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

Applicant/Program: Coalition for the Homeless Applicant Requested Amount: \$20,000 Appropriation Request Amount: \$6,000
Executive Summary of Request
See Attached
Is this program/project a fundraiser?
Is this applicant a faith based organization? Yes No
Does this application include funding for sub-grantee(s)? Yes No
I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.
District # Dadoma Local 5,000 1-20-18 Primary Sponsor Signature Co Amount 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
Final Appropriations Amount:

For the Stand Down, the Coalition will purchase backpacks, clothing items and hygiene kits for distribution. There are also ID's, reader glasses. breakfast, lunch, interpretive services and foot washing. These items are offered free so the homeless veterans will attend the event and get free health screenings before they leave. This event takes place October 3, 2018. Give-A-Jam is a fundraiser that will take place December 20, 2018, where musicians, artists, chefs and business owners donate items to auction and purchase that will go to housing approximately 500 homeless. These programs go to help end Veteran, Youth and Chronic Homelessness.

Applicant/Program:

Coalition for the Homeless-Stand Down and Give-A-Jam

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.

Council Member Signature and Amount	
District 1 Jana Jan	s_500 <u> </u>
District 2 Marken Skanklin	\$ 500,00
District 3 Maryc Dhollres	\$ 300.00 50000 meurslus
District 4 Grand puter grind	\$ 500.00
District 5	\$
District 6	\$ 500.00
District 7	\$
District 8	\$
District 9 MU Dollate	s_1000.00
District 10 Gamon Mulvilule	s 500.00
District 11	\$
District 12 Sharing	<u>\$_1,000.00</u>
District 13 Vicki Oulrey Wolch	s_1,000.00
District 14 Chilli Gowlly	s 1:,000.00
District 15 Mariane Butter	101 500.00
/	

2 | Page Effective May 2016 Applicant/Program:

Coalition for the Homekss-Stand Down and Give-A-Jam

Additional Disclosure and Signatures

Additional	Council	Office	Discl	Acura
~~ U.U.U.U.U.U.U.U.U.U.U.U.U.U.U.U.U.U.U		A P	11 11 1 1 1	

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.

District 16	<u> </u>
District 17 Mark	\$ 1000
District 18 Many Lanke	\$ 250.00 (only to
District 19	\$
District 20 Stuart Buson	\$ 250.00
District 21 Vitah lawshing	\$ 1000.00
District 22 July	\$ 500.00
District 23	\$ <u>500</u> e°
District 24	\$
District 25	\$
District 26	\$
3 Page Effective May 2016	

Legal Name of Applicant OrganizationCoalition for the Homeless

Program Name and Request AmountStand Down and Give-A-Jam \$20,000

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes▼
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes▼
Is the proposed public purpose of the program viable and well-documented?	Yes▼
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes▼
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Yes▼
Has prior Metro Funds committed/granted been disclosed?	Ye₅▼
s the application properly signed and dated by authorized signatory?	Yes▼
s proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes▼
f Metro funding is for a separate taxing district is the funding appropriated for a program outside the egal responsibility of that taxing district?	N/A
Is the entity in good standing with: • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission?	Ye₹
s the current Fiscal Year Budget included?	Yes▼
s the entity's board member list (with term length/term limits) included?	Yes▼
s recommended funding less than 33% of total agency operating budget?	Yes▼
Does the application budget reflect only the revenue and expenses of the project/program?	Yes▼
s the cost estimate(s) from proposed vendor (if request is for capital expense) included?	Yes▼
s the most recent annual audit (if required by organization) included?	Yes▼
s a copy of Signed Lease (if rent costs are requested) included?	N/A=
s the Supplemental Questionnaire for churches/religious organizations (if requesting organization is aith-based) included?	N/A=
re the Articles of Incorporation of the Agency included?	Yes▼
the IRS Form W-9 included?	Yes
the IRS Form 990 included?	Yes▼
re the evaluation forms (if program participants are given evaluation forms) included?	N/A
offirmative Action/Equal Employment Opportunity plan and/or policy statement included (if equired to do so)?	N/A
as the Agency agreed to participate in the BBB Charity review program? If so, has the applicant tet the BBB Charity Review Standards?	N/A
repared by: Andrea Derouen Date: July 10, 2018	

Helton, Jessamyn

From:

Flood, Madonna

Sent:

Friday, August 10, 2018 11:22 AM

To:

Derouen, Andrea; Helton, Jessamyn

Subject:

RE: Stand Down/Give-A-Jam

Please allow Andrea to sign for me the NDF for Stand Down/Give-a-jam

Respectfully,

Madonna Flood Councilwoman District 24 502-574-1124

From: Derouen, Andrea

Sent: Friday, August 10, 2018 9:09 AM **To:** Flood, Madonna; Helton, Jessamyn **Subject:** Stand Down/Give-A-Jam

Please confirm on this email that I have permission to sign the above mention NDF.

Thank you--

Andrea Crider Derouen

Legislative Assistant to Councilwoman Madonna Flood (502) 574-1124

Andrea.derouen@louisvilleky.gov

		SECTION 1 - APPLIC	ANT INFORMATIO	N -
Legal Name of Applic	ant Orgai	ization:	the Homeless, Inc.	
(as listed on: http://www.s		usiness/records		
		ddress: 1300 S. Fourth S	treet Suite 250, Lou	isville, KY 40208
Website: www.louho	meless.or	g		
Applicant Contact:	Natalie	Harris	Title:	Executive Director
Phone:	502-636	5-9550 ext. 212	Email:	nharris@louhomeless.org
Financial Contact:	Marsha	Bailey	Title:	Housing Manager and Office Manager
Phone:	502-636	6-9550 ext. 206	Email:	mbailey@louhomeless.org
Organization's Repres	sentative	who attended NDF Traini	ng: Natalie Harris	
GEOG	GRAPHICA	L AREA(S) WHERE PROGR	AM ACTIVITIES AR	E (WILL BE) PROVIDED
Program Facility Loca	tion(s):	1300 S. Fourth Street, Su	ite 250 Louisville, I	XY 40208
Council District(s):		Serve all Jefferson Count	y Zip Code(s):	Serve all of Jefferson County
	SECTI	ON 2 - PROGRAM REQUE	ST & FINANCIAL IN	FORMATION
PROGRAM/PROJECT	NAME:En	ding Veteran, Youth and C	Chronic Homelessne	ess
Total Request: (\$)	20,000	Total Metro Av	ard (this program)	in previous year: (\$) 20,000
Purpose of Request (check all t	hat apply):		
Operating F	unds (gen	erally cannot exceed 33%	of agency's total op	perating budget)
Programmir	ng/service	s/events for direct benefit	to community or q	ualified individuals
Capital Proje	ect of the	organization (equipment,	furnishing, building	;, etc)
The Following are Rec	quired At	achments:		
■ IRS Exempt Status De	terminatio	n Letter	Signed lease if rea	nt costs are being requested
■ Current year projecte	d budget		■ IRS Form W9	
■ Current financial state	ement		■ Evaluation forms	if used in the proposed program
■ Most recent IRS Form	990 or 11	20-H	Annual audit (if re	equired by organization)
Articles of Incorporation	ion (curre	nt & signed)	Faith Based Orgai	nization Certification Form, if applicable
Cost estimates from p capital expense	proposed v	endor if request is for		
Government for this o	r any oth	er program or expense, inc	luding funds receiv	received from Louisville Metro red through Metro Federal Grants, pment Funds). Attach additional
Source:	Communi	y Development Block 😭	Amount. (\$)	137,300
Source:			Amount: (\$)	
Source:			Amount: (\$)	
Has the applicant cont	acted the	BBB Charity Review for pa	articipation?	es No
Has the applicant met	the BBB (Charity Review Standards?	Yes No	

Page 1 Effective May 2016

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-pronged 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 6,695 homeless persons served in Louisville last year was our neighbor and someone's child, parent, brother, or sister. Over 1,000 were under the age of 18, 700+ 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 and number of homeless young adults 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" and young adult homelessness by the end of 2020. Through community partnerships with over two dozen agencies, we housed over 800 homeless veterans in 2015 and continue to house approximately 250 newly homeless veterans each year. During a 100-day challenge in 2017, the team housed 115 homeless young adults from a list of 220. The number is now down to 95 and we hope to house that list plus newly homeless young adults for approximately 150 this year. Finally, the team housed approximately 100 chronically homeless persons this past year and has been actively working with the Mayor's Task Force to create better services for this population. We hope to house at least 100 additional chronically homeless persons this coming 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. "Homeless Youth" are unaccompanied homeless persons 24 years of age or younger.

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Sheila Etchen, Chair	December 2020
Christina Friley, Vice Chair	December 2019
Caroline Heine, Treasurer	December 2020
Vaughn Payne, Secretary	December 2020
Greg Mayes, Jr.	December 2018
Troy Ransdell	December 2018
Mark McWane	December 2018
Kitty McKune	December 2018
Kathy Beach	December 2018
E. Wayne Schwertley	December 2019
Michael Shumway	December 2019
Robert Moore	December 2019
Andy Patterson	December 2019
Tamara Reif	December 2019
Eric Friedlander (Dec 2019) Edgardo Mansilla (Dec 2019) Jason Warrier (Dec 2020)	
Wood McGraw (Dec 2020) Kim Cordell-Fife (Dec 2020) Robert Byers (Dec 2020)	
Maria Schaefer (Dec 2020) Andrea Aikin (2020)	

Describe the Board term limit policy:

Directors shall be elected for staggered three (3) year terms unless they are being elected to complete an unexpired term. Directors shall be divided into three cohorts, each cohort consisting of no more than nine (9) members. Terms of office begin and end at the beginning of the calendar year, unless otherwise designated. The terms shall be arranged so that in each year the terms of approximately one-third of the Directors expire. A Director can serve two full terms of three years each and can serve again only after having come off the Board for at least one full year. Exceptions to this policy can be made by the Board to address the need for an Officer to remain on the Board through his/her term of office.

Three Highest Paid Staff Names	Annual Salary
Natalie Harris	85,680
Mary Frances Schafer	64,403
Brandi Scott	62,150

Page 3 Effective May 2016



SECTION 5 - 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.):

Project Stand Down was first created by the Veteran's Administration to provide services to homeless veterans. A separate event was created by the city and The Coalition for the Homeless for non-veterans. The groups then agreed to combine the events to create more opportunities for all homeless persons. The purpose is to create a day where the homeless can come to a single site and get a myriad of services at once. Over 50 local service agencies will have booths at the Stand Down/Project Homeless Connect site of Salvation Army on Brook Street, October 3, 2018, 8-2:00 p.m. 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. We anticipate approximately 600 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, hair cuts and sundry items, employment and educational opportunities, applications for food stamps, Medicaid and other benefits. Give-a-Jam is an event created to allow musicians, artists, chefs and business owners to donate their talents to show their commitment to ending homelessness in Louisville. The evening includes sets of music by the cream of the crop of the Louisville music scene in a one-of-a-kind jam. Another highlight of the evening is the food made by a who's who of Louisville chefs available for sale with all proceeds going to the Coalition for furniture and deposits for homeless persons moving from the streets to housing. A cash bar and silent auction from local businesses and artists is also available. Our goal is to house 250 homeless veterans, 150 homeless young adults and 100+ chronically homeless persons with the assistance of this funding. The event is scheduled for December 20 from 6:00 - 11:00 p.m. at The Mellwood Arts Center, 1860 Mellwood Ave, Louisville, 40206. Over 450 are expected to be in attendance.

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, Young Adult 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 that provides deposits and furniture for the homeless moving to permanent housing. The Coalition and community partners first solicit in-kind services from local nonprofits, churches and businesses (including the Louisville Apt. Assoc.) 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, young adults and the chronically homeless. Stand Down/Project Homeless Connect will take place on October 3, 2018 from 8 a.m.-2:00 p.m. at the Salvation Army Male High School campus on Brook Street with approximately 600 participants and Give-a-Jam will take place on December 20, 2018 from 6 - 11:00 p.m. at the Mellwood Arts Center with over 450 participants.

For Stand Down, The Coalition will purchase backpacks, clothing and hygiene kits for distribution unless these are donated. We will also cover the cost of IDs, reader glasses, volunteer t-shirts, port-a-pots, 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 will cover: t-shirts, printing costs, tables and chairs, stage set up and equipment, tickets, liquor license, pop, dinner supplies for preparing and keeping food warm, facility rental and staff time to plan, set up and clean up. All proceeds from this event go to furniture and deposits to assist vets, young adults and chronically homeless in accessing permanent housing.

The project planning for both events has begun and items must be purchased prior to the October 3rd event. If the grant agreement is not issued early enough, we will need to purchase items prior to approval and grant agreement dates but not before application submission. In this case, we will purchase the items and request reimbursement after the funding is released.

Page 4
Effective May 2016

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

This request supports Give-a Jam, a fund-raiser at the Mellwood Arts Center on December 20, 2018. We anticipate \$50,000 in revenue, including a sponsorship through NDF. Here is an expense budget of that funding:

T-shirts	\$	1,600
Liquor license	\$	150
Auction and Event Tickets	\$	25
Pots, bowls and spoons	\$	1,125
Tables and Table Cloths	\$	50
Sponsor Signs and Printing	\$	350
Pop and Alcohol	\$	2,550
Facility Costs	\$	3,000
Staffing	\$	7,500
Food/Items for Warming Food	\$	550
Total	\$1	6,900

All proceeds from this event (\$33,100) go toward staffing and deposits to assist veterans, young adults 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:

- 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.

- Reimbursements should not be made before application date 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.

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 600 persons on October 3, 2018. All served will be homeless. Services include state IDs, flu shots, shelter reservations, eye exams, health screenings, housing applications, education and job training opportunities, haircuts, 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 will house at least 100 chronically homeless, 150 homeless young adults and 250 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, young adult and chronic homelessness. For this grant, we will be tracking the following outcomes to determine program progress and success:

1) find housing for 150 homeless young adults, 100 chronically homeless and 250 homeless veterans identified, 2) create on-going system to insure all newly homeless vets, young adults and chronically homeless have immediate access to shelter, 3) create on-going system to insure all homeless vets, young adults 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, chronic and now young adult 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, 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, CenterStone, Coalition Supporting Young Adults, the CoC Youth Action Board, Metro United Way 2-1-1, YMCA Safe Place (RHYP), Home of the Innocents (HOTI), Kentuckiana Works (WIOA), REimage, Youth Build. Louisville Youth Group (LGBTQ), True Up (Foster Care), Center for Women and Families (DV), Family Scholar House, Louisville Metro Community Services and Safe and Healthy Neighborhoods, Kentucky Shakespeare, AMPed, Metro Louisville Police Department, Louisville Apartment Association, Jefferson Community and Technical College, Louisville Free Public Library, Family and Children's Place, Uspiritus, Maryhurst, Emerging Workforce, Jefferson County Public Schools (ICPS), University of Louisville, Greater Louisville Inc., Wellspring, Good News Volunteers, Restorative Justice of Louisville, Kristy Love Foundation Jewish Family and Career Services, Salvation Army, St. Vincent de Paul, Louisville Urban League, Wednesday's Child, Legal Aid of Louisville, Transit Authority of River City (TARC), and Louisville Human Trafficking Task Force.

Page 6 Effective May 2016

SECTION 6 - 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.

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits	6,680.00	10,000	16,680.00
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)	9,320.00	\$25,430.00	\$34,750.00
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)	\$4,000.00	\$5,400.00	\$9,400.00
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	\$20,000	\$40,830.00	60,830.00
% of Program Budget	32.8 %	67.2 %	100%

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

\$5,500.00
\$35,330.00
\$40,830.00

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

Page 7 Effective May 2016



^{**}Must equal or exceed total in column 2.

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7	Column 1	Column 2	Column (1 + 2)=3
(circle one and use multiple sheets if necessary)	Proposed Metro Funds	Non- Metro Funds	Total Funds
ee attachments (page 11 and 12)			
			-
Total			

Page 8 Effective May 2016



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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Volunteers	\$26,400	660 x 4 hours x \$10
Lion's Eye and other health screenings	\$42,000	agency quotes
Give-a-Jam event donations	\$30,000	individual quotes
Louisville Apt. Assoc. and others client assist.	\$8,000	value of last year's donations
Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$106,400	

* 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, 2018								
Does your Agency anticipate a significate budget projected for next fiscal year?	nt increase o	or decrease in yo YES	ur budget from	the current fiscal ye	ar to the			
If YES, please explain:			2					
					n			
	*							
					- H			

SECTION 7 - 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

- 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.
- 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 and the funds will not be disbursed to our organization.
- 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.
- 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.
- 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 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.

Standard Certifications

- 1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
- 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.

Jared Dearing, Legislative Assistant to Councilwoman Barbara Shanklin, serves on our Board of Directors

SECTION 8 - 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 have 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: 06/20/2018 Title: Legal Signatory: (please print): Natal Harris Executive Director 212. Phone: 502-636-9550 Extension: Email: nharris@louhomeless.org

Page 10 Effective May 2016

Stand Down / Project Homeless Connect - October 2018

Income

Sponsorship (including NDF)	\$ 15,000
Private Donations	\$ 11,000
US Veterans Affairs	\$ 5,000
Louisville Metro Community Services	\$ 500

(also \$42,000 in in-kind services, \$23,535 volunteers, and \$8,000 donated items)

Expenses	NDF		Other	
Staff Time (Personnel)	\$	3,780	\$	5,400
Backpacks (Client Asst.)	\$	1,570	\$	7,330
Sweatshirts / Ponchos (Client Asst.)	\$	200	\$	8,000
Socks and Underwear (Client Asst.)	\$	320	\$	2,900
Reader Glasses (Client Asst.)	\$	300	\$	-
Footwashing items (Client Asst.)	\$	50	\$	100
TARC Tickets (Client Asst.)	\$	50	\$	-
Interpreter (Client Asst.)	\$	-	\$	100
Towels (Client Asst.)	\$	-	\$	1,500
Donuts (Client Asst.)	\$	650	\$	-
Space Rental (Client Asst.)	\$	1,000	\$	2,500
Lunch (Client Asst.)	\$	3,000	\$	1,000
IDs (Client Asst.)	\$	-	\$	450
Phones for ID Staff (Client Asst.)	\$	~	\$	50
Port-a-Pots (Client Asst.)	\$	400	\$	-
T-Shirts (Client Asst.)	\$	2,000	\$	1,500
Total	\$	13,320	\$	30,830



Give a Jam - December 2018

Income

Sponsorships (including NDF)	\$30,000
Auction Proceeds	\$ 5,000
Event Proceeds	\$15,000

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

Expenses

	NDF	Other
Staff Time (Personnel)	\$3,000	\$4,500
T-shirts (Event Exp.)	\$1,600	\$ 0
Liquor License (Event Exp.)	\$ 0	\$ 150
Event and Auction Tickets (Event Exp.)	\$ 25	\$ 0
Pots, Bowls, Spoons (Event Exp.)	\$ 125	\$1,000
Facility Costs (Event Exp.)	\$2,000	\$1,000
Food and Warming Food (Event Exp.)	\$ 100	\$ 450
Signs and Printing (Event Exp.)	\$ 50	\$ 300
Tables and Table Cloths (Event Exp.)	\$ 50	\$ 0
Pop and Alcohol (Event Exp.)	\$ 50	\$2,500
Total	\$ 7,000	\$9,900

(\$33,100 profit goes to pay for Rx: Housing program deposits and furniture for the homeless.)

