facilities Categories</b>	<b>156,820.33</b>
<b>65000 Operations Categories</b>	
65010 Books, Subscriptions, Reference	20.60
65020 Postage, Mailing Service	2,338.81
65031 Bingo Printing	425.00
65032 Copier	1,974.98
65035 Printing	1,083.45
65040 Supplies	5,922.88
65045 Bingo Supplies	66,535.62
65050 Communication Categories	
65051 Telephone	5,564.36
65052 Language Line Expenses - HMIS	70.13
65055 Internet Cost	1,350.00
<b>Total 65050 Communication Categories</b>	<b>6,984.49</b>
65060 Memberships and Dues	1,245.00
<b>Total 65000 Operations Categories</b>	<b>86,530.83</b>
<b>65100 Other Types of Expenses</b>	
65115 Bingo Advertising	1,435.00
65120 Insurance - Liability, D and O	1,679.31
65160 Other Misc Costs	302.10
65185 Bingo Taxes	15,114.44
<b>Total 65100 Other Types of Expenses</b>	<b>18,530.85</b>
<b>66000 Payroll Expenses</b>	
66010 Health Insurance	39,513.70
66020 Salaries	249,939.31
66025 Salaries - Other	4,000.00
66029-1 Bingo Salaries	18,257.15
66030 Retirement Funds	27,913.69
66040 Life/Disability Insurance	3,614.80
66050 Worker's Comp Insurance	1,028.00
66060 Payroll Tax	95,845.42
66065 Employer Payroll Taxes	32,238.27
66069B Bingo Payroll Tax	5,859.64
66070 Dental Insurance	1,824.84
66080 Metro United Way Payments	1,085.81
<b>Total 66000 Payroll Expenses</b>	<b>481,120.63</b>
<b>67000 Program Expense Categories</b>	
67010 White Flag and Shelter Assistan	4,115.00
67020 TARC Tickets	251,675.00
67030 Stand Down Expenses	14,812.57
67040 Community Education Expenses	174.66
67050 Rx Housing Deposits	15,135.46
67080 HUD Pass Thru Categories	
67081 HUD Pass Thru Funds - Administration	73,386.54
67082 HUD Pass Thru Funds - Leasing to Landlords and Inspections	693,994.36
67083 HUD Pass Thru Funds - Operations	86,069.46

<b>67084 HUD PASS Thru Funds - Services</b>	613,459.04
<b>67085 HUD Pass Thru Funds - HMIS Expenses</b>	626.76
<b>67086 Pass Thru Funds - Leasing to Subrecipients</b>	368,381.58
<b>Total 67080 HUD Pass Thru Categories</b>	<b>1,835,917.74</b>
<b>Total 67000 Program Expense Categories</b>	<b>2,121,830.43</b>
<b>68300 Staff Support Categories</b>	
<b>68310 Conference, Convention, Meeting</b>	7,451.18
<b>68320 Travel and Food</b>	3,883.93
<b>68330 Staff Development</b>	1,788.86
<b>Total 68300 Staff Support Categories</b>	<b>13,123.97</b>
<b>69000 Transfers Out</b>	45,120.00
<b>Total Expenses</b>	<b>\$2,997,110.33</b>
<b>Net Operating Income</b>	<b>\$57,213.72</b>
<b>Net Income</b>	<b>\$57,213.72</b>

*Thursday, Apr 14, 2016 09:23:57 AM PDT GMT-4 - Accrual Basis*

Form **990**

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

OMB No. 1545-0047

**2013**

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> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1300 S. 4TH STREET 250</b> City or town, state or province, country, and ZIP or foreign postal code <b>LOUISVILLE, KY 40208</b> <b>F</b> Name and address of principal officer: <b>NATALIE HARRIS</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <div style="background-color: black; width: 100px; height: 20px;"></div> <b>E</b> Telephone number <b>502-636-9550</b> <b>G</b> Gross receipts \$ <b>3,702,271.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.LOUHOMELESS.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1986</b> <b>M</b> State of legal domicile: <b>KY</b>		

**Part I Summary**

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

**Part II Signature Block**

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

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

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 \$ ) (Revenue \$ )

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

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> 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
<b>4 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	
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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
<b>11</b> 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.		
<b>a</b> 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>b</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	
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>f</b> 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	
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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	
<b>19</b> 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	
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
24b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
24c	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? .....		
24d	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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
25b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		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? <i>If "Yes," complete Schedule L, Part III</i> .....		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):		
28a	a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28b	b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28c	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
35b	b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 12		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 8		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 15		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a		X	
b	Each committee with authority to act on behalf of the governing body?	X	
8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **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 <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	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: \$						
	<b>h Total.</b> Add lines 1a-1f			1,490,413.			
<b>Program Service Revenue</b>	2 a TARC TICKETS	Business Code 624100	316,349.	316,349.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			316,349.			
<b>Other Revenue</b>	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						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
11 a							
b							
c							
d All other revenue							
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions.			1,965,016.	316,349.	0.	158,254.	



