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Form **990**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 black lung benefit trust or private foundation)

OMB No 1545-0047

**2008**Open to Public  
Inspection

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

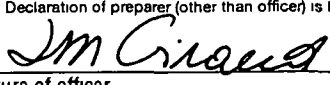
**A For the 2008 calendar year, or tax year beginning** **OCT 1, 2008** **and ending** **SEP 30, 2009**

|                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                                        |                                              |                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print type<br><br>See Specific Instructions | <b>C Name of organization</b><br><b>COMMUNITY COUNCIL FOR THE HOMELESS AT FRIENDSHIP PLACE</b>                                         |                                              | <b>D Employer identification number</b><br><b>52-1925494</b>                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                |                                                                     | <b>Doing Business As</b>                                                                                                               |                                              | <b>E Telephone number</b><br><b>202-364-1419</b>                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                |                                                                     | <b>Number and street (or P O box if mail is not delivered to street address)</b> <b>Room/suite</b><br><b>4713 WISCONSIN AVENUE, NW</b> | <b>G Gross receipts \$</b> <b>2,003,044.</b> |                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                |                                                                     | <b>City or town, state or country, and ZIP + 4</b><br><b>WASHINGTON, DC 20016</b>                                                      |                                              | <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c) Group exemption number</b> ▶ |
| <b>F Name and address of principal officer:</b> <b>JEAN MICHEL GIRAUD</b><br><b>SAME AS C ABOVE</b>                                                                                                                                                                                            |                                                                     |                                                                                                                                        |                                              |                                                                                                                                                                                                                                                                                                                   |
| <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                                                |                                                                     |                                                                                                                                        |                                              |                                                                                                                                                                                                                                                                                                                   |
| <b>J Website:</b> ▶ <b>WWW.CCHFP.ORG</b>                                                                                                                                                                                                                                                       |                                                                     |                                                                                                                                        |                                              |                                                                                                                                                                                                                                                                                                                   |
| <b>K Type of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                             |                                                                     |                                                                                                                                        |                                              |                                                                                                                                                                                                                                                                                                                   |
| <b>L Year of formation</b> <b>1992</b> <b>M State of legal domicile</b> <b>DC</b>                                                                                                                                                                                                              |                                                                     |                                                                                                                                        |                                              |                                                                                                                                                                                                                                                                                                                   |

**Part I Summary**

|                             |     |                                                                                                                                                                                          |                                             |                                          |
|-----------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------|
| Activities & Governance     | 1   | Briefly describe the organization's mission or most significant activities: <b>THE PURPOSE OF THIS ORGANIZATION IS TO HELP HOMELESS MEN AND WOMEN LIVING IN THE DISTRICT OF COLUMBIA</b> |                                             |                                          |
|                             | 2   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.                                                      |                                             |                                          |
|                             | 3   | Number of voting members of the governing body (Part VI, line 1a)                                                                                                                        | <b>3</b>                                    | <b>27</b>                                |
|                             | 4   | Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                            | <b>4</b>                                    | <b>27</b>                                |
|                             | 5   | Total number of employees (Part V, line 2a)                                                                                                                                              | <b>5</b>                                    | <b>33</b>                                |
|                             | 6   | Total number of volunteers (estimate if necessary)                                                                                                                                       | <b>6</b>                                    | <b>245</b>                               |
|                             | 7a  | Total gross unrelated business revenue from Part VIII, line 12, column (C)                                                                                                               | <b>7a</b>                                   | <b>0.</b>                                |
|                             | 7b  | Net unrelated business taxable income from Form 990-T, line 34                                                                                                                           | <b>7b</b>                                   | <b>0.</b>                                |
| Revenue                     | 8   | Contributions and grants (Part VIII, line 1h)                                                                                                                                            | <b>Prior Year</b><br><b>1,227,248.</b>      | <b>Current Year</b><br><b>1,963,402.</b> |
|                             | 9   | Program service revenue (Part VIII, line 2g)                                                                                                                                             | <b>56,600.</b>                              | <b>36,192.</b>                           |
|                             | 10  | Investment income (Part VIII, column (A), lines 3a and 3b)                                                                                                                               | <b>58.</b>                                  | <b>&lt;11,643.&gt;</b>                   |
|                             | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                 | <b>517.</b>                                 | <b>3,115.</b>                            |
|                             | 12  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                       | <b>1,284,423.</b>                           | <b>1,991,066.</b>                        |
|                             | 13  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                                                         |                                             |                                          |
|                             | 14  | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                            |                                             |                                          |
|                             | 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                                        | <b>862,317.</b>                             | <b>1,266,134.</b>                        |
| Expenses                    | 16a | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                            |                                             |                                          |
|                             | b   | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>200,899.</b>                                                                                                              |                                             |                                          |
|                             | 17  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                                                                                                                             | <b>307,371.</b>                             | <b>391,452.</b>                          |
|                             | 18  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                                | <b>1,169,688.</b>                           | <b>1,657,586.</b>                        |
| Net Assets or Fund Balances | 19  | Revenue less expenses. Subtract line 18 from line 12                                                                                                                                     | <b>114,735.</b>                             | <b>333,480.</b>                          |
|                             | 20  | Total assets (Part X, line 16)                                                                                                                                                           | <b>Beginning of Year</b><br><b>691,033.</b> | <b>End of Year</b><br><b>1,351,654.</b>  |
|                             | 21  | Total liabilities (Part X, line 26)                                                                                                                                                      | <b>109,571.</b>                             | <b>406,600.</b>                          |
|                             | 22  | Net assets or fund balances. Subtract line 21 from line 20                                                                                                                               | <b>581,462.</b>                             | <b>945,054.</b>                          |