Project Homeless Connect

All Homeless Welcome!

One day resource event for housing, shelter, benefits, KY ID, and more!

Wednesday
October 3, 2018
8:00 am to 2:00 pm
(entry door closes at 1:00p)

The Salvation Army
Formerly Old Male High School
911 South Brook
Louisville, Kentucky

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



SAYETHE DATE!

LISTEN TO MUSIC! EAT SOUP! END HOMELESSNESS!

Join us for the Seventh Annual Give-A-Jam, as we bring together dozens of Louisville's most talented musicians and eight great restaurants to raise money to support the Coalition for the Homeless and its partner agencies' efforts to end homelessness in our community.

For tickets and information, or to get more involved, visit LouHomeless.org.



TO END HOMELESSNESS

THURSDAY, DECEMBER 21 6-11PM
THE CLIFTON CENTER

Mark.

BEN SOLLEE JOHN & GEOFF GAGE DANIEL MARTIN MOORE THE TYRONE COTTON BAND JOHNNY BERRY & THE OUTLIERS **AARON BIBELHAUSER & MICHAEL CLEVELAND** STEVE COOLEY & BRIGID KAELIN HOUND OF THE BUSKERVILLES **BRITTON PATRICK MORGAN** HOT BROWN SMACKDOWN SMALL TIME NAPOLEON THE ELEVENTH HOUR APPALATIN



TO END HOMELESSNESS

THURSDAY, DECEMBER 21 6-11pm THE CLIFTON CENTER

VOLARE JACK FRY'S **UPTOWN CAFÉ** FORK & BARREL SHADY LANE CAFÉ THE EXCHANGE PUB & KITCHEN **CRAVE CAFÉ & CATERING AGAINST THE GRAIN** THE IRISH ROVER HARVEST

CHILI'S

COALITION

LISTEN TO MUSIC. EAT SOUP. HELP END HOMELESSNESS.

A BENEFIT FOR THE COALITION FOR THE HOMELESS. TICKETS AND INFO AT LOUHOMELESS, ORG

INTERNAL REVENUE SERVICE DISTRICT DIRECTOR P. D. BOX 2508 CINCINNATI, DH 45201

Date: JAN 1 5 1991

THE COALITION FOR THE HOMELESS INC PO BOX 4462 LOUISVILLE, KY 40204-0462 Employer Identification Number:

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

Our Letter Dated: July Z, 1987 Addendem Applies: No

Bear 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.

4 m

Harold M. Browning District Dimeetor

Letter 1050(D0/CG)

Prepared by Natalie 6/20/2018

Page 1

	REVENUE	2018-19	2017 (18	-	COMM	UNITY COORD	INATION	1			HOUSING	1				DEVEL	OPMENT	TOT
				CoC/HPPP	HI/NS/SPE	TARG	Stand Down/ WF/Street Tips	Advocacy	CH2	LASH	There's	OLIOU.	mallant					
	RESTRICTED			COOMITTY	IMMODEL	7000	1199	HITEORIZEY	Una	LASH	THYA	SHCH	PSHCH	PSHYA	RX Housing	Bingo	General	
	GRANTS & CONTRAC	TS.																
	State									-0	-	†		 		-		
1552	Advocacy	\$ 8,000.00	\$ 8,000.00					\$ 8,000.00				1			1			\$
	HMIS	\$ 10,000.00	\$ 10,000.00		\$ 10,000.00													\$ 1
1551	Homeless Prev. Proj. (\$ 7,719.00	\$ 7,719.00	\$ 7,719.00							-		II					\$
	HUD										-							·
523	HMIS I, II, III and IV	\$ 209,577.00	\$ 209,577.00		\$ 209,577.00						1							\$ 20
521	CoC Planning	\$ 270,000.00	\$ 270,000.00	\$ 264,500.00			\$ 5,500.00											\$ 27
522	SHP CFH Admin	\$ 126,697.00	\$ 78,080.00		 					\$ 28,794.00	\$ 7,077.00	\$ 13,602.00	\$ 18,786.00	\$ 6,543.00	\$ 20,277.00			\$ 12
524	SHP CFH Operations	\$ 17,250.00	\$ 1,250.00	_			1		\$ 5,000.00				\$ 2,000.00					\$ 1
525	SHP CFH Leasing Sale		\$ 72,000.00				-	-	\$ 12,240.00	\$ 12,240.00		\$ 2,980.00	\$ 26,640.00	\$ 9,040.00	\$ 19,760.00			\$ 8
1526	SHP CFH Services	\$ 5,000,00	0 4 000 004 00		-		_		\$ 2,000,00					\$ 3,000.00				\$
445 445	HUD Pass Thru Leasin HUD Pass Thru Operal		\$ 1,698,391.00	1		-	+			\$ 402,357.00				\$ 125,012.00				\$ 1,96
1534	HUD Pass Thru Service		\$ 211,966.00	-		-			\$ 31,613.00		\$ 14,336.00							\$ 14
1535	HUD Pass Thru HMIS	\$ 1,500.00	\$ 496,922.00			-	-		\$ 112,747.00	\$ 114,649.00	\$ 66,706.00	\$ 56,758,00	\$ 87,789.00	\$ 40,708.00	\$ 101,600.00			\$ 58
	HUD Pass Thru Admin		\$ 1,500.00 \$ 78,083.00						0 01 010 00	2 22 727 77		\$ 1,500.00						8
	Metro United Way	9 120,700.00	Ψ 76,063.00				-		\$ 31,619.00	\$ 28,795.00	\$ 7,078.00	\$ 13,602.00	\$ 18,787.00	\$ 6,544.00	\$ 20,278.00			\$ 12
820	CoC	\$ 19,277.18	\$ 17,705.00	\$ 19,277.18	 	1												
	City		11,790,00	# 15/517,10	1							-						\$ 1
544	NDF	\$ 16,000.00	\$ 20,000.00	—	1		\$ 9,000.00	,								1		
545	CDBG White Flag	\$ 32,000.00	\$ 32,000.00			-	\$ 32,000.00			 							\$ 7,000.00	\$ 1
541	CDBG CoC	\$ 70,200.00	\$ 45,000.00	\$ 70,200.00			\$ 52,000.00			-							<u> </u>	8 3
541		\$ 35,000.00	\$ 35,000.00	1,	\$ 35,000.00	1											-	\$ 7
	Other Contracts & Gra		55,555.00		,,					EV/21 E								\$ 3
	Street Tips	\$ 500.00	\$ 500.00				\$ 500.00						-					_
420	TARC Tickets	\$ 390,000.00	\$ 389,120.00			\$ 390,000.00									-			4
	Subtotal	\$ 4,111,782.18	\$ 3,682,813.00	\$ 361,696.18	\$ 264,677.00		\$ 47,000.00	\$ 3.000.00	\$ 695,659.00	\$ 633,487.00	\$ 230 805 00	\$ 329,464 00	\$ 507 229 00	\$ 200 036 00	\$ 467 400 BA			\$ 39
														7 200,000,00	4 497,102,00			\$ 4,11
	UNRESTRICTED																	
330	Donations - Foundation		\$ 25,000.00	\$ 15,000.00													\$ 25,000.00	\$ 4
310	Donations - Sponsorshi		\$ 17,000.00														\$ 17,000.00	\$ 1
450	Donations - Individuals		\$ 75,000.00														\$ 85,000.00	
490		\$ 5,000.00	\$ 5,000.00														\$ 5,000.00	
010	Interest	\$ 100.00	\$ 100.00														\$ 100.00	
30 a	Investments	\$ 1,000.00	\$ 1,000.00				_										\$ 1,000.00	
410 430		\$ 325,000.00	\$ 325,000,00			-	-									\$ 325,000.00		\$ 32
230	Misc Income Membership Dues	\$ 27,000.00	\$ 27,000.00									-						\$
240	HMIS Membership Fee		\$ 27,000.00	_	F 00 000 00								$\overline{}$				\$ 27,000.00	\$ 2
- 1		\$ 25,000.00	φ 21,000,00		\$ 26,000.00							$\overline{}$						\$ 26
	Other Fundraiser Incom		\$ 35,000,00	-		1											\$ 25,000.00	\$ 25
~~	Subtotal	\$ 601 100 00	\$ 537.100.00	\$ 15,000.00	6					^							\$ 50,000.00	\$ 50
ŀ	TOTAL			\$ 376,896.18	¢ 350 577 00	\$ 200,000,00	£ 47 000 00	8 0 000 00	\$.	\$ -	\$		h	\$ -	\$ -	\$ 325,000.00	\$ 235,100.00	\$ 60
	1000	\$ 437 12,002.10	\$ 4,E10,010.00	\$ 370,000.10		JNITY COORDI		\$ 8,000,00	> eac,coa.uu	\$ 633,487.00	\$ 230,605,00	\$ 658,928.00	*********	\$ 200,038.00	\$ 447,109.00		\$ 235,100.00	\$ 4,712
ì	EXPENSES	18-18 budget	17-18 bettons	CoC/HPPP	HMIS/SPE	TARC	-	Company The	0410	SHP DRANTS	ma rian						OPMENT	TOT
ľ		To to charge 2	ar an entitle	OCOURTY.	/ IB GARAGE L.	TARCO	Stand Down	Street Tips	CH2	LASH	THYA	SHCH	PSHCH	PHYA	ACMODBOY.	Bingo	General	
ŀ	Business Expenses																	
901	Hiring Expenses	\$ 300.00	\$ 300.00		\$ 300.00						$\overline{}$					_		
910	Annual Migs and Eve	\$ 3,600.00	\$ 1,500,00	\$ 1,800,00						-							0 4	3
920	Board/Planning Exp	\$ 1,500.00	\$ 1,000.00	,,,,,,,,,									$\overline{}$				\$ 1,800.00	\$:
930	Bank Service Charge	\$ -	\$ -											_			\$ 1,500,00	\$
935	Bingo Service Charg	\$ 75.00	\$ 75.00										-			\$ 75.00	9 -	*
961	Event Expenses Gen	\$ 14,000.00														φ /5,00	E 14.000.00	7
962	Event Expenses Rx	\$ 5,000.00	\$ 6,000.00														\$ 14,000.00	\$ 14
975	Bingo Permits	\$ 450.00	\$ 450.00													\$ 350.00	\$ 5,000.00	\$:
	Contract Categories											-				- 30U.UU	\$ 100.00	•
110	Accounting Services		\$ 5,680,00	\$ 461.00	\$ 391.00				\$ 3,630.00						-		\$ 1,318.00	
120	Audit	\$ 15,000.00		\$ 1,194.00					\$ 9,387.00								\$ 3,408.00	\$! \$ 1!
150		\$ 1,500.00	\$ 2,500.00		\$ 1,500.00												5,400,00	\$ 1
170	Web Management				\$ 1,800.00									-				\$
180	Contract Services Ti		\$ 1,800.00	\$ 1,800.00									,					\$.
180	Contract Services D	\$ 3,000.00	\$ 600,00														\$ 3,000.00	\$:
180	Contract Marketing		\$ 12,488,00														\$ 9,000.00	\$ 9
	Contract Services Y	\$ -	\$ 1,200.00														+ 0,000,00	e ·
190		4	\$ 2,200.00														\$ 2,600.00	\$:
B25	Bingo Security	\$ 4,000.00	\$ 4,000.00													\$ 4,000.00	2,500.00	\$ 4
	Facilities Categories Janitorial Services															, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4
ᇎᆉ		\$ 6,500.00	\$ 6,500.00														\$ 6,500.00	\$ 6
			4 4 4 4 4 4 4															
850 870 890	Property and Liabilit Rent			\$ 366.00 \$ 31,760.00					\$ 1,878.00 \$ 12,351.00								\$ 46,00	

Prepared by Natalie 6/20/2018

Page 2

1	REVENUE	2018-12	201-13	1	CGMMI	JNITY COOPDI	NATION				HOUSING			,		DEVEL	OPMENT	TOTAL
				GoC/HPPP	HMIS/SPE	TARC	Stand Down/ WF/Street Tips	Advocacy	CH2	LASH	THYA	знен	PSHCH	PSHYA	PX Housing	Bingo	Qeneral	
_	RESTRICTED																	
2895	Bingo Rent	\$ 83,200.00	\$ 83,200,00													\$ 83,200.00		\$ 83,20
2899	HMIS/SPE Equipmen	\$ 71,500.00	\$ 65,000.00		\$ 71,500.00													\$ 71.50
L	Operations Categories																	1000
5010	Books and Reference		\$ 100.00				l i										\$ 100,00	\$ 10
5020	Postage	\$ 2,500.00	\$ 2,500.00	\$ 843,00	\$ 1,138,00	,											\$ 519.00	\$ 2,5
5032	Copier	\$ 3,250.00	\$ 2,870.00	\$ 1,170.00	\$ 1,398.00				\$ 455.00								\$ 227.00	5 3,2
5035	Printing	\$ 3,300.00	\$ 3,300.00								L						\$ 3,300,00	3,3
5038	Street Tips Printing/	\$ 11,000,00	\$ 5,500.00					\$ 11,000.00						_				11.0
5031	Bingo Printing	\$ - I	\$ 880.00		1											\$ -		
5045	Bingo Supplies	\$ 87,000,00	\$ 87,000.00													\$ 87,000.00		87,0
5040	Office Supplies	\$ B,820.00	\$ 8,500.00	\$ 2,865,00	\$ 3,175.00				\$ 1,235.00							# D7,000.00	\$ 1,545.00	8,8
5051	Telephone	\$ 7,000.00	\$ 8,000.00	\$ 3,010.00	\$ 2,520.00				\$ 980.00								\$ 490.00	7,0
- 1	Furniture and Upgra	\$ 2,000,00	\$ 2,000,00		\$ 2,000.00			18									9 430.00	\$ 2.0
5052	Language Line Expe	\$ 500.00	\$ 500.00		\$ 500.00	1								_		_		
5055		\$ 2,000,00	\$ 2,600,00	 	\$ 2,000.00												-	F 5
5060	Membership Dues	\$ 1,500.00	\$ 1,500.00		3 2,000.00		-											2,0
-	Other Expense Catego		φ 1,500.00	_				-		_							\$ 1,500.00	1,5
	Bingo Advertising	e l	\$ 2,600,00		-							-						
51.15 51.85		\$ 23,885.00	\$ 22,400.00			-										\$ -		1
		\$ 2,000,00	\$ 22,400.00	<u> </u>									_			\$ 23,885.00		23,8
5120	D&O Insurance	\$ 2,000,00		-					\$ 1,000.00								\$ 1,000.00	2,0
	Payroll Categories					<u> </u>	-											
660	Health Insurance and	\$ 95,213.34	\$ 85,988.00		\$ 20,444.00				\$ 32,595.00						\$ 973.00	\$ 60B.00	\$ 5,255.34	95,2
d 66D		\$ 642,411.50	\$ 567,601.00	\$ 233,427.50	\$ 141,777.50				\$ 160,278.00						\$ 8,568.00		\$ 98,360.50	642.4
)29-1	Bingo Salaries	\$ 16,904.50	\$ 16,475.00													\$ 16,904.50		16,9
6030		\$ 44,282.50	\$ 39,117.00	\$ 17,817.50		1			\$ 13,517.00								\$ 4,179.00	44,2
6040	Life/Disability Insura	\$ 8,125.00	\$ 6,500.00	\$ 3,750.00	\$ 1,875.00				\$ 1,875.00								\$ 625.00	8.1
6060	Payroll Tax	in salary	In salary															
6065	Employer Payroll Ta	\$ 61,768.00	\$ 61,967.00	\$ 22,928.00	\$ 13,714.00				\$ 15,966,00						\$ 848.00		\$ 8,312.00	61,7
069B	Bingo Payroll Tax	\$ 1,946.00	\$ 1,933.00													\$ 1,946.00		1,9
6050	Worker's Comp	\$ 1,200.00	\$ 1,400.00	\$ 600.00	\$ 400.00												\$ 200,00	1,2
6015	VISTA	\$ 18,500,00	\$ 13,500.00	\$ 18,500.00						_							200.00	18,5
	Program Expense Cate	gories																P 10/4
Г	Marketing Expenses	\$ -																
7010	White Flag and Shelf	\$ 32,000.00	\$ 32,000.00				\$ 32,000.00											00.
7020	TARC Tickets	\$ 380,000.00	\$ 358,850,00			\$ 380,000.00	+										- 1	0,0,0
7030	Stand Down Expens	\$ 9,000.00	\$ 7,000.00				\$ 9,000.00										-	380.0
7040	Community Education	\$ 2,000,00	\$ 2,000.00				. 0,000.00		-									9,0
7050	Rx: Houisng Deposit	\$ 20,000.00	\$ 20,000,00								-			-			\$ 2,000.00	2,0
	HUD Pass Thru Catego		,														\$ 20,000.00	20,0
1 670	HUD Pass Thru Leas		\$ 1,698,391.00						E 469 700 00	E 400 257 00	6 125 100 00	# 000 Feb 00	0.040.000.00		2 252 121 22			
670	HUD Pass Thru Ope		\$ 211,966.00				\vdash			\$ 402,357.00				\$ 125,012.00				1,962,2
7084	HUD Pass Thru Oper	\$ 617,957.00	\$ 496,922.00			_				\$ 44,652.00		\$ 6,689,00	\$ 9,251.00		\$ 27,000.00			140,2
	HUD Pass Thru HMK		\$ 1,500.00						\$ 149,/4/.00	\$ 114,649.00	\$ 66,706.00		\$ 87,789.00	\$ 40,708.00	\$ 101,600.00			617,9
7085									0 04 040	0.00708		\$ 1,500.00						1,5
7081	HUD Pass Thru Adm		\$ 78,080.00						\$ 31,619,00	\$ 28,795.00	\$ 7,078.00	\$ 13,602.00	\$ 18,787.00	\$ 6,544.00	\$ 20,278.00			126,7
	Staff Support Categori		A			-												
8310	Conferences	\$ 18,000.00	\$ 15,500.00	\$ 11,000.00	\$ 3,500.00		<u> </u>										\$ 3,500.00	16,0
8320	Monthly Travel	\$ 11,166.00	\$ 7,600.00	\$ 3,500.00	\$ 500.00			(4)	\$ 2,000.00								\$ 5,166.00	11,1
	TA Training	5 -																
8330	Staff and Board Trai	\$ 12,500.00	\$ 2,500.00														\$ 12,500.00	12,0
	Reserve	\$ 12,000.00	\$ 15,000.00														\$ 15,000.00	15.0
		\$ 4,711,660.84	\$ 4,192,024.00	\$ 392,130.00	\$ 318,157.50	\$ 380,000.00	\$ 41,000,00	\$ 11,000.00	\$ 938,848.00	\$ 590,463,90	\$ 223,528.00	\$ 312,132.00	\$ 459,803.00	\$ 178,953.00	\$ 412,461.00	\$ 217,968.50	\$ 238,226.84	4,714,6
	Difference	\$ 1,201.34	\$ 27,889,00			\$ 10,000.00	\$ 6.000.00			\$ 43,034 00								-4, -4,0