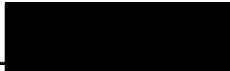
**Part IX Statement of Functional Expenses**

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
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	833,391.	833,391.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	455,482.	352,111.	81,681.	21,690.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	88,999.	49,416.	35,133.	4,450.
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	43,554.	33,536.	7,840.	2,178.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	80,324.	46,575.	33,749.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	39,712.	33,077.	6,635.	
<b>17</b> Travel	11,515.	5,872.	5,643.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	358.		358.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	2,366.	1,419.	710.	237.
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a</b> PROGRAM EXPENSE	330,797.	330,797.		
<b>b</b> MISCELLANEOUS	99,883.	88.	63,872.	35,923.
<b>c</b> SUPPLIES	14,906.	9,998.	4,417.	491.
<b>d</b> PRINTING	10,674.	7,993.	2,413.	268.
<b>e</b> All other expenses	16,182.	9,423.	6,282.	477.
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,028,143.	1,713,696.	248,733.	65,714.
<b>26</b> 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 .....	<b>10a</b> 18,276.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,610.	16,030.	<b>10c</b> 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 Total assets.</b> 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 Total liabilities.</b> 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 Total net assets or fund balances</b> .....	471,893.	<b>33</b>	458,120.	
<b>34 Total liabilities and net assets/fund balances</b> .....	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? ..... If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? ..... If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ..... If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (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 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?  
  - (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? 

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		
  - (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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						

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

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

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

**14** Public support percentage for 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 33 1/3% support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**b 33 1/3% support test - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**17a 10% -facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**b 10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 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						
6 Total. 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.
8 Public support (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.)						
13 Total support. (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



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2013**

Name of the organization

Employer identification number

THE COALITION FOR THE HOMELESS, INC.

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

Employer identification number

THE COALITION FOR THE HOMELESS, INC.

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	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.**



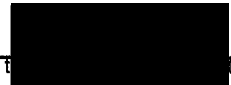
**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

Employer identification number

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



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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2013**

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).**

Open to Public Inspection

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

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

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

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

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

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

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

**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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013



**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5708 (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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f) .....															
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? .....															

Yes  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 990 (election under section 501(h)).

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

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

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

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

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

**Part IV** Supplemental Information

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

**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?  Yes  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?  Yes  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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	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				
<b>Total.</b> 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® 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 II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$10,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))	
		5K WALK (event type)	GIVEAJAM (event type)	(total number)		
Revenue	1	46,714.	4,150.		50,864.	
	2					
	3	46,714.	4,150.		50,864.	
Direct Expenses	4					
	5					
	6					
	7					
	8					
	9					
	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	393,560.	1,445,029.	
Direct Expenses	2	470,147.	1,106,659.		1,576,806.
	3				
	4	77,525.			77,525.
	5	82,924.			82,924.
	6	<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: \_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (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

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY OF ST. VINCENT DEPAUL 1015-C SOUTH PRESTON ST LOUISVILLE, KY 40203	61-0727110	501(C)(3)	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)



**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.

Employer identification 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**

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

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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>	\$	0.
<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>	\$	0.
<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>	\$	0.

**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 **▶** \_\_\_\_\_

ARTICLES OF INCORPORATION

MAY 23 1988 *Act*

OF

*Shirley R. Davis*

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

## ARTICLE VII - BYLAWS

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

## ARTICLE VIII - NONPROFIT STATUS

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

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

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

## ARTICLE IX - DISSOLUTION

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

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

ARTICLE X - INTERNAL AFFAIRS

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

ARTICLE XI - LIABILITY

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

ARTICLE XII - AMENDMENTS

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

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

*Lawrence C. Otto*  
\_\_\_\_\_  
*[Signature]* ✓  
\_\_\_\_\_  
*[Signature]*  
\_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>The Coalition for the Homeless, Inc.</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <b>501c3</b> Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) <b>1300 S. 4th St., Ste. 250</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Louisville, KY 40207</b>	
	7 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 line 1 to avoid backup withholding. For individuals, this is generally 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.

<b>Social security number</b>	

or

<b>Employer identification number</b>	

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>4/19/2016</b>
------------------	----------------------------	-------------------------

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

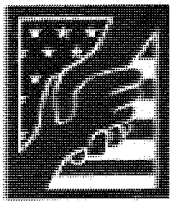
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



**NATIONAL  
PROJECT  
HOMELESS  
CONNECT**



## **Department of Veterans Affairs – Stand Down**

**TO: Project Homeless Connect/Stand Down Planning Committee**  
**FROM: Jamie Watts**  
**DATE: December 3, 2015**  
**SUBJECT: 2015 Evaluation**

Project Homeless Connect/Stand Down was held at the Salvation Army on October 7, 2015. A total of 560 clients came through the front door. Of these it was confirmed that 133 identified themselves as serving in the military and that 7 of those were sleeping out. There were 76 non-Veterans who identified as sleeping out.

There were over 50 vendors and/or booths, a Veterans medical room, civilian medical room, eye exams, TARC transportation, state ID's, food, backpacks, hygiene kits, and common assessment screenings completed.