**Part II Signature Block**

|                          |                                                                                                                                                                                                                                                                                                                       |                        |                                                 |                                                                         |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------|-------------------------------------------------------------------------|
| Sign Here                | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. |                        |                                                 |                                                                         |
|                          | Signature of officer<br><br><b>JEAN MICHEL GIRAUD, EXECUTIVE DIRECTOR</b><br>Type or print name and title                                                                                                                          | Date<br><b>5/3/10</b>  |                                                 |                                                                         |
| Paid Preparer's Use Only | Preparer's signature<br><br>Firm's name (or yours if self-employed), address, and ZIP + 4<br><b>RIBIS, JONES &amp; MARESCA, P.A.</b><br><b>10500 LITTLE PATUXENT PARKWAY, SUITE 770</b><br><b>COLUMBIA, MD 21044</b>               | Date<br><b>4/20/10</b> | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions)<br><b>410-884-0220</b> |
|                          | EIN ▶                                                                                                                                                                                                                                                                                                                 |                        | Phone no ▶                                      |                                                                         |

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

832001 12-18-08

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

Form 990 (2008)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED JUN 03 2010

7/1-9/10  
8

**Part III** Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission: **SEE SCHEDULE O FOR CONTINUATION**  
**THE PURPOSE OF THIS ORGANIZATION IS TO HELP HOMELESS MEN AND WOMEN**  
**LIVING IN THE DISTRICT OF COLUMBIA TO REBUILD THEIR LIVES. THEY DO**  
**THIS BY REACHING OUT TO HOMELESS PERSONS LIVING IN THE STREETS IN THIS**  
**AREA, SUPPORTING THE OPENING AND OPERATIONS OF SMALL**
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  
**SEE SCHEDULE O FOR CONTINUATION(S)**
- 4a (Code: ) (Expenses \$ **229,667.** including grants of \$ ) (Revenue \$ **14,700.** )  