The Coalition for the Homeless

PROFIT AND LOSS July 2017 - May 2018

	TOTAL
Income	
43300 Direct Public Grant Categories	
43310 Sponsorships	20,300.00
43330 Foundation and Trust Grants	108,008.45
Total 43300 Direct Public Grant Categories	128,308.45
43400 Direct Public Support Categories	
43450 Individ, Business Contributions	154,698.92
43490 Religious Organizations	7,922.48
Total 43400 Direct Public Support Categories	162,621.40
44500 Government Grant Categories	
44520 HUD Grants to Coalition Categories	
44521 HUD Grant - Coc/HPPP	182,475.84
44522 HUD Grants - Administration	90,271.00
44523 HUD Grants - HMIS	178,115.80
44525 HUD Grants - Leasing Salaries	72,435.33
44527 HUD grants-services	25,429.86
Total 44520 HUD Grants to Coalition Categories	548,727.83
44520P Program Income To Coalition	
44522P PI Administration	436.59
Total 44520P Program Income To Coalition	436.59
44530 HUD Pass Thru Grant Categories	
44531 HUD Grants - Leasing Thru CFH and Our inspections	964,956.31
44532 HUD Grants - Leasing Thru Grantees	612,647.43
44533 HUD Grants - Operations for Grantees	135,320.19
44534 HUD Grants - Services	444,980.46
44535 HUD Grants - HMIS	835.12
44536 HUD Grants - Administration	96,531.91
44537 HUD Grants - CFH Operations for client utilities	12,751.00
Total 44530 HUD Pass Thru Grant Categories	2,268,022.42
44530P Program Income Pass Thru	
44531P PI Leasing Thru CFH	1,998.00
44533P Operations to Grantees Program Income	1,923.93
44534P PI Services	102,380.74
44536P PI Administration	12,304.20
44537P Operations - CFH Operations for client utilities	733.00
Total 44530P Program Income Pass Thru	119,339.87
44540 Louisville Grant Categories	
44541 CoC	79,995.65
44544 Stand Down	20,428.00
44545 WF	32,100.00
Total 44540 Louisville Grant Categories	132,523.65
44550 State Grant Categories	
44551 Adanta CoC/HPPP	7,075.75

	TOTAL
44552 KHC Advocacy	8,000.00
Total 44550 State Grant Categories	15,075.75
Total 44500 Government Grant Categories	3,084,126.11
44800 Indirect Public Support Categories	
44820 United Way - CoC/HPPP	14,982.69
Total 44800 Indirect Public Support Categories	14,982.69
45000 Investment Ctegories	
45010 Interest-Savings, Short-term CD	278.77
45030 Change in Market Value	24,659.28
Total 45000 Investment Ctegories	24,938.05
46400 Other Income Categories	
46410 Bingo Income	372,189.00
46420 TARC Sales	331,229.50
46430 Miscellaneous Revenue	345.54
Total 46400 Other Income Categories	703,764.04
47200 Membership Income Categories	
47230 Membership Dues	29,850.00
47240 HMIS Fees	21,513.39
Total 47200 Membership Income Categories	51,363.39
49000 Special Event Income Categories	
49005 Special/Pass-thru Projects	28,000.00
49010 Give a Jam	15,593.36
49020 Other Fundraisers	27,162.18
Total 49000 Special Event Income Categories	70,755.54
50000 100 Day Income	10,402.00
69500 Transfers In	267,000.00
Total Income	\$4,518,261.67
GROSS PROFIT	\$4,518,261.67
Expenses	
60900 Business Expense Categories	
60901 Hiring Expenses - HMIS	111.94
60910 Annual Meetings and Events	3,737.83
60920 Board Meeting/Planning Expenses	1,525.89
60930 Bank Fees	985.20
60935 Bingo Fines and Penalties	428.45
60960 Event Expense Categories	40.005.40
60961 Fundraising - Fundraiser	12,325.18
60962 Fundraising - Rx Housing	7,846.66
Total 60960 Event Expense Categories	20,171.84
60970 Licenses and Permits	75.00
60975 Bingo Licences and Permits	440.00
Total 60900 Business Expense Categories	27,476.15
60990 Investment Loss Categories	
60992 Other Investment Transactions	3,531.39
Total 60990 Investment Loss Categories	3,531.39
62100 Contract Categories	
62110 Accounting Fees	4,889.95
62120 Audit	13,900.00

	TOTAL
62150 Web Hosting	1,575.80
62170 Web Management	4,093.14
62180 Other Contract Services	11,839.05
62190 Payroll Services	3,287.26
62825 Bingo Security	3,525.00
Total 62100 Contract Categories	43,110.20
62800 Facilities Categories	
62850 Janitorial Services	6,000.00
62890 Rent, Parking, Utilities	79,536.92
62895 Bingo Rent	78,825.00
62899 HMIS/SPE Equipment and Services	63,766.64
Total 62800 Facilities Categories	228,128.56
65000 Operations Categories	
65010 Books, Subscriptions, Reference	396.47
65020 Postage, Mailing Service	2,105.29
65032 Copier	2,846.23
65035 Printing	3,889.89
65038 Street Tips Printing	9,981.00
65040 Supplies	12,226.77
65045 Bingo Supplies	78,524.14
65050 Communication Categories	
65051 Telephone	7,375.92
65052 Language Line Expenses - HMIS	31.60
65055 Internet Cost	615.00
Total 65050 Communication Categories	8,022.52
65060 Memberships and Dues	1,510.00
Total 65000 Operations Categories	119,502.31
65100 Other Types of Expenses	2 / / 2 2 2
65120 Insurance - Liability, D and O	2,140.38
65160 Other Misc Costs	693.58
65185 Bingo Taxes	24,319.37
Total 65100 Other Types of Expenses	27,153.33
66000 Payroll Expenses	
66010 Health Insurance	73,964.94
66020 Salaries	526,611.14
66025 Salaries - Other	26,250.81
66029-1 Bingo Salaries	10,586.18
66030 Retirement Funds	43,127.29
66040 Life/Disability Insurance	5,695.28
66050 Worker's Comp Insurance	132.00 0.00
66060 Payroll Tax	46,883.94
66065 Employer Payroll Taxes	748.00
66069B Bingo Payroll Tax	743.00
66080 Metro United Way Payments Total 66000 Payroll Expenses	734,741.39
	, , , , , , , , , , , , , , , , , , , ,
67000 Program Expense Categories	50,668.65
67010 White Flag and Shelter Assistan	323,307.00
67020 TARC Tickote	
67020 TARC Tickets 67030 Stand Down Expenses	14,075.22

	TOTAI
67040 Community Education Expenses	13.49
67050 Rx Housing Deposits	39,853.73
67060 Unreimbursable Service Expenses	1,473.68
67070 Special / One-time Project	99,823.82
67080 HUD Pass Thru Categories	
67081 HUD Pass Thru Funds - Administration	96,531.9 ⁻
67082 HUD Pass Thru Funds - Leasing to Landlords and Inspections	964,956.3
67083 HUD Pass Thru Funds - Operations	135,320.19
67084 HUD PASS Thru Funds - Services	444,980.46
67085 HUD Pass Thru Funds - HMIS Expenses	835.12
67086 Pass Thru Funds - Leasing to Subrecipients	612,647.43
67087 HUD Pass Thru Funds - Operations to CFH	12,751.00
Total 67080 HUD Pass Thru Categories	2,268,022.4
67080P Program Income Expense	
67081P Administration	12,304.20
67082P Leasing Thru Landlords	1,998.00
67084P Services	102,380.74
67085P Operations PI	1,923.93
67087P Operations to CFH PI	733.0
Total 67080P Program Income Expense	119,339.87
Total 67000 Program Expense Categories	2,916,577.88
68300 Staff Support Categories	
68310 Conference, Convention, Meeting	13,490.9
68320 Travel and Food	8,925.9
68330 Staff Development	2,121.9
Total 68300 Staff Support Categories	24,538.80
69000 Transfers Out	267,000.00
Total Expenses	\$4,391,760.0°
NET OPERATING INCOME	\$126,501.66
NET INCOME	\$126,501.66

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016 Open to Public Inspection

		016 calendar year, or tax year beginning	7/01/16 , and ending $06/3$	30/1	.7					
B	Check if applica					D Employ	er identification number			
	Address change		for the Homeless, Inc			-l				
	Name change	Doing business as								
\equiv		Number and street (or P.O. box if mail is not delived 1300 S. 4th Street	rered to street address)		Room/suite	502-636-9550				
$\overline{}$	Initial return Final return/	City or town, state or province, country, and ZIP of	or foreign postal code			302-636-9550				
	terminated		KY 40203			l.,	6 367 931			
	Amended return	F Name and address of principal officer:	KI 40203			G Gross red	ceipts\$ 6,367,231			
$\overline{\Box}$	Application pen				H(a) Is this a g	roup return for	subordinates Yes X No			
	replication pon	Matalie Harris			H(b) Are all su		cluded? Yes No			
							. (see instructions)			
_					- " "	, attaci a list	. (see manuchona)			
	Tax-exempt st		(insert no.) 4947(a)(1) or 527							
	Website:	www.louhomeless.org		_	H(c) Group ex	emption numb				
		zation: X Corporation Trust Association	Other -	L Ye	ear of formation:		M State of legal domicile:			
	art I	Summary								
4		ly describe the organization's mission or mos	st significant activities:							
JCe	Se	ee Schedule O	***************************************							
nai										
Ver										
Activities & Governance		ck this box ▶ if the organization discontin		than:	25% of its ne	t assets.	NA. 1200 S. 1111.0000			
ంక	3 Num	ber of voting members of the governing body	y (Part VI, line 1a)			3	21			
es		ber of independent voting members of the g				4	21			
Ϋ́	5 Total	number of individuals employed in calendar	r vear 2016 (Part V. line 2a)			5	13			
Cti		number of volunteers (estimate if necessary					300			
⋖		unrelated business revenue from Part VIII,			0					
	b Net i	unrelated business taxable income from Forr		7b	0					
	511010	minoted business taxable meeting from Form	11 000 1; 1110 01		Prior Ye		Current Year			
Revenue	8 Cont	ributions and grants (Part VIII, line 1h)			3,50	0,488	3,450,453			
	9 Progr	. (5 1) (11 1: 6)				0,894	391,684			
ève		stment income (Part VIII, column (A), lines 3,	. 4. and 7d)	···		4,447	30,393			
æ	11 Othe	r revenue (Part VIII, column (A), lines 5, 6d,	8c. 9c. 10c. and 11e)	···		7,569				
		revenue - add lines 8 through 11 (must equ				3,398				
		ts and similar amounts paid (Part IX, column				0,646	2,446,857			
	14 Rens	efits paid to or for members (Part IX, column	(A) line 4)	··· ├	2,00	0,010	0			
w	15 Salar	ries, other compensation, employee benefits	64	5,661	698,097					
Se				01.	3,001	030,037				
Expenses	h Total	essional fundraising fees (Part IX, column (A) fundraising expenses (Part IX, column (D),	, e e 			11 15 15 15 15	Maria de la compansión de			
X						3,828				
		r expenses (Part IX, column (A), lines 11a-1								
		expenses. Add lines 13-17 (must equal Par		-		0,135				
58	19 Reve	nue less expenses. Subtract line 18 from lin	e 12		エる。 Beginning of Cu	3,263	168,039 End of Year			
anc.	20 Total	assets (Part X, line 16)				6,221	821,799			
Bal	20 Total			├-		2,842	56,756			
Net Assets or Fund Balances	21 Total	liabilities (Part X, line 26)	It 00	├						
		assets or fund balances. Subtract line 21 from Signature Block	II IIIIC ZU		00.	3,379	765,043			
	art II									
		es of perjury, I declare that I have examined this re and complete. Declaration of preparer (other than					my knowledge and belief, it is			
	Je, conect, a	nd complete, beclaration of preparer (other than	officer) is based on all information of which	hiehai	er has any kno	Jwiedge.				
٥.		Cinceture of effica-								
Sig		Signature of officer	_			Date				
He	re	Natalie Harris	Exe	ecut	cive Di	recto	r			
		Type or print name and title								
	ſ	t/Type preparer's name	Preparer's signature		Date	Check				
Paid	100.1	bara Lasky	Barbara Lasky		02/05	/18 self-em	pple			
Pre	parer Firm	's name > Baldwin CPAs,				Firm's EIN				
Use	Only	943 S 1st Stre	eet							
	Firm	's address > Louisville, K			١,	Phone no.	502-584-9793			
May		scuss this return with the preparer shown at					Yes No			
For	Paperwork	Reduction Act Notice, see the separate instruc					Form 990 (2016)			
DAA		and the same of th					. 51111 (2010)			

		•	Page 2
	m Service Accomplishments	In a last Dest III	X
		ny line in this Part III	
Briefly describe the organization's mis	asion:		
See Schedule O			
• • • • • • • • • • • • • • • • • • • •			
Did the organization undertake any si	ignificant program services during the ye	ear which were not listed on the	
			Yes X No
If "Yes," describe these new services	on Schedule O		
	g, or make significant changes in how it	conducts, any program	
_			Yes X No
If "Yes," describe these changes on S	Schedule O.	CONTRACTOR OF STREET	
-		three largest program services, as measure	ed by
		ort the amount of grants and allocations to of	
	ny, for each program service reported.	<u> </u>	•
	,,,, p		
Advocacy, Coordinate Coalition is evaluate citizens about home agencies. The Coalithe continuum of carparticipating agencies and common assesses for appropria	ion and Education - tion of homelessness lessness and the coc ition organized thro re applications resu ies. The Coalition sessment team to ass ate housing solution	The primary objectives in the community, the primary objectives in the community, the production of other horizontal order of the community of the coalition also deferson county's	of The e education meless to coordinate ion for ntinuum of co e homeless so advocated
• • • • • • • • • • • • • • • • • • • •			
*			
(Transit Authority of half price for agend tickets and passes a Coalition for the Ho	The Coalition for to find the Coality of River City) to purely members of The Coare then sold at hallomeless. They are p	(Revenue \$) (Reve	d with TARC nd passes at ess. TARC bers of The persons only
	. ((77770
**************************************	. i, j, j@j,		

White Flag - The who who would otherwise or below 35 degrees their housing number reimbursement. The	be turned away duri). Three shelters p rs beyond their norm	32,120) (Revenue \$ pvides emergency shelt ing sever weather (abo participate in the pro nal capacity to The Co ,420 bed stays per yea	ve 95 degree: gram and sub- alition for
White Flag - The who who would otherwise or below 35 degrees their housing number reimbursement. The	ite flag program pro be turned away duri). Three shelters p rs beyond their norm	ovides emergency shelt ing sever weather (abo participate in the pro mal capacity to The Co	ve 95 degree: gram and sub- alition for
White Flag - The who who would otherwise or below 35 degrees their housing number reimbursement. The	ite flag program pro be turned away duri). Three shelters p rs beyond their norm	ovides emergency shelt ing sever weather (abo participate in the pro mal capacity to The Co	ve 95 degree gram and sub- alition for
White Flag - The who who would otherwise or below 35 degrees their housing number reimbursement. The	ite flag program pro be turned away duri). Three shelters p rs beyond their norm	ovides emergency shelt ing sever weather (abo participate in the pro mal capacity to The Co	ve 95 degree: gram and sub- alition for
White Flag - The who who would otherwise or below 35 degrees their housing number reimbursement. The	ite flag program pro be turned away duri). Three shelters p rs beyond their norm	ovides emergency shelt ing sever weather (abo participate in the pro mal capacity to The Co	ve 95 degree gram and sub- alition for
White Flag - The who who would otherwise or below 35 degrees their housing number reimbursement. The	ite flag program pro be turned away duri). Three shelters p rs beyond their norm	ovides emergency shelt ing sever weather (abo participate in the pro mal capacity to The Co	ve 95 degree gram and sub- alition for
White Flag - The who who would otherwise or below 35 degrees their housing number reimbursement. The \$5 per bed stay.	ite flag program pro be turned away duri). Three shelters p rs beyond their norm program pays for 6,	ovides emergency shelt ing sever weather (abo participate in the pro mal capacity to The Co	ve 95 degree gram and sub- alition for
White Flag - The who who would otherwise or below 35 degrees) their housing number	ite flag program pro be turned away duri). Three shelters p rs beyond their norm program pays for 6,	ovides emergency shelt ing sever weather (abo participate in the pro mal capacity to The Co	ve 95 degree: gram and sub- alition for

Form 990 (2016) Coalition for the Homeless, Inc.