### **Participating community partners were as follows:**

Brain Injury Alliance of Kentucky  
Common Assessment - Phoenix  
Community Action  
Coventry Cares of KY  
Department of Veteran Affairs -Compensation and Pension Benefits (Regional Office)(VBA)  
Health Department - HIV Testing  
Humana Care Source  
Interlink Counseling Service Inc.  
Internal Revenue Service - Taxpayer Advocate  
Kentucky Department of Veterans Affairs (KDVA)  
Kentucky Lions Eye Foundation  
Kynect - Phoenix  
Louisville Free Public Library  
Louisville Health Department  
Metro United Way 211  
Mountain Comprehensive Care Center/Veterans Transition Center  
Neighborhood Place - Social Service Collaborative

Office for Women - Louisville Metro Government  
 Phoenix Family Health Center  
 Phoenix Family Health Center - Dental  
 Phoenix Family Health Center (CAB)  
 Phoenix Health Care for the Homeless - Consumer Advisory Board  
 Phoenix Health Center - Social Services  
 Robley Rex VAMC - Compensated Work Therapy  
 Robley Rex VAMC Chaplain Service  
 Robley Rex VAMC LGBT Services  
 Robley Rex VAMC - PTSD and MST Programs  
 Robley Rex VAMC Eligibility  
 Robley Rex VAMC Healthcare for Homeless Veterans  
 Robley Rex VAMC Homeless Community Employment Coordinator  
 Robley Rex VAMC Medical  
 Robley Rex VAMC OEF/OIF/OND Program  
 Robley Rex VAMC Substance Use Disorder Program  
 Robley Rex VAMC Suicide Prevention Program  
 Robley Rex VAMC Veterans Justice Outreach  
 Salvation Army  
 St. John Day Center  
 St. Vincent De Paul  
 The Center for Promotion of Recovery and Resilience of Traumatized Children and Youth  
 Together We Stand Ministry  
 VET Center of Louisville  
 Veteran Voices of Kentuckiana – Consumer Council  
 Veterans' Outreach  
 VOA Homeless Veteran Reintegration Program (HVRP)  
 VOA Supported Services for Veteran Families (SSVF)  
 Volunteers of America – HIV services  
 Wayside Christian Mission  
 WellCare Health Plans, Inc., Community Advocate  
 YMCA Safe Place Service

Participants utilized almost all services offered but were especially interested in healthcare, eye exams, driver's license / ID's, give aways, housing, and employment.

## Exit Interviews

Number of people through the door – 560

133 Veteran (7 reported sleeping out, down from 25 last year) – 24% 90 completed exit interviews.

Of the 133 Veterans, 38 were housed and 65 were in GPD beds.

427 Non-Veteran participants (76 reported sleeping out) 283 completed exit interviews

1. Did you get what you came for

95% - Yes

<p>If not, what were you looking for?</p> <p>Shoes</p> <p>Underwear</p> <p>Sweatshirts</p> <p>Clothing</p> <p>Employment Opportunities</p> <p>Booze</p>
---

Satisfaction with individual areas:	Very satisfied	Satisfied	Not Satisfied	No Opinion/Didn't use
<b>Health Services</b>	66%	29%	1%	4%
<b>Community Services</b>	67%	29%	3%	1%
<b>Security Services</b>	60%	30%	4%	0%
<b>People who served you</b>	73%	27%	0%	0%
<b>Veterans Resources</b>	75%	7%	0%	5%

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

Breakfast  
I don't know  
Me  
Too crowded  
Homelessness  
Security needs improving  
Give away coats  
Would like to volunteer next year  
Would be better outside, not so crowded  
Hallways are too tight  
Configure service areas better  
More notice or information  
Extend services to Vets who served in boot camp  
only

Almost all participants were Satisfied or Very Satisfied with the event. Themes that came from the suggestions were the following:

Tight hallways, too crowded

Vendors / Booths were sent a follow up survey for their suggestions. Eleven responses were received.

1. Did you receive accurate information about registration and event?  
10 – Yes 1 - No– It would have been helpful to know where tables for resources were to be situated. Different from last year. I went to the area from last year with no direction and had to ask several people where to go.
2. Did you have what you needed at the event?  
10 – Yes 1 – No – If the area / tables were not closed in. Had to walk all the way around to get to seating area.
3. Do you think the set-up of the event was conducive to reaching the clients?  
10 – Yes 1 – No - Better structure in previous years where clients were evaluated based on needs, were mandated to apply for resources, and verified to get free resources, back packs, socks, etc.



4. Is there anything else you would suggest that we could do better or different next year?

The set up wasn't as structured or productive as previous years. It should be clearly stated where volunteers and resources workers are to be seated.

Agenda? Map? Maybe

Set up for Veterans seemed blocked in - not easy access for providers to get in and out of area – My first event – was impressed – great event.

More coffee and water more accessible to volunteers.

8 responses had no other suggestions

All “no” responses came from the same feedback form.

### **Committee members feedback for next year**

**(add additional comments from 12/3/15 meeting)**

- Haircuts – Barber school attended Indiana Stand Down and would like to offer services for Louisville's Stand Down
- Add Athena's Sisters to the planning committee
- Separate VA and non-VA give away areas
- More signage with arrows
- Reconfigure medical hallway or move services out – too many people waiting in hallway

### **ID's**

The total cost was \$\_\_\_\_. There were \_\_ one year IDs, \_\_ four year IDs and \_\_ renewals.

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

**FINANCIAL REPORT**

**JUNE 30, 2015**

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*Jones, Nale & Mattingly PLC*

## **INDEPENDENT AUDITOR'S REPORT**

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

### **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, 2015 and 2014, 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, 2015 and 2014, 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 March 28, 2016, 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, Nale & Mattingly PLC*

Louisville, Kentucky  
March 28, 2016

THE COALITION FOR THE HOMELESS, INC.