**HOMELESS SERVICES: THE FOLLOWING THREE SERVICES ARE PROVIDED:**  
**STREET OUTREACH: AN OUTREACH WORKER PROVIDES PROACTIVE ENGAGEMENT ON**  
**THE STREET WITH PERSONS LIVING IN PUBLIC SPACES. THE OUTREACH WORKER**  
**RESPONDS TO THE PARTICULAR NEEDS OF THE INDIVIDUAL, WHICH MAY INCLUDE**  
**PROVIDING BASIC NECESSITIES (BOTTLED WATER AND BEVERAGES, SANDWICHES,**  
**BLANKETS AND TOILETRIES); EMERGENCY REFERRALS TO MEALS, HEALTH CARE OR**  
**SHELTER; AND BASIC CASE MANAGEMENT SERVICES, AS REQUESTED BY THE**  
**INDIVIDUAL. THE OUTREACH WORKER ALSO ENCOURAGES THE INDIVIDUAL TO COME**  
**INTO THE CCHFP DROP-IN CENTER FOR ADDITIONAL SERVICES.**
- 4b (Code: ) (Expenses \$ **530,611.** including grants of \$ ) (Revenue \$ **21,492.** )  
**RESIDENTIAL SERVICES: THE PERMANENT SUPPORTIVE HOUSING PROGRAM SERVES A**  
**TOTAL OF 38 FORMERLY HOMELESS ADULTS IN RECOVERY FROM CHRONIC MENTAL**  
**ILLNESSES. CCHFP OPERATES TWO GROUP HOMES HOUSING 10 FORMERLY HOMELESS**  
**MEN AND WOMEN, AND 18 SCATTERED-SITE APARTMENTS HOUSING 19 INDIVIDUALS.**  
**CCHFP ALSO PROVIDES CASE MANAGEMENT ON A FEE-FOR-SERVICE BASIS TO NINE**  
**ADULTS HOUSED BY ANNE FRANK HOUSE, INC., ANOTHER LOCAL NON-PROFIT**  
**HOUSING ORGANIZATION. FUNDING FOR THE PERMANENT SUPPORTIVE HOUSING**  
**PROGRAM COMES FROM HUD AND HUD/SHELTER-PLUS-CARE, CONGREGATIONS,**  
**FOUNDATIONS AND INDIVIDUAL DONORS. SOME OF THE HOUSING IS OWNED BY THE**  
**NON-PROFIT COMMUNITY HOUSING TRUST, SOME IS RENTED BY CCHFP, AND SOME**  
**IS PROVIDED BY CONGREGATIONS AND BY ANNE FRANK HOUSE, INC. SUPPORTIVE**  
**SERVICES INCLUDE CASE MANAGEMENT, RESOURCE LINKAGE, MEDICAL AND**
- 4c (Code: ) (Expenses \$ **393,409.** including grants of \$ ) (Revenue \$ )  
**NEIGHBORS FIRST: NEIGHBORS FIRST SERVES HOMELESS MEN AND WOMEN WHO HAVE**  
**BEEN IDENTIFIED BY THE DISTRICT OF COLUMBIA AS BEING HIGHLY VULNERABLE**  
**TO ILLNESS, INJURY OR DEATH. BASED ON THE 'HOUSING FIRST' MODEL, THE**  
**PROGRAM SERVES 65 INDIVIDUALS AT A TIME, HELPING THEM MOVE DIRECTLY**  
**FROM THE STREETS INTO APARTMENTS AND PROVIDING ONGOING INDIVIDUALIZED**  
**CASE MANAGEMENT SERVICES TO HELP THEM STABILIZE AND ACHIEVE THEIR**  
**GREATEST POTENTIAL FOR RECOVERY, PHYSICAL AND MENTAL HEALTH,**  
**SELF-SUFFICIENCY, INDEPENDENCE, AND RE-INTEGRATION INTO THE COMMUNITY.**  
**THE PROGRAM ALSO OPERATES AN INFORMAL FOOD PANTRY AND A WEEKLY SUPPORT**  
**GROUP FOR THE RESIDENTS, AND OFFERS THEM THE OPPORTUNITY TO RECEIVE**  
**ONE-TO-ONE MENTORING BY TRAINED VOLUNTEERS. APARTMENTS ARE RENTED WITH**  
**DISTRICT AND FEDERAL HOUSING VOUCHERS, WHILE THE SOCIAL SERVICES THAT**
- 4d Other program services. (Describe in Schedule O.)  
 (Expenses \$ **136,180.** including grants of \$ ) (Revenue \$ )
- 4e **Total program service expenses** ▶ \$ **1,289,867.** (Must equal Part IX, Line 25, column (B))