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 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? If "Yes," complete Schedule C, X 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? If X 6 "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 8 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If X 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X If "Yes," complete Schedule G, Part III . Form 990 (2016)

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			~~
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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?	0.51		37
20	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			ı
	current or former officers, directors, trustees, key employees, highest compensated employees, or			37
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	72.11	
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):		4.	
-	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	202	-	
L.	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200	\neg	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		_	
٠.		31		X
32	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u></u>		
		33		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1		i	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		\neg	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	ľ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	x	
			990	

DAA

Form 990 (2016) Coalition for the Homeless, Inc. Page 5 Statements Regarding Other IRS Filings and Tax Com-Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7h Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X **7f** X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 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 13b Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2016)

	m 990 (2016) Coalition for the Homeless, Inc.					Page 6			
	Governance, Management, and Disclosure For each "Yes" response to lines 2 t								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang	es in S	Schedule O	. See	instru				
Sa	Check if Schedule O contains a response or note to any line in this Part VI					X_			
<u> </u>	Citon A. Governing Body and Management			_	T.v	Τ.,			
1a	Enter the number of voting members of the governing body at the end of the tax year	1.4-	21		Yes	No			
Ia		1a_	21						
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.			314.		3.1			
b	Enter the number of voting members included in line 1a, above, who are independent	4.	21						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1b	21			48.30			
_	any other officer director trustee or key omnleyee?			1 111		37			
3	Did the organization delegate control over management duties customarily performed by or under the direct			2		Х			
3				1		3,5			
4	supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was			3	-	X			
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was Did the organization become aware during the year of a significant diversion of the organization's assets?	illea?		_	-	X			
6	Did the energiation bear an electrical and			5	_	X			
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint	183		6	-	X			
14	and or more mambars of the governing body?								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			7a		X			
,	stockholders, or nomans other than the governing body?					7.			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the		bu the fellow	7b		X			
а	The governing hady?	_	•	nng 8a	X	(jale			
b	The governing body? Each committee with authority to act on behalf of the governing body?								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		• • • • • • • • • • • • • • • • • • • •	8b	X	<u> </u>			
5	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O					₹.			
Sec	etion B. Policies (This Section B requests information about policies not required by the	Intor	nol Povon	9		X			
000	tion B. 1 Oncies [This Section B requests information about policies not required by the	men	iai rteveri	ue Co		NI.			
10a	Did the organization have local chapters, branches, or affiliates?			40-	Yes	No X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			10a	-				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			406					
11a				10b 11a	х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ıııııy u	ie ioiiii?	7	Α				
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			120	x				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	rico t	o conflicte?	12a 12b	X				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	5 113C (o comincis:	120					
	describe in Schedule O how this was done			120	x				
13	Did the organization have a written whictlable was policy?			13	X				
14	Did the expenientian have a written decument retention and destruction relief			14	X				
15	* *************************************								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а									
b				15a 15b	Х	X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	62 * * * * * *	E2 -2	.55	· ·				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				8				

Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filled ▶ KY.

organization's exempt status with respect to such arrangements?

	List the states with which a copy of this Form 550 is required to be filed a text
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section
	available for public inspection. Indicate how you made these available. Check all that apply.

participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its

X Own website Another's website X 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, address, and telephone number of the person who possesses the organization's books and records:

The Company

1300 S 4th St

502-636-9500

16a

501(c)(3)s only)

KY 40203

Form 990 (20 Part VII	16) Coalitio Compensation	n for the of Officers	ne i. Di	Ho	me tor	ele s. T	ss rus	, tee	Inc. es, Key Employees,	Highest Compens	ated Employees	age 7
. ,	Independent C	Contractors										-, -
0 11 1									te to any line in this F			
Section A.	~								nest Compensated Emples sation for the calendar year			
organization's	tax year.	•							•	-		
compensation	n. Enter -0- in column	s (D), (E), and	(F) if	по	omj	ens	ation	wa			ount of	
	_		-			-			ictions for definition of "ke (other than an officer, dire		0100)	7
who received		ation (Box 5 of I							Form 1099-MISC) of mo			
\$100,000 of r	eportable compensa	tion from the or	gani	zatio	n ar	id ai	ny rel	late				
 List all o organization. 	of the organization's f more than \$10.000 o	ormer director f reportable cor	s or	trus	tee:	s tha	at rec	eive rgai	ed, in the capacity as a for nization and any related o	rmer director or trustee of rganizations.	f the	
List persons in		individual trust	ees o						nal trustees; officers; key			
Check this	box if neither the or	ganization nor a	any r	elate	ed o	gan	izatio	n c	ompensated any current of	officer, director, or trustee).	
No	(A) me and Title	(B)				C) ition			(D)	(E)	(F)	
Na	me and title	Average hours per			heck	more	than c		Reportable compensation	Reportable compensation from	Estimated amount of	
		week (list any	box, unless person is both an officer and a director/trustee)						from the	related organizations	other compensation	
		hours for related	Indiv or dir	Instit	Officer	Key	High	Former	orgenization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
		organizations below dotted	ector e	Institutional	1 4	employee	st cor	ē			and related organizations	
		line)	Individual trustee or director	l trustee		yee	Highest compensated employee					
			L	8			ated					
(1)Jared	Grant	1.00										
Chair		0.00	x		x				0	0		0
	a Etchen											
	;	1.00										
Vice Cha	Dearing	0.00	X		X	H			0	0		0
(0,00200		1.00										
Secretar		0.00	X	_	X		Ш		0	0		0
(4) Kathy	Beach	1.00										
Treasure	r	0.00	x		x				o	0		0
(5) Chris	tina Frile											
Board Me	mbom	1.00	x		X							0
(6) Wood		0.00	^		A		\vdash		0	0		0
		1.00										
Board Me		0.00	X						0	0		0
(/)Greg	Mayes, Jr.	1.00										
Board Me	mber	0.00	x						О	0		0
(8) Troy	Ransdell											
Board Me	mhar.	1.00 0.00	x						o	0		0
(9) Mark		0.00					\dashv		0	0		0
***************************************		1.00										
Board Me		0.00	X				\vdash		0	0		0
(10) VICEA	McKune	1.00										
Board Me		0.00	х						0	0		0
(11)E. Wa	yne Schwer	tley										
Board Me	mber	1.00	x						o	0		0
DAA		0.00							<u> </u>	0	Form 990	(2016)

			-			_
Form 990 (2016)	Coal	lition	tor	the	Homeless.	inc.

Part VII Section A. Officer	s, Directors, Ti	ruste	ees,	Key	Em	ploy	ees	, and Highest Compens	ated Employees (continu	ued)
(A) Name and title	(B) Average hours per week (list any hours for	box	x, unle icer ar	Pos check ess pe nd a d	rson i	than c is both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12) Michael Shum										
Board Member	1.00	x						0	0	0
(13) Edgardo Mans	illa									
Board Member	1.00	x						o	0	0
(14) Robert Moore										
Board Member	1.00	x						o	0	0
(15) Marla Schaef	er									
Board Member	1.00	x						o	0	0
(16) Andy Patters		^								
Thomas Mankan	1.00	x						0	0	0
Board Member (17) Jason Warrie	0.00	^						0		0
The second Advantages	1.00	~							0	0
Board Member (18) Tamara Reif	0.00	X						0	0	0
	1.00									
Board Member (19) Caroline Hei	0.00 ne	X						0	0	0
Board Member	1.00	x						0	0	0
1b Sub-total								81,585		18,079
c Total from continuation should Total (add lines 1b and 1c)							>	81,585		18,079
Total number of individuals (in reportable compensation from the compensation from	including but no	t lim	ited 1			listed	da b	ove) who received more t	han \$100,000 of	
	-									Yes No
3 Did the organization list any i employee on line 1a? If "Yes	," complete Sch	edui	le J f	or si	uch i	indivi	idue	al		
4 For any individual listed on li	ne 1a, is the sur	n of	repo	rtab	le co	ompe	ensa	ation and other compensa	tion from the	
individual										4 X
5 Did any person listed on line for services rendered to the										5 X
Section B. Independent Contrac				-1 i	l			nutra stars that received m	are then \$100,000 of	·
Complete this table for your to compensation from the organ	nization. Report	com	pen	satio	n fo	r the	cal	endar year ending with or	within the organization's	
Name and	(A) d business address							Descrip	(B) tion of services	(C) Compensation
							\vdash			
-										
Total number of independent	t contractors (in	cludi	ina h	ut n	ot lin	nited	to 1	hose listed above) who		
received more than \$100,000	0 of compensati	on fr	rom 1	he o	rgai	nizati	ion	>	0	Form 990 (2016)

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 (C) Unrelated (D) Revenue exempt function excluded from tax under sections revenue revenue 512-514 Gifts, Grants 1a Federated campaigns 1a b Membership dues 50,990 1b c Fundraising events 1c d Related organizations 1d Contributions, and Other Sim 3,241,238 e Government grants (contributions) ... 1e f All other contributions, gifts, grants, and similar amounts not included above 158,225 Q Noncash contributions included in lines 1a-1f: 3,450,453 h Total. Add lines 1a-1f Program Service Revenue Busn, Code 391,684 391,684 f All other program service revenue 391,684 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 30,393 30,393 4 Income from investment of tax-exempt bond proceed 6a Gross rents b Less: rental exps. C Rental inc. or (loss d Net rental income or (loss) ... 7a Gross amount from (i) Securities (ii) Other sales of assets other than invento b Less: cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 95,434 45,810 b Less: direct expenses b c Net income or (loss) from fundraising events 49,624 49,624 9a Gross income from gaming activities. See Part IV, line 19 2,395,250 b Less: direct expenses _____ b 2,209,760 c Net income or (loss) from gaming activities 185,490 185,490 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn, Code 11a Miscellaneous Revenue 4,017 4,017 d All other revenue e Total. Add lines 11a-11d 4,017 12 Total revenue. See instructions. . 4,111,661 395,701 265,507 Form 990 (2016)

	tion 501(c)(3) and 501(c)(4) organizations mus		All other organizations mu	st complete column (A)	
0001	Check if Schedule O contains a res			at complete column (74).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,444,107	1,444,107		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,002,750	1,002,750		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	83,024	48,153	12,454	22,417
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	465 044	254 222	44.000	
7	Other salaries and wages	467,811	374,889	14,992	77,930
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	102 702	70 712	F 170	10.000
9	Other employee benefits	103,793	79,713		18,908 7,919
10	Payroll taxes	43,469	33,384	2,166	1,919
11	Fees for services (non-employees):				
a	Management				
b	Legal	13,400		13,400	
4	Accounting Lobbying	13,400		13,400	
	Professional fundraising services. See Part IV, line 1	7			
	Investment management fees	<u></u>			
g					
9	(A) amount, list line 11g expenses on Schedule O.)	91,912	62,801	29,111	
12		31,312	02,001	20,111	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	66,644	40,801	25,843	
17	Travel	34,903		1,739	
18	Payments of travel or entertainment expense				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,205	505	2,700	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,365	1,418	709	238
23	Insurance				
24	Other expenses. Itemize expenses not covered		- Programme Standard Standard	ا المعوم والمراجع وا	
	above (List miscellaneous expenses in line 24e. If		នាក់ ក្នុង ក្នុងក្រុម ប្រជាជាក្រុម ប្រជាជាក្រុម ប្រជាជាក្រុម ប្រជាជាក្រុម ប្រជាជាក្រុម ប្រជាជាក្រុម ប្រជាជាក្រុ ក្រុម ប្រជាជាក្រុម ប្រជាជាក្រុម ប្រជាជាក្រុម ប្រជាជាក្រុម ប្រជាជាក្រុម ប្រជាជាក្រុម ប្រជាជាក្រុម ប្រជាជាក្រុម		
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Tarc Tickets	372,835	372,835		
b	Program Expense	146,750	146,750	000	0.010
C	Telephone and Internet	16,720	12,841	833	3,046
d	Supplies	11,212	8,611	559	2,042
e	All other expenses	38,722	15,857	21,588	1,277
25	Total functional expenses. Add lines 1 through 24e	3,943,622	3,678,579	131,266	133,777
∠0	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)				
DAA					Form 990 (2016)

P	art :	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			<u></u>
			(A) Beginning of year		(B) End of year
_	1	Cash—non-interest bearing	309,506	1	471,723
	2	Savings and temporary cash investments	0007000	2	1,12,720
	3	Pledges and grants receivable, net	170,964		70,540
	4	A	270,30-2	4	10,540
	5	Loans and other receivables from current and former officers, directors,		1100	
	"	trustees, key employees, and highest compensated employees.			
				5	Takan baran da ang ting talah baran da ang ang ang ang ang ang ang ang ang an
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section)	ridus is a successive and a decision and a successive and a successive and a successive and a successive and a	(00000	EE S AMURON EE ALDINOX
	,	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers a	/		
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	02001		
60	ĺ	organizations (see instructions). Complete Part II of Schedule L		6	1.41.00.000.000.000.000.000.000.000.000.
Assets	7	Notes and loans receivable, net		7	
AS	8	Incomplete description and a service of the service	26	_	2,630
	9	Prepaid expenses and deferred charges	3,790		3,516
	_	Land, buildings, and equipment: cost or		TELLU	
		other basis. Complete Part VI of Schedule D 10a 18,276	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
	b	Less: accumulated depreciation 10b 11,703	8,936	10c	6,573
	11	Investments—publicly traded securities	0,000	11	3,010
	12	Investments—other securities. See Part IV, line 11	162,999	12	266,817
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	656,221	16	821,799
	17	Accounts payable and accrued expenses	52,842	17	56,756
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,		HORE	
Liabilities		trustees, key employees, highest compensated employees, and		· · .	
iab		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	i	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	50.040	25	
	26	Total liabilities. Add lines 17 through 25	52,842	26	56,756
es		Organizations that follow SFAS 117 (ASC 958), check here ▶☒ and			
anc		complete lines 27 through 29, and lines 33 and 34.	E12 6E0	44.5	607 101
39	27	Unrestricted net assets	513,650 89,729	27	697,121
Po	28	Temporarily restricted net assets	89,129		67,922
ᆵ	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and	Egy an Endors in Egy an area.	29	
0			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
\$	20	complete lines 30 through 34.	6, 4, 171 18 18 1, 1, 2, 2, 1, 1, 1, 1,	20	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		30	
žtΑ	31 32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33		603,379		765,043
	34	Total net assets or fund balances Total liabilities and net assets/fund balances	656,221	34	821,799
	UT	total naminos and not assetshalla balances ,	000/221	UT	Eorm 990 (2016)

Form **990** (2016)

Forn	n 990 (2016) Coalition for the Homeless, Inc.		Pa	ige 12
Pa	art XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			<u>. </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	4,1	<u>11,</u>	661
2	Total expenses (must equal Part IX, column (A), line 25)	3,9		
3	Revenue less expenses. Subtract line 2 from line 1	1	68,	039
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	6	03,	379
5	Net unrealized gains (losses) on investments 5		-6,	375
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B)) 10	7	65,	043
Pa	art XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			. Ц
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	Blåt	1	
	Schedule O.	E184		58
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis	192 64		
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:	1		
	X Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.	13411		
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?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	
		For	m 990	(2016)

Form **990** (2016)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Position	Form 990 (2016) Coalitic										Page
Complete the complete of individual finched go to the complete and other compensation from the organization of the complete schedule of the any individual for any properties of any indiv	(A)	(B) Average hours per week (list any	(dd	o not o	Pos check ess pe	C) sition more erson	than o	one n an iee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
1,00		related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former			organization and related
(22) Natalie Harris 40.00 X 81,585 0 18,075 Executive Director 0.00 X 81,585 0 18,075 Executive Director 0.00 X 81,585 0 18,075 Total from continuation sheets to Part VII, Section A 81,585 1 18,075 Total rumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is ferror in services rendered to the organization greater than \$150,000 if Yes, "complete Schedule of to such individuals organization and related organizations greater than \$150,000 if Yes, "complete Schedule of the such individuals organization and related organizations greater than \$150,000 if Yes, "complete Schedule of the such individual for such organization and related organizations greater than \$150,000 if Yes, "complete Schedule of the such individual for such individual for such organization or individual for such individual for services rendered to the organization? If Yes, "complete Schedule of for such person in Section B. Independent Contractors that received more than \$100,000 of compensation from the organization for the calendar year ending with or within the organization is ax year. Name and baliness address 2 Total number of independent contractors (including but not limited to those listed above) who		1.00	37						0	0	
1,00 X			A			\vdash			0		
40.00 X 81,585 0 18,075 18,075 18,075 18,075 18,075 18,075 18,075 18,075 18,075 18,075 18,075 18,075 19,	Board Member	1.00	x						0	0	(
Discretify Director Discretify Discr	(22) Natalie Har										
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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. (C) Name and business address Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	Executive Director				x				81,585	0	18,079
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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. (C) Name and business address Compensation 2 Total number of independent contractors (including but not limited to those listed above) who											
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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. (C) Name and business address Compensation 2 Total number of independent contractors (including but not limited to those listed above) who											
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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. (C) Name and business address Compensation 2 Total number of independent contractors (including but not limited to those listed above) who											
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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. (C) Name and business address Compensation 2 Total number of independent contractors (including but not limited to those listed above) who											
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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. (C) Name and business address Compensation 2 Total number of independent contractors (including but not limited to those listed above) who											
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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. (C) Name and business address Compensation 2 Total number of independent contractors (including but not limited to those listed above) who											
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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. (C) Name and business address Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	41. 0.1.4.4.1	<i>I</i> I							01 505		10 076
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 2 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 3 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 6 For services rendered to the organization? If "Yes," complete Schedule J for such person 5 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 Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who			, Se	ctio	1 A .				61,363		18,075
reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a; if "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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 Description of services 2 Total number of independent contractors (including but not limited to those listed above) who			t lim	ited:	to th	ose	 liste	d ah	love) who received more t	han \$100 000 of	
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 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 Description of services Total number of independent contractors (including but not limited to those listed above) who							113101				Voe No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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. (C) Name and business address Compensation Total number of independent contractors (including but not limited to those listed above) who	3 Did the organization list any	former officer, o	direc	tor,	or tru	ıste	e, ke	y en	mployee, or highest compe	ensated	
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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 Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who	4 For any individual listed on I	ine 1a, is the sur	n of	repo	rtab	le c	ompe	ensa	ation and other compensa	tion from the	
for services rendered to the organization? If "Yes," complete Schedule J for such person 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 Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who											4
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 Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who	for services rendered to the	organization? If	"Yes	s," co	ompl	ete	Sche	dule	e J for such person		5
Name and business address Description of services Compensation Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who	1 Complete this table for your	five highest com	pen	sate	d inc	lepe	nder	nt co	ontractors that received m	ore than \$100,000 of	toy year
2 Total number of independent contractors (including but not limited to those listed above) who			GUII	ihėii	Salic	<i>/</i> /// 10	i ilic	Lai			
	North of	a 22011000 dda1000						Г	2000.10	00110100	Componential
								\vdash			
		<u> </u>	_					\vdash			



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.