STATEMENTS OF FINANCIAL POSITION  
June 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
ASSETS		
Cash	\$ 259,393	\$ 242,490
Grants receivable	57,317	60,960
Inventory	3,169	5,681
Prepaid expenses	2,591	4,186
Investments (Notes 2, 3 and 9)	168,942	169,321
Property and equipment, net (Note 4)	<u>11,301</u>	<u>13,666</u>
Total assets	<u>\$ 502,713</u>	<u>\$ 496,304</u>
LIABILITIES		
Accounts payable	\$ 37,464	\$ 27,030
Accrued expenses and withholdings	<u>14,897</u>	<u>11,154</u>
Total liabilities	<u>52,361</u>	<u>38,184</u>
NET ASSETS		
Unrestricted	428,989	403,574
Temporarily restricted (Note 6)	<u>21,363</u>	<u>54,546</u>
Total net assets	<u>450,352</u>	<u>458,120</u>
Total liabilities and net assets	<u>\$ 502,713</u>	<u>\$ 496,304</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, 2015 and 2014**

	<u>2015</u>	<u>2014</u>
UNRESTRICTED NET ASSETS		
Revenues and support:		
Grants and contributions (Note 10)	\$ 2,626,929	\$ 1,393,528
Charitable gaming revenue, net (Note 7)	99,508	101,334
In-kind income	60,960	28,315
Membership dues	57,431	31,650
Special events	48,323	50,864
Investment income	14,534	6,056
Realized and unrealized gain (loss) on investments, net	(14,790)	14,931
Other income (Note 8)	23,552	29,779
Total support and revenue	<u>2,916,447</u>	<u>1,656,457</u>
Released from restrictions	<u>54,546</u>	<u>21,363</u>
Expenses:		
Program services	2,676,972	1,403,623
General and administrative	173,957	248,733
Fundraising	94,649	65,714
	<u>2,945,578</u>	<u>1,718,070</u>
Increase (decrease) in unrestricted net assets	<u>25,415</u>	<u>(40,250)</u>
TEMPORARILY RESTRICTED NET ASSETS		
Grants	21,363	47,840
Released from restrictions	<u>(54,546)</u>	<u>(21,363)</u>
Increase (decrease) in temporarily restricted net assets	<u>(33,183)</u>	<u>26,477</u>
(Decrease) in net assets	(7,768)	(13,773)
NET ASSETS AT BEGINNING OF YEAR	<u>458,120</u>	<u>471,893</u>
NET ASSETS AT END OF YEAR	<u>\$ 450,352</u>	<u>\$ 458,120</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, 2015 and 2014**

	2015			
	Program Services	General and Administrative	Fund- raising	Total
Salaries and payroll taxes	\$ 399,771	\$ 90,057	\$ 25,780	\$ 515,608
Employee benefits	48,203	32,362	4,006	84,571
Federal awards - subrecipients (Note 10)	2,020,442	--	--	2,020,442
Shelter assistance	32,887	--	--	32,887
Supplies	2,777	4,157	462	7,396
Printing	7,412	3,078	342	10,832
Postage	1,336	668	223	2,227
Stand down program expense	7,711	--	--	7,711
Rent (Note 7)	32,969	7,081	--	40,050
Repairs and maintenance	6,329	4,220	--	10,549
Telephone and internet	9,682	1,414	157	11,253
Auto, travel and conferences	12,003	7,341	--	19,344
Dues and subscriptions	--	1,606	--	1,606
Depreciation	1,418	709	238	2,365
Professional fees	63,419	19,794	--	83,213
Miscellaneous	--	344	--	344
Other program expenses	30,613	--	--	30,613
Special events	--	--	63,441	63,441
Board and committees	--	852	--	852
Licenses	--	274	--	274
	<u>\$ 2,676,972</u>	<u>\$ 173,957</u>	<u>\$ 94,649</u>	<u>\$ 2,945,578</u>

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



2014

Program Services	General and Administrative	Fund-raising	Total
\$ 385,647	\$ 89,521	\$ 23,868	\$ 499,036
49,416	35,133	4,450	88,999
798,874	--	--	798,874
34,517	--	--	34,517
9,998	4,417	491	14,906
7,993	2,413	268	10,674
766	383	128	1,277
11,735	--	--	11,735
33,077	6,635	--	39,712
1,650	1,100	--	2,750
7,007	3,139	348	10,494
5,872	5,643	--	11,515
--	1,546	--	1,546
1,418	709	238	2,365
46,575	33,749	--	80,324
89	63,872	--	63,961
8,989	--	--	8,989
--	--	35,923	35,923
--	358	--	358
--	115	--	115
<u>\$ 1,403,623</u>	<u>\$ 248,733</u>	<u>\$ 65,714</u>	<u>\$ 1,718,070</u>

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

**STATEMENTS OF CASH FLOWS**  
**Years Ended June 30, 2015 and 2014**

	2015	2014
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
(Decrease) in net assets	\$ (7,768)	\$ (13,773)
Adjustments to reconcile (decrease) in net assets to net cash provided by operating activities:		
Depreciation	2,365	2,365
Realized and unrealized (gain) loss on investments, net	14,790	(14,931)
Change in assets and liabilities net of the effects of investing activities:		
Grants receivable	3,643	42,953
Inventory	2,512	3,017
Prepaid expenses	1,595	2,542
Accounts payable	10,434	23,829
Accrued expenses	3,743	6,452
Net cash provided by operating activities	31,314	52,454
 <b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchase of investments	(14,411)	(5,992)
Net cash (used in) investing activities	(14,411)	(5,992)
 Net increase in cash	16,903	46,462
 Cash:		
Beginning of year	242,490	196,028
End of year	\$ 259,393	\$ 242,490

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.