**COMMUNITY COUNCIL FOR THE HOMELESS AT  
FRIENDSHIP PLACE**

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**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                          | Yes      | No       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>                                                                                                                                                     | <b>X</b> |          |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?                                                                                                                                                                                                                  | <b>X</b> |          |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>                                                                                                     |          | <b>X</b> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>                                                                                                                                                       |          | <b>X</b> |
| <b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>                                                                             |          |          |
| <b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>                                                        |          | <b>X</b> |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                                                           |          | <b>X</b> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>                                                                                                                                        |          | <b>X</b> |
| <b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>                                      |          | <b>X</b> |
| <b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>                                                                                                                                                                         |          | <b>X</b> |
| <b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?<br><i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>                                                                                                                             | <b>X</b> |          |
| <b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>                                                                       | <b>X</b> |          |
| <b>13</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>                                                                                                                                                                                    |          | <b>X</b> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.?                                                                                                                                                                                                            |          | <b>X</b> |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>                                                                           |          | <b>X</b> |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>                                                                           |          | <b>X</b> |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>                                                                               |          | <b>X</b> |
| <b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>                                                                                                                                                                  |          | <b>X</b> |
| <b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>                                                                                                                                                              |          | <b>X</b> |
| <b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>                                                                                                                                                                           |          | <b>X</b> |
| <b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>                                                                                                                                                                                                       |          | <b>X</b> |
| <b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>                                                                                                                                                             |          | <b>X</b> |
| <b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>                                                                                                                                                            |          | <b>X</b> |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>                                                                                                                                                                           |          | <b>X</b> |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K</i><br><i>If "No," go to question 25</i> |          | <b>X</b> |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                               |          |          |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?                                                                                                                                                      |          |          |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                                         |          |          |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>                                                                                   |          | <b>X</b> |
| <b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>                                                                                                               |          | <b>X</b> |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>                                                  |          | <b>X</b> |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>                                                              |          | <b>X</b> |

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

|                                                                                                                                                                                                                                                                                                                                                           | Yes      | No       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:                                                                                                                                                                                                                                     |          |          |
| <b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> |          | <b>X</b> |
| <b>b</b> Have a family member who had a direct or indirect business relationship with the organization?<br><i>If "Yes," complete Schedule L, Part IV</i>                                                                                                                                                                                                  |          | <b>X</b> |
| <b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>                                                                                                                       |          | <b>X</b> |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>                                                                                                                                                                                                                                 | <b>X</b> |          |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>                                                                                                                                                                 |          | <b>X</b> |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i>                                                                                                                                                                                                                    |          | <b>X</b> |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>                                                                                                                                                                                                     |          | <b>X</b> |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>                                                                                                                                                     |          | <b>X</b> |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity?<br><i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>                                                                                                                                                                                                     | <b>X</b> |          |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?<br><i>If "Yes," complete Schedule R, Part V, line 2</i>                                                                                                                                                                                               |          | <b>X</b> |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?<br><i>If "Yes," complete Schedule R, Part V, line 2</i>                                                                                                                                                       |          | <b>X</b> |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>                                                                                                            |          | <b>X</b> |

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

|            |                                                                                                                                                                                                                                                                                            | Yes | No |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable                                                                                                                                                   | 1   |    |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                                                                                                                                                                                            | 0   |    |
| <b>1c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                                   |     |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return                                                                                                              | 33  |    |
| <b>2b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)                                            | X   |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?                                                                                                                                                                       |     | X  |
| <b>3b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O                                                                                                                                                                                           |     |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                                 |     | X  |
| <b>4b</b>  | If "Yes," enter the name of the foreign country: _____<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                                      |     | X  |
| <b>5b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                                           |     | X  |
| <b>5c</b>  | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?                                                                                                                                       |     |    |
| <b>6a</b>  | Did the organization solicit any contributions that were not tax deductible?                                                                                                                                                                                                               |     | X  |
| <b>6b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                              |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                                       |     |    |
| <b>7a</b>  | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?                                                                                                                                                                            |     | X  |
| <b>7b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                                            |     |    |
| <b>7c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                                       |     | X  |
| <b>7d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                                                                          |     |    |
| <b>7e</b>  | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                          |     | X  |
| <b>7f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                               |     | X  |
| <b>7g</b>  | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                                                                 |     |    |
| <b>7h</b>  | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?                                                                                                                                                                      |     |    |
| <b>8</b>   | <b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     |    |
| <b>9</b>   | <b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                               |     |    |
| <b>9a</b>  | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                                    |     |    |
| <b>9b</b>  | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                                     |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter: N/A                                                                                                                                                                                                                                         |     |    |
| <b>10a</b> | Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                                                                                                   |     |    |
| <b>10b</b> | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                                                                |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter N/A                                                                                                                                                                                                                                         |     |    |
| <b>11a</b> | Gross income from members or shareholders                                                                                                                                                                                                                                                  |     |    |
| <b>11b</b> | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                                                                               |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                                          |     |    |
| <b>12b</b> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A                                                                                                                                                                                                  |     |    |