2016

Open to Public Inspection

Name	of th	e organization	Coolition for	om the Hemeless	Tne			Employer iden	tification number	
Pa	- decid	Pose		or the Homeless / Status (All organization			ote this part)			
	-			use it is: (For lines 1 through						
1				sociation of churches describ						
2	H)(A)(ii). (Attach Schedule E (F						
3	H			vice organization described in						
4	H			ed in conjunction with a hospi				A)(iii). Enter	the hospital's na	ame.
•		city, and stat						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.00
5				of a college or university own	ned or ope	erated by	a governmental	unit describe	ed in	
_			(b)(1)(A)(iv). (Complete Pa			4864114	11/41/			
6	Н		· —	governmental unit described						
7		described in	section 170(b)(1)(A)(vi). (overnmer	ntal unit or from	tne general (DUDIIC	
8	Ц			170(b)(1)(A)(vi). (Complete						
9		An agricultur or university university:	al research organization de or a non-land grant college	escribed in section 170(b)(1)(sof agriculture (see instruction	(A)(ix) opens). Enter	erated in o the name	conjunction with , city, and state	a land-grant of the college	college e or	
10	X	An organizat receipts from support from	n activities related to its exe gross investment income a	(1) more than 33 1/3% of its s mpt functions—subject to cer and unrelated business taxabl 30, 1975. See section 509(a	tain excep le income	otions, and (less sect	d (2) no more th tion 511 tax) fro	an 33 1/3% d	of its	
11			_	exclusively to test for public						
12		An organizat	ion organized and operated re publicly supported organ	d exclusively for the benefit of sizations described in section that describes the type of sup	to perfore 509(a)(1)	m the fund or sectio	ctions of, or to c	e section 5	09(a)(3).	
	а	Type I. A	supporting organization of	perated, supervised, or contro	led by its	supporte	d organization(s), typically b		
				ower to regularly appoint or el		rity of the	directors or tru	stees of the		
	_			complete Part IV, Sections a supervised or controlled in cor		ith ite eun	noded organiza	tion(e) by b	avina	
	b	control o	r management of the suppo	orting organization vested in the Part IV, Sections A and C.	ne same p	ersons th	at control or ma	nage the sup	ported	
	C	Type III	functionally integrated. A	supporting organization oper	ated in co	nnection v	with, and function	nally integra	ted with,	
	al			structions). You must completed. A supporting organization					ization(e)	
	d	that is no	ot functionally integrated. Th	ne organization generally mus must complete Part IV, Sec	t satisfy a	distribution	on requirement	and an attent	riveness	
	е			ceived a written determination				ne II Tvne II	II.	
	е	functions	ally integrated, or Type III no	on-functionally integrated sup	porting or	ganization	itis a Typo i, Ty 1.	ре п, туре п		
	f		mber of supported organiza						Transier [
	g	Provide the f	ollowing information about	the supported organization(s)						
(i)		e of supported	(ii) EIN	(ill) Type of organization		rganization	(v) Amount of		(vi) Amount	
	org	ganization		(described on lines 1–10 above (see instructions))	listed in you docur	r governing	support (other support instructions	
				above (ace manucular)	Yes	No	manucin	1114	moddaion.	-,
(A)										
(B)										
(C)										
(D)					-					
(E)										
				The state of the s						

Coalition for the Homeless, Inc. Schedule A (Form 990 or 990-EZ) 2016 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 1/u(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) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 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 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2015 Schedule A, Part II, line 14 15 % 33 1/3% support test—2016. 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 33 1/3% support test—2015. 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-2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

supported organization

Schedule A (Form 990 or 990-EZ) 2016

Page 3

Schedule A (Form 990 or 990-EZ) 2016
Part III Support Schedu Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support				_		
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership						44 000 000
	fees received. (Do not include any "unusual grants.")	659,092	1,504,357	2,793,643	3,500,488	3,450,453	11,908,033
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the	410 100	216 240	205 100	200 004	205 701	1 006 316
	organization's fax-exempt purpose	418,190	316,349	385,182	390,894	395,701	1,906,316
3	Gross receipts from activities that are not an unrelated trade or business under section 513	1,941,821	1,838,589	2,005,960	2,360,726	2,490,684	10,637,780
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	3,019,103	3,659,295	5,184,785	6,252,108	6,336,838	24,452,129
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)			The state of the s		និកនិយៈ «២០៩៦៦៦ នៃ ១០១០ និងសម្រើបារ៉ូក្រែង ខែ២០១០ ១១ ខេត្ត បានប្រកាស និធីធី ១០១៤ ១០ ២០១៩ ១៤១ ១០១៩ ១០១៩ ១០១៩	24,452,129
	tion B. Total Support				·		
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	3,019,103	3,659,295	5,184,785	6,252,108	6,336,838	24,452,129
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	280	6,056	14,534	24,447	30,393	75,710
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	280	6,056	14,534	24,447	30,393	75,710
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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	3,019,383			6,276,555		24,527,839
14	First five years. If the Form 990 is for th						. □
C	organization, check this box and stop he						<u> </u>
	tion C. Computation of Public S			(D)		45	22 52 0/
15	Public support percentage for 2016 (line						99.69%
16	Public support percentage from 2015 Sc					16	99.78%
	tion D. Computation of Investm			13 column (f)	 	17	0/
17	Investment income percentage for 2016 Investment income percentage from 201					40	<u>%</u> %
18	33 1/3% support tests—2016. If the org			line 14 and line 1	E is more than 25		70
19a	17 is not more than 33 1/3%, check this						×
b	33 1/3% support tests—2015. If the org		_				5555 E
D	line 18 is not more than 33 1/3%, check						
20	Private foundation. If the organization of	-	-				
	zate realization. It the organization t	and their enfects a be	2 Oli mio 17, 100,	S. TOD, SHOOK IIIK	. DON GING GOO IIIS		1953 - 1917 -

Part IV Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2016

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1 -44		
	irori.	uáls i
1		3445.5
2	: 1 1 1 1 1 1	
		300
3a		
3b		a ryana was
30		
3c	STATE OF	
3c	4	
4a	,	
4b		
- 1000		A Sept To Fig.
4c	•	
		V sin
5a		- Walter
5b		
5c		
6		
	304111	Al' = 2
7		
8		n
3	440,000	[4]
9a		
9b		
		-1
9c		
10a		75 6 , .
10b		

3a

trustees of each of the supported organizations? Provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

6 Multiply line 5 by .035.

Section C - Distributable Amount

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

6

7

8

1 2

3

4 5

Distributable Amount. Subtract line 5 from line 4, unless subject to	6
mergency temporary reduction (see instructions).	6
Check here if the current year is the organization's first as a non-functionally integrate	ed Type III supporting organization (see
instructions).	

Current Year

Sched	ule A (Form 990 or 990-EZ) 2016 Coalition for the tV Type III Non-Functionally Integrated 509(a)(3			Page 7
	tion D - Distributions) Supporting Organ	<u> IIZations (continued</u>	Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rnoses		Current rear
	Amounts paid to perform activity that directly furthers exempt purpo			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	Innorted organizations		
4	Amounts paid to acquire exempt-use assets	pporton organizations		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	nization is responsive		
	(provide details in Part VI). See instructions.	'		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
а		1		
b				
С	From 2013			
d	From 2014			(1)
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
J	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			m + f , , , , , , , , , , , , , , , , , ,
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.	Profesional and a residence of		
8	Breakdown of line 7:			
a	ြို့လူလည်း သို့သည် လည်းသည်။ မေရိုကို လည်းသည် သို့သည် သို့သည် သို့သည် ရေချင်းများသည်။ လည်းသည် လည်းသည် အားမာမောက သည်		221129999 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Excess from 2013 Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Fo	rm 990 or 990-EZ) 2016	Coalition	for the	e Homeles	ss, Inc.		Page 8
Part VI	Supplemental Inf III, line 12; Part IV B, lines 1 and 2; P 3a and 3b; Part V, lines 2, 5, and 6. A	, Section A, lines art IV, Section C line 1; Part V, Se	1, 2, 3b, 3c, , line 1; Part ection B, line	, 4b, 4c, 5a, 6 IV, Section D e 1e; Part V, S	, 9a, 9b, 9c, 11a), lines 2 and 3; Section D, lines 9	ı, 11b, and 11c; l Part IV, Section l 5, 6, and 8; and l	Part IV, Section E, Iines 1c, 2a, 2b,
	inted 2, 0, and 0.7	noo oompiete tin	5 pair 101 air.		(===		
.6	5 635	20.27.88			2 - 222 522 52		aresa
· · · · · · · · · · · · · · · · · · ·		49 AND A STREET, A STREET, AND A STREET,	000000000000000000000000000000000000000	sg	g	.40000000000000000000000000000000000000	
·(*******)834 • * * * * * * * * * * * * * * * * * *	a	446-415	****************	<u></u>	, <u>.</u>		6.0
See	3	er-e-mark, manazari			āāā.		888B.84B84
8989s			ş	c::::::::::::::::::::::::::::::::::	8		
		A.S., HARV., PRIME, S	5		3	•	3333346
Ģ:X		8.546.5465.4	3		3.09()()		+ *** * ********* ********************
¥448444	s	1555 · · · · · 6554 · · · · 65	9 9000 401 -	: <u></u>	9 (000)	565.600.4153.15	
90	5 · · · · E0045 · · 20005 · · · 605 · · 100		9		· · · · · · · · · · · · · · · · · · ·		##***********
		::::::::::::::::::::::::::::::::::::::	g + + + + + (0 + (0 + + + + (0 + 1)	g.gg			
(* * * * * * * * * * * * * * * * * * *	***************************************		: -5.1.1.0.1.5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			ş., 1988	0.5(01975.7505064
3 · · · · · · · · · · · · · · · · · · ·				880, p.aa			
• • • • • • • • • • • • • • • • • • • •	ennument i vidi õ · · ·		6.2arsar	200422	000000000000.		
āē		market		2450-11-2250-15	7. CEC-10-CEC000-10000	9000000	
311.391.393		20252.e520	304 .			*********	Kertenbergeren en en er
***************************************	,						
74004 - 14000 - 14100 - 14000 - 14000 - 14000 - 14000 - 14000 - 14000 - 14000 - 14000 - 14000 - 14000 - 14000			CEESea SERVICE C		· · · · · · · · · · · · · · · · · · ·		. 10001 00001 100000000
***********		ğ	g gg -0 g				, , , , , , , , , , , , , , , , , , , ,
							3533, A.,
							6
· · · · · · · · · · · · · · · · · · ·	gd			3955			3 · · · · · · · · · · · · · · · · · · ·
	A.S. (4				g		######################################
19. 0000000 10000	. 10507500 75 -0850 64 - 65 - 08		(4)			. 123	90 · · · · 186 · · · · 18 · / · / · / /
40.550.000.000		***************************************	9 e e		18 · · · 18 · · · · · · · · · · · · · ·		
**************************************	. 653500.122 13						N 1981 1991 199
800			į		., p., y., . 145., . 55.151		.g

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

ian	Note to parate metrocionaj, mon	. 101			
	Section 501(c)(4), (5), or (6) organizations: Complete Part	: III.		_	200
ivam	e of organization				ber
	Coalition for the B		47-1	- 4	
	rt I-A Complete if the organization is exe				
1	Provide a description of the organization's direct and ind	lirect political campaign activi	ties in Part IV. (se	e instructions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions	s)		▶\$	
3	Volunteer hours for political campaign activities (see ins				
Pa	rt I-B Complete if the organization is exe	mpt under section 50°	1(c)(3).		
1	Enter the amount of any excise tax incurred by the organ	nization under section 4955			
2	Enter the amount of any excise tax incurred by organiza	tion 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				
Pa	rt I-C Complete if the organization is exe	mpt under section 50°	l(c), except s	ection 501(c)(3).	
1	Enter the amount directly expended by the filing organiz	ation for section 527 exempt	function		
	activities				
2	Enter the amount of the filing organization's funds contri	buted to other organizations f	or section		
	527 exempt function activities			▶\$	
3	Total exempt function expenditures. Add lines 1 and 2. E	Enter here and on Form 1120-	-POL,		
	line 17b			▶\$	
4	Did the filing organization file Form 1120-POL for this year	ear?		1100 198 25 T	Yes No
5	Enter the names, addresses and employer identification	number (EIN) of all section 5	27 political organi	zations to which the f	iling
	organization made payments. For each organization lists	ed, enter the amount paid fror	n the filing organi	zation's funds. Also e	nter
	the amount of political contributions received that were p	promptly and directly delivered	d to a separate po	litical organization, su	ich
	as a separate segregated fund or a political action comn	nittee (PAC). If additional spa-	ce is needed, pro	vide information in Pa	rt IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization. If
					none, enter -0
(1)					
(2)					
-					
(3)					
(4)					
(5)					
(6)					
				i	

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

Schedule C (Form 990 or 990-EZ) 2016

		tion for the Homeless, Inc		Page 2			
Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and the roll 5766 (election under						
	<u>section 501(h)).</u>						
A		n belongs to an affiliated group (and list ir		ed group member's			
	name, address, EIN, e	expenses, and share of excess lobbying e	xpenditures).				
В	Check 🕨 🦳 if the filing organizatio	n checked box A and "limited control" pro	visions apply.				
	Limits on Lobb	ying Expenditures	(a) Filing	(b) Affiliated			
		eans amounts paid or incurred.)	organization's totals	group totals			
1a	Total lobbying expenditures to influence pu		0				
b		egislative body (direct lobbying)	7,271	-			
С		and 1b)	7,271				
d	Other exempt purpose expenditures	,	3,934,158				
		nes 1c and 1d)	3,941,429				
	Lobbying nontaxable amount. Enter the am						
·	columns.		347,071				
[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.		និងសម្រើប្រទេសពី ស្រែក និង នៅ ប្រទេសមានមនុស្ស មនុស្សពី ប្រទេស ស្រែក នៅ ស្រែក នៅ ស្រែក នៅ ស្រែក ស្រែក ស្រែក នៅ			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	avalvataci i p. 1955. gia i.				
	Over \$17,000,000	\$1,000,000.					
g	Grassroots nontaxable amount (enter 25%	of line 1f)	86,768				
	Subtract line 1g from line 1a. If zero or less		0				
	Subtract line 1f from line 1c. If zero or less,		0				
		her line 1h or line 1i, did the organization file Form 4	720				
	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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period											
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total						
2a Lobbying nontaxable amount	215,407	316,058	347,007	347,071	1,225,543						
b Lobbying ceiling amount (150% of line 2a, column(e))					1,838,315						
c Total lobbying expenditures	10,331	11,477	11,308	7,271	40,387						
d Grassroots nontaxable amount			86,752	86,768	173,520						
e Grassroots ceiling amount (150% of line 2d, column (e))					260,280						
f Grassroots lobbying expenditures				o							

Schedule C (Form 990 or 990-EZ) 2016

man and a second of the second	(a)	(b)
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?		
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?		
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
i Other activities? j Total. Add lines 1c through 1i	ni.	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), s		, or section
501(c)(6).		Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?		1
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from	n the prior year?	.,,,,,, 3
Part III-B Complete if the organization is exempt under section 501(c)(4), s 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answ	section 501(c)(5) ered "No," OR (I	, or section
answered "Yes."	_ 1	
answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	2	
answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	2: 2! 2:	a b
answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2: 2! 2:	a b
answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due: 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby.	26 21 2. S 3	a b c c
answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due: 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lob and political expenditure next year?	26 21 22 3 5 3 bying 4	a b c c c c c c c c c c c c c c c c c c
answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due: 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby.	26 21 28 3 bying 4 5	a b c c c c c c c c c c c c c c c c c c

Schedule C (For	m 990 or 990-EZ) 2016	Coalition	for the	Homeless,	Inc.		<u> P</u>	age 4
Part IV	Supplemental I	nformation (co	ntinued)					
	D. 1955				A 4A			
(M		. 8- 6				Si. 12 1886 1848- 100		M 181 1 E
					10		***************************************	· E · · · #
			0. 5	34.0035-00-000000-00-0		********	a -1888	· § · · · ·
20-40-00000-000000		225 1000						
ē						***************************************		
ee		.88				y		
							FEFTON	
904. 883							opet engrenesanden	
		S1.121 F1.1.18140 C0111		o in	S339.111.			
E4								
1999								
\$25,600 etc.				aa. a maa maaa	3003 - 105-10-1	• • • Excita • • 600 • • • • 620 • 05 •		.g. 10.12
00			S. S. W. S. 1.95-15 -					Va 278 s
							27. 20	
***************************************	1445 (M1552) 1 3 1 1944		331110000000000000000000000000000000000					
gggggg	g <u>255</u> 255							
								·
i								
V					8	63(64.161.1666.19.6666.14)	(8.88888888888888888888888888888888888	19 125 100
7 February 1000				ST S S			Strong was a straight of the	9-33-77
DES 400 #90				45 (0004) (0+10+1++1)	o- F (2000	100 20 5- 10220- 130 1	gg.sgrm.r	
								. 81
£5					85,			
			.,					(5
	571. S. S		690000		,			×
							• 660 • • • • • • • • • • • • • • • • •	ee.
, 20, 22,			r to mostificated fi	700				
\$5						·		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

C	Coalition for the Homeless, Inc.		
Pa	organizations Maintaining Donor Advised F Complete if the organization answered "Yes" or	unds or Other Similar Funds n Form 990, Part IV, line 6.	or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		· · · · · · · · · · · · · · · · · · ·
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing the	hat the assets held in donor advised	
_	funds are the organization's property, subject to the organization's ex		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors		
_	only for charitable purposes and not for the benefit of the donor or do		
	conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements.		
	Complete if the organization answered "Yes" or		
1	Purpose(s) of conservation easements held by the organization (che	ck all that apply).	
	Preservation of land for public use (e.g., recreation or education)		
	Protection of natural habitat	Preservation of a certified histor	ric structure
	Preservation of open space		
2		servation contribution in the form of a c	10.0
	easement on the last day of the tax year.		Held at the End of the Tax Ye
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic structure in		2c
d	Number of conservation easements included in (c) acquired after 8/1		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the orga	nization during the
	tax year ▶		
4	Number of states where property subject to conservation easement is	s located ▶	
5	Does the organization have a written policy regarding the periodic mo		
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of v	iolations, and enforcing conservation ea	asements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisf	y 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 ease		
	balance sheet, and include, if applicable, the text of the footnote to the	ne organization's financial statements th	nat describes the
	organization's accounting for conservation easements.		
Pa	art III Organizations Maintaining Collections of Art Complete if the organization answered "Yes" or		er Similar Assets.
12	a If the organization elected, as permitted under SFAS 116 (ASC 958),		and balance sheet
	works of art, historical treasures, or other similar assets held for publi		
	public service, provide, in Part XIII, the text of the footnote to its finan		
b	If the organization elected, as permitted under SFAS 116 (ASC 958),		
	works of art, historical treasures, or other similar assets held for publi		
	public service, provide the following amounts relating to these items:		
	(i) Revenue included on 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	n, provide the
_	following amounts required to be reported under SFAS 116 (ASC 95)		
а			\$
	Assets included in Form 990, Part X		