##### Cash

The Coalition maintains its cash balances in bank deposit accounts which, at times, may exceed coverage provided by the Federal Deposit Insurance Corporation (FDIC). The Coalition has not experienced any losses in such accounts. Management believes the Coalition is not exposed to any significant risk on bank deposits.

##### 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.

#### Reclassifications

Certain amounts in the 2014 financial statements have been reclassified to conform to the 2015 presentation.

#### Subsequent events

Management has evaluated subsequent events through March 28, 2016, 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, 2015		June 30, 2014	
	Fair Value	Cost	Fair Value	Cost
Cash equivalents	\$ 2,957	\$ 2,957	\$ 3,299	\$ 3,299
Mutual funds	165,985	130,435	166,022	123,098
	<u>\$ 168,942</u>	<u>\$ 133,392</u>	<u>\$ 169,321</u>	<u>\$ 126,397</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, 2015 and 2014 are as follows:

	Balance at June 30, 2015	Fair Value Measurements Using:		
		Level 1	Level 2	Level 3
Financial assets:				
Money market accounts	\$ 2,957	\$ 2,957	\$ --	\$ --
Mutual funds				
Growth	74,124	74,124	--	--
Growth and income	23,806	23,806	--	--
Income	68,055	68,055	--	--
	<u>\$ 168,942</u>	<u>\$ 168,942</u>	<u>\$ --</u>	<u>\$ --</u>
	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>

## 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, 2015	June 30, 2014
Property and equipment	\$ 18,276	\$ 18,276
Less accumulated depreciation	(6,975)	(4,610)
	\$ 11,301	\$ 13,666

### 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 7.0% of each eligible employee's salary. Employer contributions for the years ended June 30, 2015 and 2014 were \$30,988 and \$34,857, respectively.

### Note 6. Temporarily Restricted Net Assets

Temporarily restricted net assets consist of the following:

	June 30, 2015	June 30, 2014
Continuum of Care Program, Metro United Way	\$ 21,363	\$ 21,363
Rx: Housing Grant	--	31,333
Give-A-Jam Fundraiser	--	1,850
	\$ 21,363	\$ 54,546

## NOTES TO FINANCIAL STATEMENTS

### Note 7. Operating Leases

The Coalition entered into an annual renewable 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, 2015 and 2014, lease expense for the bingo hall totaled \$86,400 and \$76,550, 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 expense for the office space totaled \$22,050 for the years ended June 30, 2015 and 2014.

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 expense for the office space totaled \$18,000 for the years ended June 30, 2015 and 2014, 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,	
2016	25,350
2017	18,000
2018	9,000
	<u>\$ 52,350</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>2015</u>	<u>2014</u>
Ticket revenue	\$ 385,182	\$ 316,349
Ticket expense	<u>(375,585)</u>	<u>(310,073)</u>
Net ticket income	<u>\$ 9,597</u>	<u>\$ 6,276</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 years ended June 30, 2015 and 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 during the years ended June 30, 2015 and 2014 totaling \$2,020,442 and \$798,874, respectively, to subrecipients who provide programs that assist the homeless.





*Jones, Nale & Mattingly PLC*

**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, 2015 and 2014, 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 March 28, 2016.

**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 a material weakness and a significant deficiency.

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. [2015-001]

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. [2015-002]



*Jones, Nale & Mattingly PLC*

**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 The Coalition for the Homeless, Inc.'s major federal program for the year ended June 30, 2015. The Coalition for the Homeless, Inc.'s major federal program is 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**