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**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

|                                                                                                                                                                                        |                                                                                                                                                                                                                     | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i> |                                                                                                                                                                                                                     |     |    |
| <b>1a</b>                                                                                                                                                                              | Enter the number of voting members of the governing body                                                                                                                                                            | 27  |    |
| <b>1b</b>                                                                                                                                                                              | Enter the number of voting members that are independent                                                                                                                                                             | 27  |    |
| <b>2</b>                                                                                                                                                                               | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                               |     | X  |
| <b>3</b>                                                                                                                                                                               | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? |     | X  |
| <b>4</b>                                                                                                                                                                               | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?                                                                                               | X   |    |
| <b>5</b>                                                                                                                                                                               | Did the organization become aware during the year of a material diversion of the organization's assets?                                                                                                             |     | X  |
| <b>6</b>                                                                                                                                                                               | Does the organization have members or stockholders?                                                                                                                                                                 |     | X  |
| <b>7a</b>                                                                                                                                                                              | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?                                                                                         |     | X  |
| <b>7b</b>                                                                                                                                                                              | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?                                                                                                             |     | X  |
| <b>8</b>                                                                                                                                                                               | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |     |    |
| <b>a</b>                                                                                                                                                                               | The governing body?                                                                                                                                                                                                 | X   |    |
| <b>b</b>                                                                                                                                                                               | Each committee with authority to act on behalf of the governing body?                                                                                                                                               | X   |    |
| <b>9a</b>                                                                                                                                                                              | Does the organization have local chapters, branches, or affiliates?                                                                                                                                                 |     | X  |
| <b>b</b>                                                                                                                                                                               | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  |     |    |
| <b>10</b>                                                                                                                                                                              | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990       | X   |    |
| <b>11</b>                                                                                                                                                                              | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O      |     | X  |

**Section B. Policies**

|            | Yes | No |
|------------|-----|----|
| <b>12a</b> | X   |    |
| <b>12b</b> | X   |    |
| <b>12c</b> | X   |    |
| <b>13</b>  | X   |    |
| <b>14</b>  | X   |    |
| <b>15a</b> |     | X  |
| <b>15b</b> |     | X  |
| <b>16a</b> |     | X  |
| <b>16b</b> |     |    |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **DC**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE COUNCIL - (202)364-1419**  
**4713 WISCONSIN AVENUE, NW, WASHINGTON, DC 20016**

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

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

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

| (A)<br>Name and Title          | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------|-------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| ROSALIE BERK<br>VICE PRESIDENT | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| ANDREW ANING<br>DIRECTOR       | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| SUSAN CALLAWAY<br>DIRECTOR     | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| KATE BELINSKI<br>SECRETARY     | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| TOM PATTERSON<br>TREASURER     | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| DAVID COHEN<br>DIRECTOR        | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| JIM POLLOCK<br>DIRECTOR        | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| LEIGH ROLLINS<br>DIRECTOR      | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| PETER ESPENSCHIED<br>DIRECTOR  | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| SALLY CRAIG<br>DIRECTOR        | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| DAVID DESANTIS<br>DIRECTOR     | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| MICHAEL DURST<br>CO PRESIDENT  | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| HELEN KENNEY<br>DIRECTOR       | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| BARBARA FRANKLIN<br>DIRECTOR   | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| JUNE KRESS<br>CO PRESIDENT     | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| KAY LAUTMAN<br>DIRECTOR        | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| PENNY PAGANO<br>DIRECTOR       | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |



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

| (A)<br>Name and title                   | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position<br>(check all that apply) |                       |         |              |                              |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|-----------------------------------------|----------------------------------------|-------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                         |                                        | Individual trustee or director            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| NAN ROMAN<br>DIRECTOR                   | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| JANE STEIN<br>DIRECTOR                  | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| MARILYN HANNIGAN<br>ASSISTANT SECRETARY | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| PAT GOELDNER<br>DIRECTOR                | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| SUZANNE FORSYTH<br>DIRECTOR             | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| TERRILL SNEAD<br>DIRECTOR               | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| PEG LOTITO<br>DIRECTOR                  | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| DICK SCHLEICHER<br>DIRECTOR             | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| LYNNE TAG<br>DIRECTOR                   | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| SUZANNE WALKER<br>DIRECTOR              | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| <b>1b Total</b>                         |                                        |                                           |                       |         |              |                              |        | <b>99,087.</b>                                                                      | <b>0.</b>                                                                             | <b>8,362.</b>                                                                                                      |

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

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

**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. NONE

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

**SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION**

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**Part VIII Statement of Revenue**

|                                                                                                                                                |                                                                                            |                                                                                          |               | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------|----------------------|-------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b>                                                                              | <b>1 a</b> Federated campaigns                                                             | <b>1a</b>                                                                                |               |                      |                                                 |                                         |                                                                              |
|                                                                                                                                                | <b>b</b> Membership dues                                                                   | <b>1b</b>                                                                                |               |                      |                                                 |                                         |                                                                              |
|                                                                                                                                                | <b>c</b> Fundraising events                                                                | <b>1c</b>                                                                                | 11,880.       |                      |                                                 |                                         |                                                                              |
|                                                                                                                                                | <b>d</b> Related organizations                                                             | <b>1d</b>                                                                                |               |                      |                                                 |                                         |                                                                              |
|                                                                                                                                                | <b>e</b> Government grants (contributions)                                                 | <b>1e</b>                                                                                | 802,508.      |                      |                                                 |                                         |                                                                              |
|                                                                                                                                                | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above | <b>1f</b>                                                                                | 1149014.      |                      |                                                 |                                         |                                                                              |
|                                                                                                                                                | <b>g</b> Noncash contributions included in lines 1a-1f \$                                  |                                                                                          | 27,781.       |                      |                                                 |                                         |                                                                              |
|                                                                                                                                                | <b>h Total.</b> Add lines 1a-1f                                                            |                                                                                          |               | 1,963,402.           |                                                 |                                         |                                                                              |
| <b>Program Service<br/>Revenue</b>                                                                                                             | <b>2 a</b> MANAGEMENT FEE (CHT)                                                            | Business Code                                                                            | 624200        | 21,492.              | 21,492.                                         |                                         |                                                                              |
|                                                                                                                                                | <b>b</b> CASE MANAGEMENT FEES                                                              |                                                                                          | 624200        | 14,700.              | 14,700.                                         |                                         |                                                                              |
|                                                                                                                                                | <b>c</b>                                                                                   |                                                                                          |               |                      |                                                 |                                         |                                                                              |
|                                                                                                                                                | <b>d</b>                                                                                   |                                                                                          |               |                      |                                                 |                                         |                                                                              |
|                                                                                                                                                | <b>e</b>                                                                                   |                                                                                          |               |                      |                                                 |                                         |                                                                              |
|                                                                                                                                                | <b>f</b> All other program service revenue                                                 |                                                                                          |               |                      |                                                 |                                         |                                                                              |
|                                                                                                                                                | <b>g Total.</b> Add lines 2a-2f                                                            |                                                                                          |               | 36,192.              |                                                 |                                         |                                                                              |
|                                                                                                                                                | <b>Other Revenue</b>                                                                       | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) |               |                      | 335.                                            |                                         |                                                                              |
| <b>4</b> Income from investment of tax-exempt bond proceeds                                                                                    |                                                                                            |                                                                                          |               |                      |                                                 |                                         |                                                                              |
| <b>5</b> Royalties                                                                                                                             |                                                                                            |                                                                                          |               |                      |                                                 |                                         |                                                                              |