Schedule	e D (Form 990) 2016 Coalitio :	n for the	Homeless	, Inc.					Page 2
Part I		a Collections	of Art. Histor	ical Treasui	res, or Other	Similar	r Asset	s (con	
3 Usi	ing the organization's acquisition, access lection items (check all that apply):								
а	Public exhibition	d 🗌	Loan or exchang	e programs					
b 🗌	Scholarly research	e	Other						
с 🗌	Preservation for future generations								
4 Pro	ovide a description of the organization's	collections and exp	lain how they furt	ther the organiz	ation's exempt p	urpose in	Part		
XIII	l.								
	ring the year, did the organization solicit						_	_	
the second second	sets to be sold to raise funds rather than		is part of the orga	inization's collec	ction?			Yes	No
Part	Escrow and Custodial And Complete if the organization 990, Part X, line 21.		es" on Form 9	990, Part IV,	line 9, or repo	orted an	amour	ıt on F	orm
1a ls t	he organization an agent, trustee, custo	dian or other intern	nediary for contrib	outions or other	assets not				
incl	luded on Form 990, Part X?							Yes	No
b If"\	Yes," explain the arrangement in Part X	II and complete the	following table:						
						\vdash	Ar	mount	
c Be	ginning balance					1c			
	ditions during the year								
	tributions during the year						-		
T End	ding balance		ine 24 fer eases		.mamam.	سلستنسا		Yes	No
	rtne organization include an amount on Yes," explain the arrangement in Part XI								HINO
Part		II. CHECK HEIE II the	explanation has	been provided	UII FAIL AIII				
i are	Complete if the organization	n answered "Y	es" on Form 9	90 Part IV	line 10				
	Complete II the organization	(a) Current year	(b) Prior year	(c) Two ye		Three years I	back (e) Four ye	ars back
1a Bed	ginning of year balance		.,,,,	177					
b Coi	ntributions								
	investment earnings, gains, and								
	ses			ŀ					
	ants or scholarships								
e Oth	ner expenditures for facilities and								
pro	grams								
	ministrative expenses								
	d of year balance			L	L				
	vide the estimated percentage of the cu		ince (line 1g, colu	ımn (a)) held as	:				
	ard designated or quasi-endowment	%							
	rmanent endowment ▶ %	0.1							
	mporarily restricted endowment	%							
	e percentages on lines 2a, 2b, and 2c sl there endowment funds not in the poss		vization that are b	ald and adminis	starad for the				
	anization by:	ession of the organ	nzanon mat are n	ero ano aominis	stered for the			V	s No
-	•						[3	3a(i)	140
(ii)	unrelated organizations related organizations					G · · · · · · · · · · · ·		Ba(ii)	\dashv
h lf "\	Yes" on line 3a(ii), are the related organ	izations listed as re	auired on Schedu	ıle R?		· · · · · · · · · · · · · · · · · · ·	······ <u> </u>	3b	
	scribe in Part XIII the intended uses of t								
Part \									
	Complete if the organization		es" on Form 9	90, Part IV, I	line 11a. See	Form 9	90, Par	t X, lin	e 10.
	Description of property	(a) Cost or other	1	st or other basis	(c) Accumula) Book valu	
		(investment)		(other)	depreciati				
1a Lar	nd								
b Bui	ldings								
c Lea	asehold improvements						ļ		

18,276

6,573 6,573 Schedule D (Form 990) 2016

11,703

d Equipment

e Other ______ 18,2'

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

	Form 990) 2016 Coalition for the H	omeless, Inc.		Page 3
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes			
	(a) Description of security or category	(b) Book value	(c) Method	
	(including name of security)		Cost or end-of-ye	ear market value
(1) Financial				
	eld equity interests	0.00 017	Manhah	
	futual Funds	266,817	Market	<u> </u>
	5.3			
(B)	3.52.22.5	06		
(C)	a.a		<u>.</u>	
····(D)	\$25051,000,0000 (CERE-1 10 1 1 1 0 1 1 1 0 0 0 0 1 1 1 1 1 1	860		
(E)	5 · a · · · · a · a · · · · · · · · · ·	(8)		
\\\	384 · · · 6364 · · · · (3 - 36 · · E) · · · (6 · · 3 · · EE) · · · · (5 † 5 · · · EE + 5 · EE + 5 · · · EE + 5 · · · · · · EE + 5 · · · · · · EE + 5 · · · · · · EE + 5 · · · · · · EE + 5 · · · · · · EE + 5 · · · · · EE + 5 · · · · · · EE + 5 · · · · · · EE + 5 · · · · · · EE + 5 · · · · · · EE + 5 · · · · · · EE + 5 · · · · · · · · · · · · · · · · · ·	05		
(G) (H)	9-3 #89'ecto-470' E 2 2 2 2 2 2 2 2 2 2 2 2 2 2	10		
	nn (b) must equal Form 990, Part X, col. (B) line 12.) ▶	266.817	# 1	re Tillianse il Whi
Part VIII	Investments—Program Related.	100/02//		
I GIL VIII	Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11c. See Form 9	90. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method (
	.,		Cost or end-of-ye	ar market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
	Other Assets.		" 4410 5	00 0 134 11 45
Part IX	Complete if the organization answered "Yes"	<u>on Form 990, Part IV, </u>	line 11d. See Form S	T
Part IX				(b) Book value
	(a) Description			
(1)	(a) Description			
(1)	(a) Description			
(1) (2) (3)	(a) Description			
(1) (2) (3) (4)	(a) Description			
(1) (2) (3) (4) (5)	(a) Description			
(1) (2) (3) (4) (5) (6)	(a) Description			
(1) (2) (3) (4) (5) (6) (7)	(a) Description			
(1) (2) (3) (4) (5) (6) (7) (8)	(a) Description			
(1) (2) (3) (4) (5) (6) (7) (8) (9)	(a) Description finn (b) must equal Form 990, Part X, col. (B) line 15.)			

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			그러나 그는 그 저는 살이 그렇게 하지 않는 것이 없었다면 하는 사람들이 없다.
(9)			
Tota	II. (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

Schedule D (Form	990) 2016 Coalition for the Homeless,	Inc.		Page 4
Part XI R	econciliation of Revenue per Audited Financial Stater	nents Wit n Revenue per	Return	1.
	omplete if the organization answered "Yes" on Form 990			4 405 006
	ue, gains, and other support per audited financial statements		1	4,105,286
	sluded on line 1 but not on Form 990, Part VIII, line 12:	6 275		
	ed gains (losses) on investments	2a -6,375		
	vices and use of facilities			
	of prior year grants			
	ribe in Part XIII.)		2e	-6,375
	a through 2d		3	4,111,661
	e 2e from line 1	1 1		2/222/002
	expenses not included on Form 990, Part VIII, line 7b	4a		
	expenses not included on Form 990, Part VIII, line 70			
c Add lines 4	***************************************		4c	
5 Total reven	a and 4b ue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,111,661
Part XII R	econciliation of Expenses per Audited Financial State	ements With Expenses p	er Retu	ırn.
C	omplete if the organization answered "Yes" on Form 990	, Part IV, line 12a.		
	ses and losses per audited financial statements		1	3,943,622
	cluded on line 1 but not on Form 990, Part IX, line 25:			
a Donated se	rvices and use of facilities	2a		
	djustments	2b		
	S			
	ribe in Part XIII.)		onii te	
	a through 2d		2e	0.040.600
3 Subtract line	2e from line 1	,	3	3,943,622
	cluded on Form 990, Part IX, line 25, but not on line 1:			
	expenses not included on Form 990, Part VIII, line 7b			
	cribe in Part XIII.)			
c Add lines 4	a and 4b		4c	3,943,622
	ses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		3	3,343,022
Part XIII S	upplemental Information. iptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	+ IV lines 1h and 2h: Part V line	4· Part)	(line
Provide the desci	iptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	de any additional information	, -T, 1 GIL 7	ζ, ΙΙΙΙΟ
	TITAL 40 Tracks to			
Fart A	- FIN 48 FOOCHOLE			
The Coal	lition's accounting policy provides	that a tax expe	ense/	benefit from
. The Coa.	LICION B GOODGINGING POLICY PLOT			
an unce	rtain tax position may be recognize	ed when it is mo:	re li	kely than not
9				
that the	e position will be sustained upon e	examination, inc.	Ludin	g resolution
of any	related appeals or litigation proce	sses, based on	the t	echnical
merits.	Management believes The Coalition	has no uncerta:	in ta	x positions
	_			
resulti	ng in an accrual of tax expense or	benefit.		
			.	
	· · · · · · · · · · · · · · · · · · ·	1555. in 1896. Princes in 1996 - 1996 (1996)		
	5, 502,, 315,, 535, 15, 533435 6 His 4 655 45645 His		2	CC++12++12++++12522
. 2		· g · · · · g · · · · · · · · · · · · ·		HEO

Schedule (Tom 99) 2016 Coalition for the Homeless, Inc. Page t Part XIII Supplemental Information (continued) Page t Part XIII Supplemental Information (continued)	Schedule D (Form 990) 2010	6 Coaliti	on for t	he Homel	ess, Inc			Page 5
	PAILAIII	Suppleme		ilon (continue	<i>-u)</i>				
								• • • • • • • • • • • • • • • • • • • •	
				· · · · · · · · · · · · · · · · · · ·	······································				
				**************	***				(2)(0)
	+ 12872331-18733	***************************************	669.8601.033	606033683				cesco reservancescessor scr	
	²			ta kasan ta ta ti tira ta				p1.51***********************************	
	sssss	6E		a.aa.aa				A	R
	S		***************************************		***************************************		(b. 60 - 1 - 1 - 1 (b	. (3) - (3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
									0.230 - 0.00 - 23 - 35 - 490
	202 23 26				000000000000		0		· · · · · · · · · · · · · · · · · · ·
	89 · · · · · · · · · · · · · · · · · · ·								
		es manama							

	########	erandi 1906. Idua			75		wawa.zes		88P8
	×			a	. 8		########		
	9354 . 13 		**************************************		. 15 . 10		808084	6.0	65
	0:00:00		*************				000		69
	same see fo		88888 - 888 - 888 - 888 - 888 - 888 - 888 - 888 - 888 - 888 - 888 - 888 - 888 - 888 - 888 - 888 - 888 - 888 -	000000000000000000000000000000000000000		12 ** 1921 ** 1530,6125 * * * *			
	s		*000001 * **********			1001-0001-1-01-01-01-1		30.00.00.00.00.00.00.00.00.00.00	
	SC 2811113 261181		***************************************				-DE Keletinia Europea vibba	34.43.44	
							SERBOARD - KOMBANDE - KOMBA	. 1981 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	5
	SHE	-0008++++0008+10+08			. 51 1.51 1. 852 1. 1. 8553		0.000000 +000000 + + +00		
	Z 1811111811811119				. 151 1523 151 . 151		EL MESS EL NESS PERS	***************************************	
	g(6965-4965-+N						69.2658.53.0.67.5		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspect

Coalition for the	Homeless	,]	[nc	•	_	
Part I Fundraising Activities. Complete Form 990-EZ filers are not required	I to complete t	his p	art.			
1 Indicate whether the organization raised funds throug	h any of the follow	ving a	ctivitie	es. Check all that app	ly.	
a Mail solicitations	e 🗌 Solicitation	of no	n-go\	vernment grants		
b Internet and email solicitations	f Solicitation	of go	vernr	ment grants		
c Phone solicitations	g 🔲 Special fur	ndrais	ing e\	ents/		
d In-person solicitations						
2a Did the organization have a written or oral agreement	with any individu	al (inc	luding	g officers, directors, tr	ustees,	
or key employees listed in Form 990, Part VII) or entit b If "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization.	y in connection w (fundraisers) purs	ith pro suant t	ofessi to agr	onal fundraising servi eements under which	ces?the fundraiser is to b	Yes No
compensated at least \$5,000 by the diganization.			d fund-		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(II) Activity	custo	have dy or rol of utions?	(Iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (I)	(or retained by) organization
		Yes	No			
1						
2						
3						
4	<u> </u>	 				
5						
6						
7						
8						
9					-	
10						
Total			. •			
3 List all states in which the organization is registered or registration or licensing.	r licensed to solid					
						. 60500000000000000000000000000000000000
	. 40 -00000	9000				. 10.000

Pa	ae	2

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

		gross receipts	greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	
(D)			GiveAJam (event type)	Bourbon Mixer (event type)	None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	51,009	44,425		95,434
		Less: Contributions Gross income (line 1 minus	F1 000	44 405		05.404
	4	line 2) Cash prizes	51,009	44,425		95,434
	5	Noncash prizes				
enses	6	Rent/facility costs	3,571	4,567		8,138
Direct Expenses	7	Food and beverages .				
Ö	8	Entertainment		350		350
		Other direct expenses	35,563	1,759		37,322
Р	10 11 art	Net income summary. Sulf Gaming. Com	. Add lines 4 through 9 in column ubtract line 10 from line 3, column plete if the organization an on Form 990-EZ, line 6a.	(d)		45,810 49,624 eported more
nue		Πα <u>ι</u> Ψ13,000 C	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	_ 1	Gross revenue	412,994	1,982,256		2,395,250
ses	2	Cash prizes	486,973	1,525,440		2,012,413
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs	76,800			76,800
	5	Other direct expenses	120,547 X Yes 85.00 %	X Yes 85.00 %	Yes %	120,547
		Volunteer labor	No	No	X No	
			. Add lines 2 through 5 in column			2,209,760
			nary. Subtract line 7 from line 1, o		>	185,490
	ls ti		e organization conducts gaming a o conduct gaming activities in eac			X Yes No
		re any of the organization' /es," explain:	's gaming licenses revoked, susp	ended, or terminated during the ta		
			•••••			

Sch	edule G (Form 990 or 990-EZ) 2016 Coalition for the Homeless, Inc.
11	Does the organization conduct gaming activities with nonmembers? Yes X No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility 13a 100.00 %
b	An outside facility 13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶ Jennifer Haggard
	5001 Stephan Drive
	Address ► Louisville KY 40258
15a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? Yes X No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the
	amount of gaming revenue retained by the third party ▶\$
C	If "Yes," enter name and address of the third party:
	Name •
	Address Addres
16	Gaming manager information:
	Name ▶ Jennifer Haggard
	Gaming manager compensation ▶\$ 15,934
	Description of services provided
	Director/officer Employee Independent contractor
47	Mandatan distributions
17	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to
a	
h	retain the state gaming license? Lightharpoonup Yes X No Enter the amount of distributions required under state law to be distributed to other exempt organizations or
IJ	spent in the organization's own exempt activities during the tax year
Pai	tiV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.
	See instructions

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Coalition for the	Homeless	, Inc						
Part I General Information on Grants an	d Assistance	<u> </u>						
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for n 	tance? nonitoring the use	of grant fu	inds in the United Sta	tes.				
Part II Grants and Other Assistance to D								İ
990, Part IV, line 21, for any recipie			1				eded.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) Wayside Christian Mission		(II applicable)	, g		Other)	THE CONTRACT CONTRACTOR	57 45515441105	_
P.O. Box 7249	61-0667139	501c3	19,055				Housing Assistance	
(2) Family and Childrens								
525 Zane Street								
Louisville KY 40203		501c3	45,063					
(3) Family Health Center								
2215 Portland Aveneue								
Louisville KY 40212		501c3	160,910					
(4) Home of the Innocents								
1100 East Market Street								
Louisville KY 40206		501c3	290,552					
(5) House of Ruth								
1022 S 6th Street)						
Louisville KY 40203		501c3	23,965					
(6) New Directions Housing Corporation	n							
1000 E Liberty Street								
Louisville KY 40204		501c3	8,386					_
(7) St. John Center								
700 E Muhammad Ali Blvd		-04 0						
Louisville KY 40202		501c3	199,045					
(8) St. Vincent de Paul			i					
4709 Allmond Avenue		F01 -0	1.65 51.4					
Louisville KY 40209		501c3	167,714	<u> </u>				
(9) Volunteers of America								
1436 S Shelby St Louisville KY 40217		E01-2	21 (12					
		501c3	31,613	<u></u>	<u> </u>			_
2 Enter total number of section 501(c)(3) and governme		sted in the	line 1 table					
3 Enter total number of other organizations listed in the l	iine i tadie							

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Inspection

Name of the organization		_	*			E-10.	alaura identification number	_
Coalition for the Part I General Information on Grants and								
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assist Describe in Part IV the organization's procedures for m 	the amount of the ance?	he grants or e of grant fu	ınds in the United Stat	es.				☐ No
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recipier								1 Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gra	int
(1) Wellspring P. O. Box 1927 Louisville KY 40201		501c3	488,591		,			-
(2) Salvation Army 911 S Brook Louisville KY 40203		501c3	9,213					
(3)								
(4)								
(5)							-	
(6)	· · · · · · · · · · · · · · · · · · ·			<u> </u>				
(7)						-		
(8)								
(9)								
 Enter total number of section 501(c)(3) and government Enter total number of other organizations listed in the li 	-	listed in the	line 1 table					

Schedule I (Form 990) (2016) Coalition for	or the Homele	ss, Inc.			Page 2
Part III Grants and Other Assistance	to Domestic Individ	luals. Complete if th	ne organization ans	wered "Yes" on Form 990	, Part IV, line 22.
Part III can be duplicated if add					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Housing Assistance		1,002,750			
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Pr	ovide the information	required in Part I, I	<u>ine 2; Part III, colur</u>	nn (b); and any other addi	tional information.
	.5.5		· · · · · · · · · · · · · · · · · · ·	ECO	360····1245··128····2-10·12····.3.p
5057 *** 15357 *** 16355 *** 173537 *** 15355 *** 17353 *** 17353 *** 17353 *** 17353 *** 17353 *** 17353 ***	fittes III for setter or III serve reco				\$5.5
	ia) — la — lasa — — lasar tara				***************************************
200.00.00.00.00.00.00.00.00.00.00.00.00.	20				20 5 · · · · 20 5 · · · · · (2000 · · · · · · · · · · · · · · · · · ·
evo (16010 · · · · · · · · · · · · · · · · · ·					The state of the s
\$10.00 ······ 300 ··· 300 ··· 400 ··· 1000 ··· 1					
<u> </u>					*** **** *** *** **** **** **** **** ***
	61315165.00.188				
§					