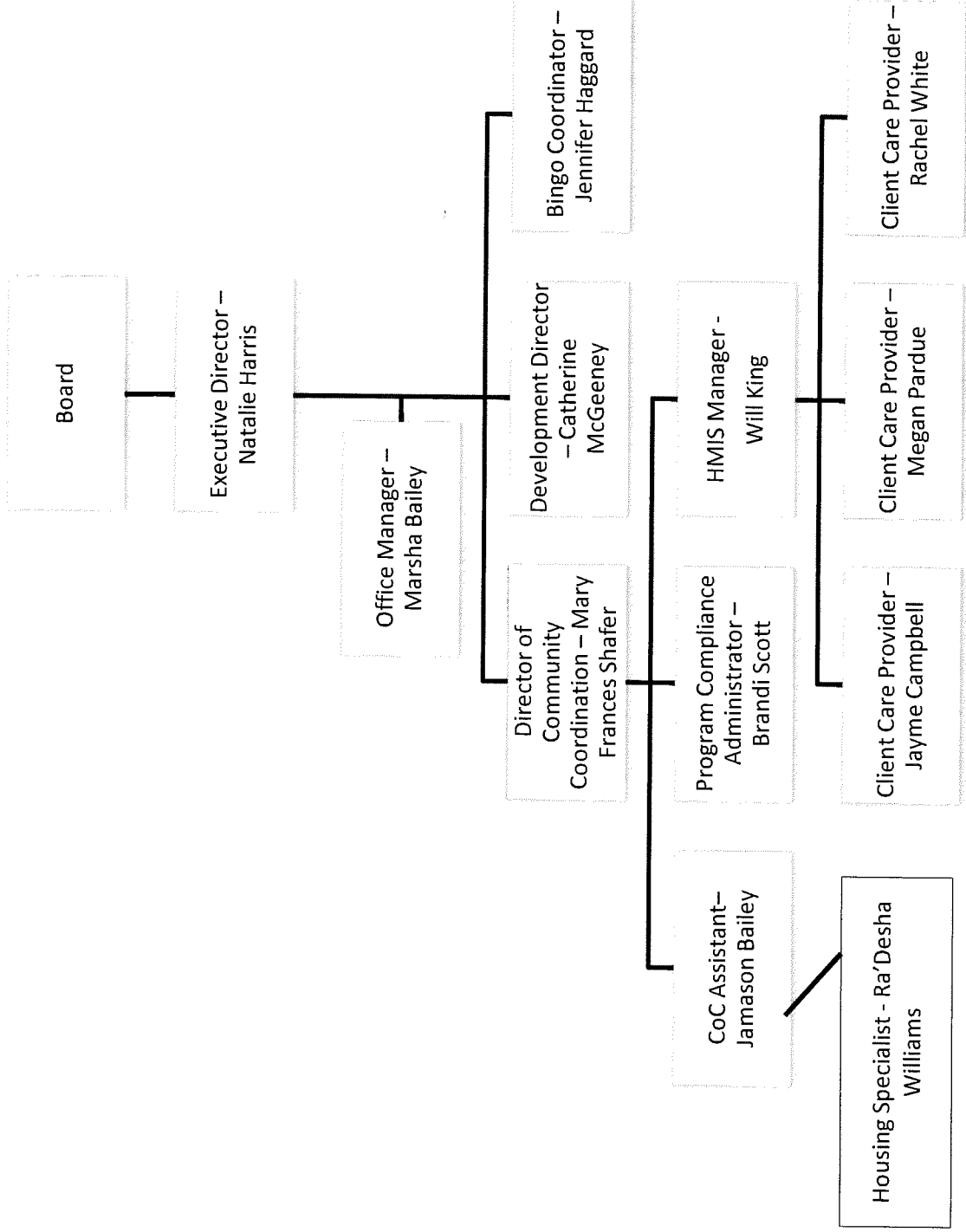
Our responsibility is to express an opinion on compliance for The Coalition for the Homeless, Inc.'s major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the 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.

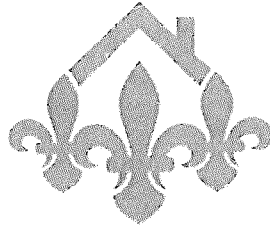
We believe that our audit provides a reasonable basis for our opinion on compliance for the major federal program. However, our audit does not provide a legal determination of The Coalition for the Homeless, Inc.'s compliance.

**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 its major federal program for the year ended June 30, 2015.

# Coalition for the Homeless Organizational Chart



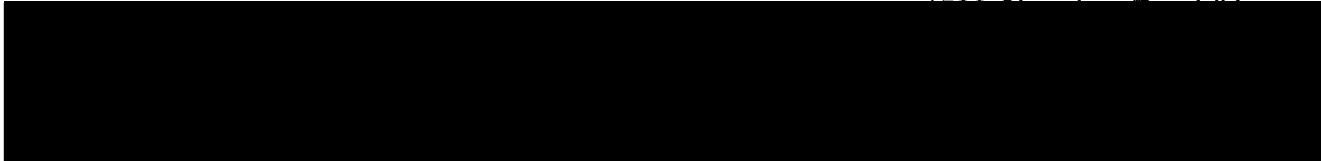


**COALITION**  
FOR THE  
**HOMELESS**

**Executive Director**  
Natalie Harris

**Development Director**  
Catherine McGeeney

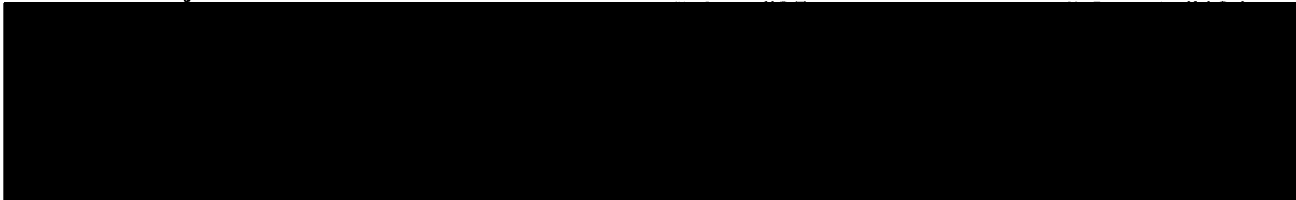
**Housing Manager**  
Jamason Bailey



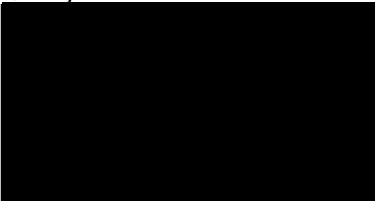
**Office Manager**  
Marsha Bailey

**Client Care Services**  
Rachel White

**Housing Specialist**  
Ra'Desha Williams



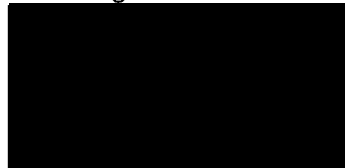
**Director of Community  
Coordination**  
Mary Frances Schafer