| <b>6 a</b> Gross Rents                                                                                                                         |                                                                                            | (i) Real                                                                                 | (ii) Personal |                      |                                                 |                                         |                                                                              |
| <b>b</b> Less: rental expenses                                                                                                                 |                                                                                            |                                                                                          |               |                      |                                                 |                                         |                                                                              |
| <b>c</b> Rental income or (loss)                                                                                                               |                                                                                            |                                                                                          |               |                      |                                                 |                                         |                                                                              |
| <b>d</b> Net rental income or (loss)                                                                                                           |                                                                                            |                                                                                          |               |                      |                                                 |                                         |                                                                              |
| <b>7 a</b> Gross amount from sales of<br>assets other than inventory                                                                           |                                                                                            | (i) Securities                                                                           | (ii) Other    |                      |                                                 |                                         |                                                                              |
| <b>b</b> Less: cost or other basis<br>and sales expenses                                                                                       |                                                                                            |                                                                                          | 11,978.       |                      |                                                 |                                         |                                                                              |
| <b>c</b> Gain or (loss)                                                                                                                        |                                                                                            |                                                                                          | <11,978.>     |                      |                                                 |                                         |                                                                              |
| <b>d</b> Net gain or (loss)                                                                                                                    |                                                                                            |                                                                                          |               | <11,978.>            | <11,978.>                                       |                                         |                                                                              |
| <b>8 a</b> Gross income from fundraising events (not<br>including \$ 11,880. of<br>contributions reported on line 1c). See<br>Part IV, line 18 |                                                                                            |                                                                                          |               |                      |                                                 |                                         |                                                                              |
| <b>b</b> Less: direct expenses                                                                                                                 |                                                                                            |                                                                                          |               |                      |                                                 |                                         |                                                                              |
| <b>c</b> Net income or (loss) from fundraising events                                                                                          |                                                                                            |                                                                                          |               |                      |                                                 |                                         |                                                                              |
| <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19                                                                        |                                                                                            |                                                                                          |               |                      |                                                 |                                         |                                                                              |
| <b>b</b> Less: direct expenses                                                                                                                 |                                                                                            |                                                                                          |               |                      |                                                 |                                         |                                                                              |
| <b>c</b> Net income or (loss) from gaming activities                                                                                           |                                                                                            |                                                                                          |               |                      |                                                 |                                         |                                                                              |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances                                                                           |                                                                                            |                                                                                          |               |                      |                                                 |                                         |                                                                              |
| <b>b</b> Less: cost of goods sold                                                                                                              |                                                                                            |                                                                                          |               |                      |                                                 |                                         |                                                                              |
| <b>c</b> Net income or (loss) from sales of inventory                                                                                          |                                                                                            |                                                                                          |               |                      |                                                 |                                         |                                                                              |
| <b>Miscellaneous Revenue</b>                                                                                                                   |                                                                                            |                                                                                          | Business Code |                      |                                                 |                                         |                                                                              |
| <b>11 a</b> OTHER REVENUE                                                                                                                      |                                                                                            | 624200                                                                                   | 3,115.        | 3,115.               |                                                 |                                         |                                                                              |
| <b>b</b>                                                                                                                                       |                                                                                            |                                                                                          |               |                      |                                                 |                                         |                                                                              |
| <b>c</b>                                                                                                                                       |                                                                                            |                                                                                          |               |                      |                                                 |                                         |                                                                              |
| <b>d</b> All other revenue                                                                                                                     |                                                                                            |                                                                                          |               |                      |                                                 |                                         |                                                                              |
| <b>e Total.</b> Add lines 11a-11d                                                                                                              |                                                                                            |                                                                                          | 3,115.        |                      |                                                 |                                         |                                                                              |
| <b>12 Total Revenue</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e                                                                |                                                                                            |                                                                                          | 1,991,066.    | 27,329.              | 0.                                              | 335.                                    |                                                                              |

832009  
02-02-09

Form **990** (2008)