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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. Inspection

Open to Public

Name of the organization

Employer identification number

Coalition for the Homeless, Inc.
Form 990 - Organization's Mission or Most Significant Activities
The mission of the Coalition for the Homeless is to advocate for people wh
are homeless and for the prevention and elimination of homelessness. The
Coalition for the Homeless has been the voice of homelessness in Louisvill
for more than 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) Coordinate the community response to homelessness
through efficient use of resources and funding.
§
Form 990 - Organization's Mission
The mission of The Coalition for the Homeless is to advocate for people wh
are homeless and for the prevention and elimination of homelessness. The
Coalition for the Homeless has been the voice of homelessness in Louisvill
for over 30 years. 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 VI, Line 11b - Organization's Process to Review Form 990
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

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization	Page 2
Coalition for the Homeless, Inc.	
well as the full board before approval for submission.	
werr as the rurr board before approvar for submission.	
z	
Form 990, Part VI, Line 12c - Enforcement of Conflicts	Policy
The organization has the policy signed annually. In ac	ddition, the policy
is submitted to the Department of Housing and Urban Dev	velopment.
Form 990, Part VI, Line 15a - Compensation Process for	Top Official
The Board of Directors reviews and evaluates the Execut	cive Director and her
performance.	
Form 990, Part VI, Line 19 - Governing Documents Disclo	sure Explanation
Governing documents are provided upon request.	
	13
MAGALINIS ANGLAMININI MBANTALINIS ANGLI MAGALINIS MATURANGALINI KENTURA BANTARAN BAN	
9	5
A - 2022/18/2010 0 - 20-40 - 12 - 12-20/20 (2004) (2004) (2004) (2004) (2004) (2004) (2004) (2004) (2004) (2004)	
5	
3	

z · · · · · · · · · · · · · · · · · · ·	
5 · · · · · · · · · · · · · · · · · · ·	
	D 1 - 5 1

Form **4562**

Department of the Treasury

(99)

Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.
▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

Identifying number

Attachment Sequence No

	Coali	tion for th	<u>e Homeless,</u>	Inc.					
	ess or activity to which this form relates								
	ndirect Deprecia	ation pense Certain Pro	norty Under Seet	ion 170			-		
Pé		<u>e any listed proper</u>			NI CO	mnlete	Part I		
1	Maximum amount (see instruc							1	500,000
2	Total cost of section 179 proper		eas instructions)					2	300,000
3	Threshold cost of section 179							3	2,010,000
	Reduction in limitation. Subtra							4	2,010,000
4	Dollar limitation for tax year. Subtra	ot line 3 from line 2. If 2	or loss optor 0. If marris	d filing congrate	dy eoo	inetruction		5	
<u>5</u>		otion of property		ost (business use			Elected cost		
_0	(a) Descrip	ator or property	(3) 5	dat (badii lood add	Ciny,	(0)			
7	Listed property. Enter the amo	ount from line 20			7				
8	Total elected cost of section 1	70 property Add amou	nts in column (c) lines	6 and 7				8	<u> </u>
9	Tentative deduction. Enter the							9	
10	Carryover of disallowed deduc	tion from line 13 of you	r 2015 Form <i>45</i> 62					10	
11	Business income limitation. Er							11	
12	Section 179 expense deduction							12	
	Carryover of disallowed deduction				13			12	
13 Note	: Don't use Part II or Part III be				13				
				iation (Do	un't in	aclude li	sted nro	nert	y.) (See instructions.
	Special depreciation allowance						ated pre	I	/.) (OCC III STI GOTIONS.
14								14	
45	during the tax year (see instru							15	
15	Property subject to section 16							16	2,308
16	Other depreciation (including	iation (Don't inclu	do listed property	\ (Soo inct	ruotio	ne \		10	2,300
Fe	art III MACRS Deprec	Hation (Don't inclu	Section A) (See IIISLI	uctic	JI 18.)			
47	MACRS deductions for assets	aleand in position in to		2016				17	0
17		•							
18	If you are electing to group any assets p	Assets Placed in Serv					reciation	Syste	m
	Occion D	(b) Month and year	(c) Basis for depreciation		10 00.	ioiai bop		- Jou	
	(a) Classification of property	placed in service	(business/investment use only-see instructions)	(d) Recovery period	(e) (Convention	(f) Meth	nod	(g) Depreciation deduction
<u>19a</u>	3-year property				<u> </u>				
b	5-year property								
C	7-year property								
d	10-year property								
_ e	15-year property								
f	20-year property								
g	25-year property			25 yrs.			S/L		
h	Residential rental		_	27.5 yrs.		MM	S/L		
	property			27.5 yrs.		MM	S/L		
i	Nonresidential real			39 yrs.		MM	S/L		
	property					MM	S/L		
	Section C—As	ssets Placed in Service	e During 2016 Tax Ye	ar Using the	Alter	native De	preciatio	n Sys	tem
20a	Class life						S/L		
b	12-year			12 yrs.			S/L		
С	40-year			40 yrs.		MM	S/L		
	art IV Summary (See	instructions.)							
21	Listed property. Enter amount							21	
22	Total. Add amounts from line		, lines 19 and 20 in col	umn (g), and	line 2	1. Enter			
	here and on the appropriate li							22	2,308
23	For assets shown above and	-							
	portion of the basis attributable	e to section 263A costs	.,,		23				

ORIGINAL COPY FILED SECRETARY OF STATE OF KENTUCKY,

ARTICLES OF INCORPORATION

MAY 22 1985 V

OF

Drefelf & Daris

THE COALITION FOR THE HOMELESS

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:

- 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;
- 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.

254 p. 184

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
- Alphonso O'Neil White 1363 South Second Street Louisville, Kentucky 40207

ARTICLE VI - INITIAL BOARD OF DIRECTORS

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

- 1. Larry Otto, President 421 South Second Street Louisville, Kentucky 40202
- 2. Jim Gilmore, Vice President Brown Building, Suite 615 323 West Broadway Louisville, Kentucky 40202
- Teresa Watson, Secretary Seven Counties Services 834 E. Broadway Louisville, Kentucky 40204
- 4. Alhonso O'Neil White, Treasurer 1636 South Second Street Louisville, Kentucky 40207
- 5. The Reverend Mike Elliott, at large 733 East Jefferson Street Louisville, Kentucky 40202

- 6. Blanche Cooper, Judge's Designee 527 West Jefferson, Suite Leuisville, Kentucky 40202
- 7. Mary Mulvihill,
 Mayor's Designee
 727 West Main Street
 Louisville, Kentucky 40202

ARTICLE VII - BYLAWS

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

ARTICLE VIII - NONPROFIT STATUS

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

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

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

ARTICLE IX - DISSOLUTION

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

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

ARTICLE X - INTERNAL AFFAIRS

The initial Bylaws shall be adopted by the initial Board of Directors.

Thereafter, the Corporation shall be governed by the Bylaws. Membership and voting shall be determined as provided in the Bylaws.

ARTICLE XI - LIABILITY

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

ARTICLE XII - AMENDMENTS

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

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

STATE OF KENTUCKY COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority personally appeared where C. 1990, James H. Juhner, Jr. + Alphanso One White, and being duly sworn, acknowledged that they are incorporators of the aforementioned Corporation, and that they signed the foregoing Articles of Incorporation as their free act and deed.

WITNESS my signature and seal of office this $\frac{1672}{1}$ day of $\frac{1}{1}$, 1986.

My Commission Expires: \m\ 9,1987

NOTARY PUBLIC, STATE-AT-LARGE, KENTUCKY

THIS DOCUMENT PREPARED BY:

LAURA M. DOUGLAS, ATTORNEY-AT-LAW

Legal Aid Society, Inc. 425 W. Muhammad Ali Blvd.

Louisville, Kentucky 40202

Lost 554 pg 184

Form W-9 (Rev. November 2017) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

	1 Name (as shown on your income tax return). Name is required on this line; do	not leave this line blank.		
	The Costition for the Hom	eless, In	C .	
t	2 Business name/disregarded entity name, if different from above			
bage 3.	Check appropriate box for federal tax classification of the person whose name following seven boxes.		eck only one of the	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
s on g	☐ Individual/sole proprietor or single-member LLC ☐ S Corporation ☐ S Corporation	☐ Trust/estate	Exempt payee code (if any) 50/C	
tio.	Limited liability company. Enter the tax classification (C=C corporation, S=	S corporation, P=Partners	ship) ▶	
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded from another LLC that is not disregarded from the owner for U.S. federal tax pu is disregarded from the owner should check the appropriate box for the tax	of the single-member ow m the owner unless the o rposes. Otherwise, a sing	rner. Do not check wner of the LLC is le-member LLC that	Exemption from FATCA reporting code (if any)
eci	☐ Other (see instructions) ▶			(Applies to accounts maintained outside the U.S.)
See Sp	5 Address (number, street, and apt. or suite no.) See Instructions. 1300 S. 44L St., Ste. 250		Requester's name a	nd address (optional)
	1300 S. 446 St., Ste. 250 6 City, state, and ZIP code Lovisville, 164 40208			
T.	7-List account number(s) here (optional)			
Part				
Enter y	our TIN in the appropriate box. The TIN provided must match the name	e given on line 1 to avo		urity number
	o withholding. For individuals, this is generally your social security num nt alien, sole proprietor, or disregarded entity, see the instructions for P		ora	
entities	s, it is your employer identification number (EIN). If you do not have a n	umber, see How to get	ta 🔲 📗	
TIN, la			or	identification number
	If the account is in more than one name, see the instructions for line 1. er To Give the Requester for guidelines on whose number to enter.	Also see What Name a	and Employer	identification number
rearrioc	, 10 dive the flequence for galactimes of whose hamilton to enter			
Part	II Certification			
	penalties of perjury, I certify that:			
	number shown on this form is my correct taxpayer identification numb	er (or i am waiting for a	a number to be iss	ued to me): and
2. I am Sen	not subject to backup withholding because: (a) I am exempt from bac vice (IRS) that I am subject to backup withholding as a result of a failure onger subject to backup withholding; and	kup withholding, or (b)	I have not been n	otified by the Internal Revenue
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 exemp	t from FATCA reporting	g is correct.	
you ha acquisi other th	cation instructions. You must cross out item 2 above if you have been no ve failed to report all interest and dividends on your tax return. For real est ition or abandonment of secured property, cancellation of debt, contribution an interest and dividends, you are not required to sign the certification, but	ate transactions, item 2	does not apply. For	r mortgage interest paid, (IRA), and generally, payments
Sign Here	Signature of U.S. person ►		Date > 6/2	20/2018
Ger	neral Instructions	 Form 1099-DIV (div funds) 	vidends, including	those from stocks or mutual
Section noted.	n references are to the Internal Revenue Code unless otherwise	• Form 1099-MISC (various types of in	come, prizes, awards, or gross
related	e developments. For the latest information about developments if to Form W-9 and its instructions, such as legislation enacted	 Form 1099-B (stoc transactions by brok 		ales and certain other
	ney were published, go to www.irs.gov/FormW9.	• Form 1099-S (proc		•
_	pose of Form	•		rd party network transactions)
	ividual or entity (Form W-9 requester) who is required to file an	1098-T (tuition)	mortgage interest)	, 1098-E (student loan interest),
	ation return with the IRS must obtain your correct taxpayer ication number (TIN) which may be your social security number	• Form 1099-C (cand	celed debt)	
(SSN),	individual taxpayer identification number (ITIN), adoption	• Form 1099-A (acqu	iisition or abandon	ment of secured property)
(EIN), 1	ver identification number (ATIN), or employer identification number to report on an information return the amount paid to you, or other at the contraction return. Examples of information	Use Form W-9 onli alien), to provide you		person (including a resident

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,

later.

returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

PROJECT HOMELESS CONNECT/STAND-DOWN RESOURCE SHEET/EXIT INTERVIEW Pg 3

EXIT INTERVIEW

(Circle specific responses):

1. Did you get what you came for? Yes

No

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

CLOTHING SOMETHING ELSE (Describe Below)
(Please tell the participant that they will receive clothing after they complete the interview

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

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

Very satisfied

Satisfied

Not satisfied at all

No opinion/Did not use

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

Very satisfied

Satisfied

Not satisfied at all

No opinion/Did not use

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

Very satisfied

Satisfied

Not satisfied at all

No opinion/Did not use

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

Very satisfied

Satisfied

Not satisfied at all

No opinion/did not use

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

Very satisfied

Satisfied

Not satisfied at all

No opinion/did not use

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



The Coalition for the Homeless, Inc.

Independent Auditors' Report

And Financial Statements

For the Years Ended

June 30, 2017 and 2016

Contents

	Page
Independent Auditors' Report	1
Financial Statements:	
Statements of Financial Position Statements of Activities Statements of Functional Expenses Statements of Cash Flows Notes to Financial Statements	3 4 5 6 7
Supplementary Information	
Schedule of Expenditures of Federal Awards	16
Notes to Schedule of Expenditures of Federal Awards	17
Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of the Financial Statements Performed in Accordance with Government Auditing Standards	18
Independent Auditors' Report on Compliance for Each Major Federal Program and on Internal Control Over Compliance Required by the Uniform Guidance	20
Schedule of Findings and Questioned Costs	22





Independent Auditors' Report

Board of Directors
The Coalition for the Homeless, Inc.

We have audited the accompanying financial statements of The Coalition for the Homeless, Inc., (a not-forprofit organization) which comprise the statements of financial position as of June 30, 2017 and 2016, 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.

Auditors' 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 audits 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, 2017 and 2016, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated December 7, 2017 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 the effectiveness of The Coalition for the Homeless, Inc.'s 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.

Baldwin CPAs, PLLC

Louisville, Kentucky December 7, 2017

The Coalition for the Homeless, Inc. Statements of Financial Position June 30, 2017 and 2016

	2017			2016
ASSETS				
Cash	\$	471,723	\$	309,506
Grants receivable		52,835		150,135
Promises to give		17,705		20,829
Inventory		2,630		26
Prepaid expenses		3,516		3,789
Investments		266,817		162,999
Property and equipment, net		6,573	_	8,937
Total assets	\$	821,799	\$	656,221
LIABILITIES AND NET ASSETS LIABILITIES				
Accounts payable	\$	38,571	\$	41,211
Accrued expenses and withholdings		18,185		11,631
Total liabilities		56,756		52,842
NET ASSETS				
Unrestricted		697,121		513,650
Temporarily restricted		67,922		89,729
Total net assets		765,043		603,379
Total liabilities and net assets	\$	821,799	\$	656,221

The Coalition for the Homeless, Inc. Statements of Activities For the Years Ended June 30, 2017 and 2016

2017 2016 Temporarily Temporarily Unrestricted Restricted Total Unrestricted Restricted Total Revenue and support: Grants and contributions \$ 3,268,492 130,971 \$ 3,399,463 \$ 3,334,524 92,592 \$ 3,427,116 Charitable gaming revenue, net 185,490 185,490 188,871 188,871 Membership dues 50.990 50,990 72,486 72,486 Special event revenue 95,434 95,434 99,527 99,527 Special event expense (45,810)(45,810)(80, 829)(80,829)Investment income 30,393 30,393 24,447 24,447 Realized and unrealized gain (loss) on investments, net (6,375)(6,375)(30, 236)(30, 236)22,866 Other income 22,866 12,494 12,494 3,601,480 130,971 3,732,451 3,621,284 92,592 3,713,876 Net assets released from restrictions: Restrictions satisfied by payments 152,778 (152,778)24,226 (24, 226)Total revenue and support 3,754,258 (21,807)3,732,451 3,645,510 68,366 3,713,876 Expenses: Program services 3,305,744 3,305,744 3,278,805 3,278,805 Management and general 131,266 131,266 270,499 270,499 Fundraising 133,777 133,777 11,545 11,545 Total expenses 3,570,787 3,570,787 3,560,849 3.560.849 Change in net assets 183,471 (21,807)161,664 84,661 68,366 153.027 Net assets at beginning of year 513,650 89,729 603,379 428,989 21,363 450,352 Net assets at end of year 697,121 67,922 765,043 513,650 89,729 603,379

The Coalition for the Homeless, Inc. Statements of Functional Expenses For the Years Ended June 30, 2017 and 2016

2017 2016

	2017					2016												
	Program Services		_			nagement I General	Fu	ndraising		Total		Program Services		nagement d General	Fur	ndraising		Total
Salaries and payroll taxes	\$ 4	56,426	\$	29,612	\$	108,266	\$	594,304	\$	390,716	\$	143,475	\$	10,335	\$	544,526		
Employee benefits	•	79,713		5,172		18,908		103,793		61,217		39,133		785		101,135		
Federal awards -																		
subrecipients	2,4	16,930		-		-	2	2,416,930	- :	2,648,547		-		-	2	,648,547		
Shelter assistance	;	32,120		-		-		32,120		32,099		-		(4 6		32,099		
Stand down program		8,268		_		941		8,268		14,813		-		-		14,813		
Supplies		8,611		559		2,042		11,212		93		9,400		_		9,493		
Printing		3,832		249		909		4,990		4,821		3,459		-		8,280		
Postage		1,553		101		368		2,022		-		2,971		(#3)		2,971		
Rent		40,801		25,843		-		66,644		25,431		16,107		4.		41,538		
Repairs and maintenance		-		9,239		-		9,239		-		9,091		-		9,091		
Telephone and internet		12,841		833		3,046		16,720		1,483		8,140		-		9,623		
Travel and conferences	;	33,164		1,739		_		34,903		6,496		16,083		187		22,766		
Dues and subscriptions		-		2,024		æ/i		2,024		-		1,591		-		1,591		
Depreciation		1,418		709		238		2,365		1,418		709		238		2,365		
Professional fees	(62,801		42,511		-		105,312		72,157		16,592		-		88,749		
Miscellaneous		11		9,975		-		9,986		-		2,169		-		2,169		
Other program expenses	14	46,750		-		20		146,750		19,514		_		-		19,514		
Board and committees		505		2,700				3,205		<u>-7/1</u>		1,579				1,579		
	\$ 3,3	05,744	\$	131,266	\$	133,777	\$ 3	3,570,787	\$	3,278,805	\$	270,499	\$	11,545	\$ 3	3,560,849		

The Coalition for the Homeless, Inc. Statements of Cash Flows For the Years Ended June 30, 2017 and 2016

	2017		2016
Cash flows from operating activities			
Change in net assets	\$	161,664	\$ 153,027
Adjustments to reconcile change in net assets			
to net cash provided by operating activities:			
Depreciation		2,365	2,365
Realized and unrealized (gain) loss on investments		6,375	30,236
(Increase) decrease in operating assets:		•	·
Grants receivable		97,300	(114, 181)
Promises to give		3,124	534
Inventory		(2,604)	3,143
Prepaid expenses		273	(1,198)
Increase (decrease) in operating liabilities:			, ,
Accounts payable		(2,640)	3,747
Accrued expenses		6,554	 (3,266)
Net cash provided (used) by operating activities		272,411	74,407
Cash flows from investing activities			
Purchase of investments		(110,194)	 (24,293)
Net cash provided (used) by investing activities		(110, 194)	 (24,293)
Net increase in cash		162,217	50,113
Cash, beginning of year		309,506	259,393
oash, beginning of year		300,000	
Cash,end of year	\$	471,723	\$ 309,506

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 people who are 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 government entities.