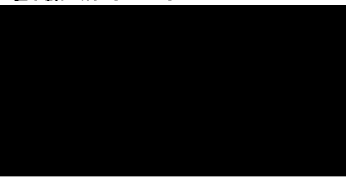
**Client Care Services**  
Megan Pardue-Augsburg



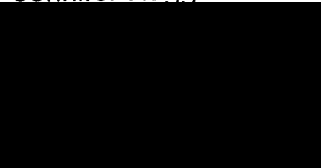
**HMIS Administrator**  
Will King



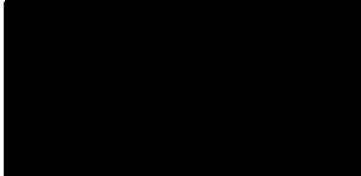
**Program Compliance  
Administrator**  
Brandi Scott



**Fundraising Assistant**  
Jennifer Haggard



**Client Care Services**  
Jayme Campbell



Coalition for the Homeless, the Department of Veterans Affairs, and Metro Louisville pres-

# STAND DOWN PROJECT HOMELESS CONNECT

10/7/15 from 8:30a-2p

Salvation Army

**JOIN US.**

Join a donation drive for sweatshirts, backpacks, and socks: [cmcgeeney@louhomeless.org](mailto:cmcgeeney@louhomeless.org)

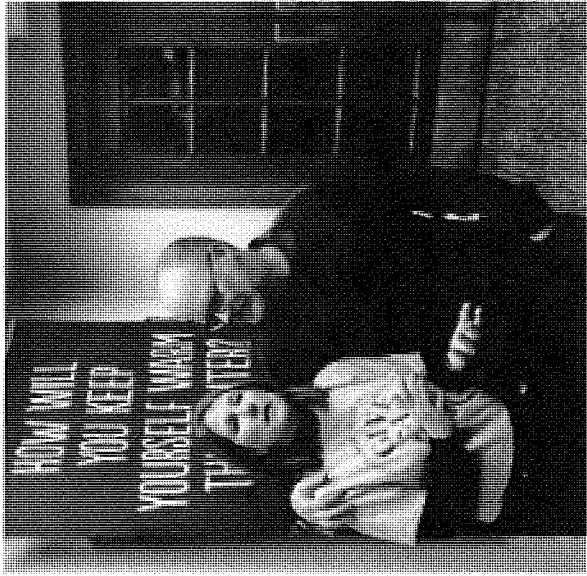
Volunteer to wash feet: [nharris@louhomeless.org](mailto:nharris@louhomeless.org).

Volunteer to guide homeless clients to available services: Melinda Collett at (502) 287-41

More info at [www.louhomeless.org](http://www.louhomeless.org).







Natalie and John Harris at the 2013 Give-A-Jam

## ABOUT GIVE-A-JAM

Five years ago, Natalie (Executive Director of the Coalition for the Homeless) and John Harris (Executive Director of the Clifton Center) created the Give-A-Jam to End Homelessness. They knew that, when given the opportunity, Louisvillians would come together and do what they could to end homelessness for our neighbors.

Since then, Give-A-Jam has brought in over \$60,000 in ticket sales, auction items, and donations alone. And each year, more people get involved.

Since then, too, the Coalition for the Homeless' collaborative Rx: Housing program—the beneficiary of this event—has cut chronic street homelessness in half (with a goal of eliminating it entirely in 2016) and has effectively ended homelessness among Louisville's veterans.

Thank you for being part of this community event where everything is donated and everyone can make a difference. We are especially grateful for the musicians, chefs, sound people, sponsors, donors, and volunteers whose generous contributions and remarkable talent make it all possible.

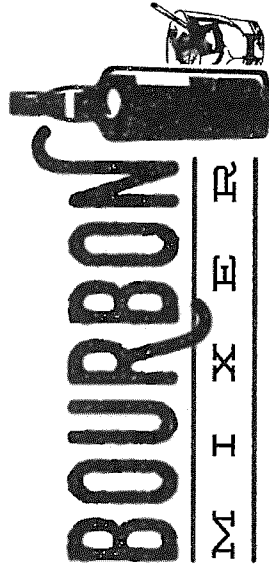
Together, we can ensure that fewer Louisvillians have to ask themselves how they'll keep warm, what's for dinner, and where they will sleep tonight.

## HOW YOU CAN HELP

Here are just a few ways to help our homeless neighbors all year.

- o **DONATE.** Join the Coalition for the Homeless' Five Bucks A Month Club to get one person off the streets during extreme weather each month. Sign up at the Coalition table.
- o **VOLUNTEER.** The Coalition has 29 amazing member agencies who depend on volunteers. See [louhomeless.org](http://louhomeless.org) for a list.
- o **PARTICIPATE IN THE STREET COUNT.** Join us on Thursday, 1/28/16, from 4-6a, as we conduct our annual census of people sleeping on our streets. Get info and sign up at [louhomeless.org](http://louhomeless.org).
- o **ADVOCATE.** Contact your Metro Councilperson about the importance of establishing a permanent revenue source for the Affordable Housing Trust Fund so more hardworking Louisvillians can afford a home.
- o **TAKE A STAND.** The Coalition is having our second #TakeAStandLou community awareness event on 2/18/16 from 4:30-5:30p. Join our newsletter at our table for more info.

## SAVE THE DATE!



SATURDAY, AUGUST 13, 2016

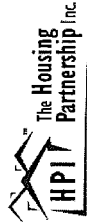
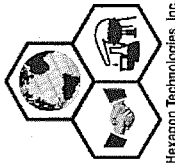
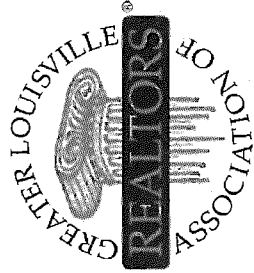
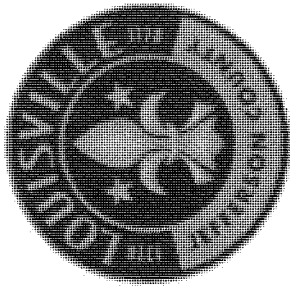
THE GILLESPIE IN DOWNTOWN LOUISVILLE

PRESENTED BY THE WHISKY CHICKS AND BOURBON BROTHERHOOD

A FUNDRAISER WITH MANY DISTILLERIES, DELICIOUS FOOD, AND BOURBON EXPERTS!

THE 2016 BOURBON MIXER WILL BENEFIT THE COALITION FOR THE HOMELESS.  
STAY TUNED TO [BOURBONMIXER.COM](http://BOURBONMIXER.COM) FOR DETAILS IN THE COMING MONTHS!

**THANKS TO THE COALITION FOR THE HOMELESS' GENEROUS SPONSORS!**



**PROGRAM FOR THE FIFTH ANNUAL GIVE-A-JAM**

Please enjoy soup, rolls, drinks, and desserts; bid on silent auction until 9:30; and visit the Coalition for the Homeless table in the hallway to learn about our efforts or to make a donation!

**TENTATIVE LINE-UP**

- 6:00 John Gage
- 6:25 Will King
- 6:50 Justin Paul Lewis
- 7:15 Tyrone Cotton Band
- 7:40 Small Time Napoleon
- 8:05 Cheyenne Mize
- 8:30 Joan Shelley & Nathan Salsburg
- 9:05 Bonnie Prince Billy
- 9:30 Bibelhauser Brothers with Steve Cooley & Dave Howard
- 10:00 Appalatin

**RESTAURANTS**

- Cafe Lou Lou
- Cheddar Box Cafe
- Havana Rumba
- Jack Fry's
- Lilly's
- Panera Bread
- Shady Lane Cafe
- Volare
- Zoup!

**SPECIAL THANKS**

- C&H Audio Visual
- Patricia Cummings & John Bruggman
- LP Productions
- Alice Lyon
- Laura Shine
- Carla Wallace
- WFPK

(And thanks to all of our volunteers!)

More info at [louhomeless.org](http://louhomeless.org) and [facebook.com/louhomeless](https://www.facebook.com/louhomeless).



**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>	2/9/2016
<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>	<u>Linda Ruffenach</u>
<b>Vice President</b>	<u>Jared Grant</u>
<b>Secretary</b>	<u>Sheila Etchen</u>
<b>Treasurer</b>	<u>E. Wayne Schwertley</u>
<b>Director</b>	<u>Linda Ruffenach</u>
<b>Director</b>	<u>Jared Grant</u>
<b>Director</b>	<u>E Wayne Schwertley</u>
<b>Director</b>	<u>Sheila Etchen</u>

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

<b>Director</b>	<u>LARRY OTTO</u>
<b>Director</b>	<u>JIM GILMORE</u>
<b>Director</b>	<u>TERESA WATSON</u>
<b>Director</b>	<u>REV MIKE ELLIOTT</u>
<b>Director</b>	<u>BLANCHE COOPER</u>
<b>Incorporator</b>	<u>LARRY OTTO</u>
<b>Incorporator</b>	<u>JIM GILMORE</u>
<b>Incorporator</b>	<u>ALPHONSO O'NEIL WHITE</u>

**Images available online**

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

[Annual Report](#)

2/9/2016

1 page

[PDF](#)

<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>	
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<a href="#">Statement of Change Letters</a>	7/21/1999	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
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<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>
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<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
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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	
	1/11/2013	1/11/2013	

Annual report	12:34:01 PM	12:34:01 PM
Annual report	1/11/2012	1/11/2012
	12:40:16 PM	12:40:16 PM
Principal office change	1/11/2012	1/11/2012
	12:32:24 PM	12:32:24 PM
Registered agent address change	1/25/2011	1/25/2011
	12:02:01 PM	12:02:01 PM
Annual report	1/25/2011	1/25/2011
	11:58:11 AM	11:58:11 AM
Annual report	1/21/2010	1/21/2010
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Annual report	3/30/2009	3/30/2009
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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
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Annual Report	7/2/2002	1 page
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Statement of Change	3/16/1992	1 page
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Annual Report	7/1/1990	3 pages

Annual Report  
Articles of Incorporation

7/1/1989  
5/22/1986

2 pages  
6 pages