Basis of Accounting

The Coalition prepares its financial statements on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Basis of Presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) with regards to financial statements of Not-for-Profit Organizations. Under this guidance, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets. A description of the three net assets categories follows:

<u>Unrestricted Net Assets</u>: include the portion of expendable funds that are not subject to donor-imposed stipulations.

<u>Temporarily Restricted Net Assets</u>: include gifts for which donor- imposed restrictions have not been met.

<u>Permanently Restricted Net Assets</u>: include amounts which the donor has stipulated that the corpus be invested in perpetuity and only the income be made available for program operations in accordance with donor restrictions.

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 revenue and expenses during the reporting periods. Accordingly, actual results could differ from those estimates.

Cash

Cash consists of cash on deposit.

Grants Receivable

Grants receivable consist primarily of government cost reimbursement contracts billed but not received. All are considered collectible, so no allowance for doubtful accounts is necessary.

Promises to Give

Promises to give are recognized when the donor makes a promise to give to the Coalition that is, in substance, unconditional. Promises to give becoming due in the next year are recorded at net realizable value. Promises to give in subsequent years are reported at the present value of their net realizable value, using risk free interest rates applicable to the years in which the promises are recognized. Conditional promises to give are recognized when the conditions on which they depend are substantially met.

Inventory

Inventory consist of bus tickets on hand, at cost.

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.

Property and Equipment

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.

Contributions and Grants

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions.

Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other 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

Contributions of tangible assets are recognized at their fair market value at date of donation. The amounts are reflected in the accompanying financial statements as unrestricted support and are offset by like amounts included in expenses. In-kind donations for the years ended June 30, 2017 and 2016 were \$32,967 and \$68,190, respectively and were for special events.

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.

Expense Allocation

Expenses are charged to programs and supporting services on the basis of periodic time and expense studies. Management and general expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of the Coalition. During 2017, the Coalition changed its allocation procedures to better reflect fund raising expenses. The change had no effect on change in net assets or total assets.

Income Tax Status

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 have 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.

Note 2 - Concentrations of Credit Risk

<u>Cash</u> - The Coalition maintains its cash balances in several financial institutions in Louisville, Kentucky. The cash balances are insured by the Federal Deposit Insurance Corporation up to \$250,000. The risk is managed by maintaining all deposits in high quality financial institutions.

<u>Investments</u> - Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities, and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would result in material changes in the fair value of investments and net assets of the Coalition. To address the risk, the Coalition maintains a formal investment policy that sets out investment guidelines, asset allocation guidelines and requires review of the investment manager's performance. The finance committee oversees the entire process.

Concentration of Revenue - The Coalition is dependent on cost reimbursement contracts with the Department of Housing and Urban Development to carry out its program activities. The majority of these contracts have been currently renewed through third-party payers' fiscal years ending during 2017. However, any significant future changes in the level of government funding of these programs could have a favorable or unfavorable impact on the operating results of the Coalition. During the years ended June 30, 2017 and 2016, 87% and 86%, respectively, of total revenue and support was derived from federal, state, and local government grants.

Note 3 - Promises to Give

Promises to give are receivable in less than one year. The promises to give balance consists of the following as of June 30, 2017 and 2016, respectively:

	 2017	 2016
Metro United Way	\$ 17,705	\$ 20,829

No allowance for doubtful accounts is considered necessary, as management believes that all amounts are collectible.

Note 4 - Investments

Investments consist of cash, stocks, and mutual funds that are stated at fair value based on quoted prices in active markets (all level 1 measurements) and are summarized as follows:

	Fa	air Value	C	ost Basis	realized Gains Losses)
June 30, 2017 Cash Mutual funds	\$	1,031 265,786	\$	1,031 227,785	\$ - 38,001
	\$	266,817	\$	228,816	\$ 38,001
June 30, 2016 Cash Mutual funds	\$	40,650 122,349	\$	40,650 96,370	\$ - 25,979
	\$	162,999	\$	137,020	\$ 25,979

Note 5 - Fair Values of Financial Instruments

The ASC 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 species a three-tier hierarchy of valuation techniques based upon whether the inputs to those valuation techniques are bases 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, 2017 and 2016 are as follows:

	Balance at		Fair Valı	its Using:			
	June	e 30, 2017	Level 1	Le	vel 2	Le	vel 3
Financial assets: Money market accounts Mutual funds	\$	1,031	\$ 1,031	\$	-	\$	-
Growth		13,044	13,044		-		9
Income		252,742	252,742				_
	\$	266,817	\$ 266,817	\$		\$	
	Ва	alance at	Fair Val	lue Measurements Using:			
	June	e 30, 2016	Level 1	Le	vel 2	Level 3	
Financial assets:							
Money market accounts Mutual funds	\$	40,650	\$ 40,650	\$	-	\$	~
Growth		87,705	87,705		-		2
Income		34,644	 34,644		1477		=
	\$	162,999	\$ 162,999	\$	-	\$	-

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

The carrying amount 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 6 - Property and Equipment

Property and equipment and total accumulated depreciation are as follows:

	2017		 2016
Property and Equipment Less Accumulated Depreciation	\$	18,276 (11,703)	\$ 18,276 (9,339)
	\$	6,573	\$ 8,937

Note 7 - Temporarily Restricted Net Assets

Temporarily restricted net assets consist of the following:

		2017		2016
Continuum of Care Program, Metro United Way	s	17.705	\$	20,829
Rx: Housing Grant	Ψ	2,948	Ψ	500
Program Income from Tenants Bourbon Mixer Contribution		47,269 -		67,400 1,000
	\$	67,922	\$	89,729

Note 8 - 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, 2017 and 2016 were \$26,488 and \$36,470.

Note 9 - Operating Leases

The Coalition leases office space under operating leases expiring in various years through 2022. Several of these leases have renewal options that are renewed in the normal course of business. Future minimum lease payments under non-cancelable operating leases at June 30, 2017, are as follows:

Due Fiscal	
Year Ending	
June 30,	Amount
2018	\$ 131,223
2019	66,222
2020	66,222
2021	50,199
2022	42,188
	\$ 356,054

Rent expense for the years ended June 30, 2017 and 2016 was \$143,444 and \$126,713, respectively.

Note 10 - 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:

	2017			2016
Ticket revenue Ticket expense	\$	391,684 (372,835)	\$	390,894 (379,286)
Net ticket income	\$	18,849	\$	11,608

Note 11 - Federal Awards

During the years ended June 30, 2017 and 2016, 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, 2017 and 2016 totaling \$2,447,740 and \$2,648,547, respectively, to sub-recipients who provide programs that assist the homeless.

Note 12 - Recently Issued Accounting Standards

Accounting Standards Update 2014-09, Revenue from Contracts with Customers (Topic 606)

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2014-09, Revenue from Contracts with Customers (Topic 606), requiring an entity to recognize the amount of revenue to which it expects to be entitled for the transfer of promised goods or services to customers. The core principle of ASU 2014-09 is to recognize revenues when a customer obtains control of a good or service, in an amount that reflects the consideration to which an entity is expected to be entitled for those goods or services. The standard will replace most existing revenue recognition guidance in GAAP when it becomes effective and permits the use of either a full retrospective or retrospective with cumulative effect transition method. In August 2015, the FASB issued ASU 2015-14, which deferred the effective date of ASU 2014-09 by one year. The updated standard will be effective for the year ending June 30, 2020. The Organization has not yet selected a transition method and is currently evaluating the effect that the new standard will have on its combined financial statements.

Accounting Standards Update 2016-02, Leases (Topic 842)

In February 2016, the FASB issued ASU 2016-02, Leases (Topic 842), requiring all leases to be recognized on the Organization's balance sheet as a right-of-use asset and a lease liability, unless the lease is a short term lease (generally a lease with a term of twelve months or less). At the commencement date of the lease, the Organization will recognize: 1) a lease liability for Organization's obligation to make payments under the lease agreement, measured on a discounted basis; and 2) a right-of-use asset that represents the Organization's right to use, or control the use of, the specified asset for the lease term.

Upon adopting the ASU, the Organization will be required to recognize and measure its leases at the beginning of the earliest period presented using a modified retrospective approach.

ASU 2016-02 will be effective for the Organization for the year ending June 30, 2021, with early adoption permitted. The Organization is currently evaluating the effect that the new standard will have on its combined financial statements.

Accounting Standards Update 2016-14, Not-for-Profit Entities (Topic 958)

In August 2016, the FASB issued ASU No. 2016-14, Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities, that changes how a not-for-profit organization classifies its net assets, as well as the information it presents in the financial statements and notes about its liquidity, financial performance, and cash flows. The ASU includes a reduction in the number of net asset categories from three to two, conforming requirements on releases of capital restrictions, several new requirements related to expense presentation and disclosure (including investment expenses), and new required disclosures communicating information useful in assessing liquidity. The ASU will be effective for the Organization for the year ending June 30, 2019. Early adoption is permitted.

The Organization is currently evaluating the effect that the new standard will have on its combined financial statements.

Note 13 - Subsequent Events

Management has evaluated subsequent events for recognition or disclosure in the financial statements through December 7, 2017, which was the date at which the financial statements were available to be issued.

Additional Information

The Coalition for the Homeless, Inc. Schedule of Expenditures of Federal Awards For the Year Ended June 30, 2017

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Payments to p-Recipients	E>	Total Federal openditures
U.S. Department of Housing and Urban Developm Continuum of Care Program Emergency Solutions Grant Community Development Block Grant	ent: 14.267 14.231 14.218	\$ 2,416,930 30,810	\$	3,089,757 30,810 80,000
Total Expenditures of Federal Awards		\$ 2,447,740	\$	3,200,567

The Coalition for the Homeless, Inc. Notes to Schedules of Expenditures of Federal Awards For the Year Ended June 30, 2017

Note 1 - Basis of Presentation

The accompanying schedule of expenditures of federal awards includes the federal award activity of The Coalition for the Homeless, Inc. under programs of the federal government for the year ended June 30, 2017. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards (Uniform Guidance). Because the schedule presents only a selected portion of the operations of The Coalition for the Homeless, Inc., it is not intended to and does not present the financial position, changes in net assets, or cash flows of The Coalition for the Homeless, Inc.

Note 2 - Significant Accounting Policies

Expenditures reported on the schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

The Coalition for the Homeless, Inc. has not elected to use the 10 percent de minimis indirect cost rate as allowed under the Uniform Guidance.



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

Board of Directors
The Coalition for the Homeless, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of The Coalition for the Homeless, Inc. which comprise the statement of financial position as of June 30, 2017, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements and have issued our report thereon dated December 7, 2017.

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 Coalition for the Homeless, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of The Coalition for the Homeless, Inc.'s internal control.

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

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

Compliance and Other Matters

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

Purpose of this Report

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

Baldwin CPAs, PLLC

Louisville, Kentucky December 7, 2017



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

Board of Directors
The Coalition for the Homeless, Inc.

Report on Compliance for Each Major Federal Program

We have audited The Coalition for the Homeless, Inc.'s (a not-for-profit organization) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of The Coalition for the Homeless, Inc.'s major federal programs for the year ended June 30, 2017. The Coalition for the Homeless, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

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

Auditors' Responsibility

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

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

Opinion on Each Major Federal Program

In our opinion, The Coalition for the Homeless, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2017.

Report on Internal Control over Compliance

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

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

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

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

Baldwin CPAS, PLLC

Louisville, Kentucky December 7, 2017

The Coalition for the Homeless, Inc. Schedule of Findings and Questioned Costs For the Year Ended June 30, 2017

Summary of auditors' results:

- The auditors' report expresses an unmodified opinion on whether the financial statements of The Coalition for the Homeless, Inc. were prepared in accordance with generally accepted accounting principles.
- No significant deficiencies relating to the audit of the financial statements are reported in the internal control report. No material weaknesses are reported.
- No instances of noncompliance material to the financial statements of The Coalition for the Homeless, Inc. which would be required to be reported on Government Auditing Standards were disclosed during the audit.
- No significant deficiencies in internal control over major federal award programs were disclosed during the audit. No material weaknesses are reported.
- The auditors' report on compliance for the major federal awards programs for The Coalition for the Homeless, Inc. expresses an unmodified opinion on all major federal programs.
- 6. There are no audit findings to be reported in accordance with 2 CFR 200.516(a).
- 7. Programs tested as major programs included:

Department of Housing and Urban Development Continuum of Care Program

CFDA #14.267

3,089,757

- 8. The dollar threshold to distinguish between Type A and Type B programs is \$750,000.
- 9. The Coalition for the Homeless, Inc. did not qualify as a low-risk auditee.

Findings - financial statement audit: None

Findings and questioned costs - major federal award programs audit: None

THE COALITION FOR THE HOMELESS, INC.

General Information

Organization Number 0215424

Name THE COALITION FOR THE HOMELESS, INC.

Profit or Non-Profit N - Non-profit

Company Type KCO - Kentucky Corporation

Status A - Active
Standing G - Good
State

State KY

 File Date
 5/22/1986

 Organization Date
 5/22/1986

 Last Annual Report
 1/17/2018

Principal Office 1300 SO. FOURTH ST., SUITE 250

LOUISVILLE, KY 40203

Registered Agent NATALIE HARRIS

1300 SOUTH 4TH STREET, SUITE 250

LOUISVILLE, KY 40208

Current Officers

ChairmanSheila EtchenVice ChairmanChristina FrileyTreasurerKathy BeachDirectorSheila EtchenDirectorKathy BeachDirectorChristina Friley

Individuals / Entities listed at time of formation

DirectorLARRY OTTODirectorJIM GILMOREDirectorTERESA WATSONDirectorREV MIKE ELLIOTTDirectorBLANCHE COOPER

IncorporatorLARRY OTTOIncorporatorIIM GILMORE

Incorporator <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	1/17/2018	1 page	<u>PDF</u>
Annual Report	2/8/2017	1 page	<u>PDF</u>
Annual Report	2/9/2016	1 page	<u>PDF</u>
Annual Report	2/6/2015	1 page	PDF

<u>Annual Report</u>	1/27/2014	1 page	<u>PDF</u>	
Annual Report	1/11/2013	1 page	<u>PDF</u>	
Principal Office Address Change	1/11/2012 12:32:24 PM	1 page	<u>PDF</u>	
Annual Report	1/11/2012	1 page	<u>PDF</u>	
Registered Agent name/address change	1/25/2011 12:02:01 PM	1 page	<u>PDF</u>	
Annual Report	1/25/2011	1 page	<u>PDF</u>	
Annual Report	1/21/2010	1 page	<u>PDF</u>	
Annual Report	3/30/2009	1 page	<u>PDF</u>	
Annual Report	8/11/2008	1 page	<u>PDF</u>	
Annual Report	2/20/2007	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	1/31/2006	1 page	<u>PDF</u>	
Annual Report	2/11/2005	1 page	<u>PDF</u>	
Annual Report	8/25/2003	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/2/2002	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	8/15/2001	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/6/2000	4 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	8/17/1999	5 pages	<u>tiff</u>	<u>PDF</u>
Statement of Change	7/21/1999	1 page	<u>tiff</u>	<u>PDF</u>
<u>Letters</u>	1/28/1999	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	9/2/1998	5 pages	<u>tiff</u>	<u>PDF</u>
Statement of Change	7/3/1997	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1997	3 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1996	3 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1995	2 pages	<u>tiff</u>	<u>PDF</u>
Statement of Change	5/26/1994	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/20/1994	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/5/1993	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	3/25/1992	1 page	<u>tiff</u>	<u>PDF</u>
Statement of Change	3/16/1992	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1991	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1990	3 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1989	2 pages	<u>tiff</u>	<u>PDF</u>
Articles of Incorporation	5/22/1986	7 pages	<u>tiff</u>	<u>PDF</u>
Articles of Incorporation	5/22/1986	7 pages	<u>tiff</u>	<u>PDF</u>

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	1/17/2018 2:10:31 PM	1/17/2018 2:10:31 PM	
Annual report	2/8/2017 2:40:08 PM	2/8/2017 2:40:08 PM	
Annual report	2/9/2016 12:04:13 PM	2/9/2016 12:04:13 PM	
Annual report	2/6/2015 1:44:44 PM	2/6/2015 1:44:44 PM	

Annual report	1/27/2014 2:59:52 PM	1/27/2014 2:59:52 PM
Annual report	1/11/2013 12:34:01 PM	1/11/2013 12:34:01 PM
Annual report	1/11/2012 12:40:16 PM	1/11/2012 12:40:16 PM
Principal office change	1/11/2012 12:32:24 PM	1/11/2012 12:32:24 PM
Registered agent address change	1/25/2011 12:02:01 PM	1/25/2011 12:02:01 PM
Annual report	1/25/2011 11:58:11 AM	1/25/2011 11:58:11 AM
Annual report	1/21/2010 2:56:23 PM	1/21/2010 2:56:23 PM
Annual report	3/30/2009 9:46:38 AM	3/30/2009 9:46:38 AM
Annual report	8/11/2008 12:00:58 PM	8/11/2008 12:00:58 PM
Annual report	2/20/2007 7:34:13 AM	2/20/2007
Annual report	1/31/2006 12:03:34 PM	1/31/2006 12:03:34 PM
Annual report	2/11/2005	2/11/2005
Annual report	6/1/2004	6/1/2004
Registered agent address change	7/21/1999	7/21/1999
Principal office change	2/1/1999	2/1/1999
Annual report	7/3/1997	7/3/1997
Registered agent address change	7/3/1997	7/3/1997

Microfilmed Images

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

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

Statement of Change	3/16/1992	1 page
Annual Report	7/1/1991	2 pages
Annual Report	7/1/1990	3 pages
Annual Report	7/1/1989	2 pages
Articles of Incorporation	5/22/1986	6 pages