**COMMUNITY COUNCIL FOR THE HOMELESS AT  
FRIENDSHIP PLACE**

Form 990 (2008)

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**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**

**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                    | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to governments and organizations in the U S See Part IV, line 21                                                                                                                             |                       |                                 |                                        |                             |
| <b>2</b> Grants and other assistance to individuals in the U S. See Part IV, line 22                                                                                                                                              |                       |                                 |                                        |                             |
| <b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16                                                                                                 |                       |                                 |                                        |                             |
| <b>4</b> Benefits paid to or for members                                                                                                                                                                                          |                       |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees                                                                                                                                                 | 99,087.               | 79,270.                         | 6,936.                                 | 12,881.                     |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                            |                       |                                 |                                        |                             |
| <b>7</b> Other salaries and wages                                                                                                                                                                                                 | 955,606.              | 764,484.                        | 66,893.                                | 124,229.                    |
| <b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)                                                                                                                            | 8,155.                | 6,524.                          | 571.                                   | 1,060.                      |
| <b>9</b> Other employee benefits                                                                                                                                                                                                  | 120,219.              | 96,176.                         | 8,415.                                 | 15,628.                     |
| <b>10</b> Payroll taxes                                                                                                                                                                                                           | 83,067.               | 66,453.                         | 5,815.                                 | 10,799.                     |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>a</b> Management                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| <b>b</b> Legal                                                                                                                                                                                                                    | 177.                  |                                 | 177.                                   |                             |
| <b>c</b> Accounting                                                                                                                                                                                                               | 12,959.               |                                 | 12,959.                                |                             |
| <b>d</b> Lobbying                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>e</b> Professional fundraising services See Part IV, line 17                                                                                                                                                                   |                       |                                 |                                        |                             |
| <b>f</b> Investment management fees                                                                                                                                                                                               |                       |                                 |                                        |                             |
| <b>g</b> Other                                                                                                                                                                                                                    | 31,374.               | 17,832.                         | 13,542.                                |                             |
| <b>12</b> Advertising and promotion                                                                                                                                                                                               | 5,963.                |                                 | 5,963.                                 |                             |
| <b>13</b> Office expenses                                                                                                                                                                                                         | 26,184.               | 20,947.                         | 1,833.                                 | 3,404.                      |
| <b>14</b> Information technology                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| <b>15</b> Royalties                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| <b>16</b> Occupancy                                                                                                                                                                                                               | 14,234.               | 11,388.                         | 996.                                   | 1,850.                      |
| <b>17</b> Travel                                                                                                                                                                                                                  | 23,465.               | 18,772.                         | 1,643.                                 | 3,050.                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                          |                       |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings                                                                                                                                                                                  | 7,495.                | 2,638.                          | 231.                                   | 4,626.                      |
| <b>20</b> Interest                                                                                                                                                                                                                | 17,770.               | 14,216.                         | 1,244.                                 | 2,310.                      |
| <b>21</b> Payments to affiliates                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization                                                                                                                                                                               | 32,930.               | 26,344.                         | 2,305.                                 | 4,281.                      |
| <b>23</b> Insurance                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| <b>24</b> Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )                                                     |                       |                                 |                                        |                             |
| <b>a</b> CLIENT ASSISTANCE                                                                                                                                                                                                        | 61,545.               | 61,545.                         |                                        |                             |
| <b>b</b> REPAIRS AND MAINTENANCE                                                                                                                                                                                                  | 49,402.               | 39,522.                         | 3,458.                                 | 6,422.                      |
| <b>c</b> BAD DEBT EXPENSE                                                                                                                                                                                                         | 27,070.               |                                 | 27,070.                                |                             |
| <b>d</b> POSTAGE AND PRINTING                                                                                                                                                                                                     | 26,767.               | 21,413.                         | 1,874.                                 | 3,480.                      |
| <b>e</b> TELEPHONE                                                                                                                                                                                                                | 24,162.               | 19,330.                         | 1,691.                                 | 3,141.                      |
| <b>f</b> All other expenses                                                                                                                                                                                                       | 29,955.               | 23,013.                         | 3,204.                                 | 3,738.                      |
| <b>25</b> Total functional expenses. Add lines 1 through 24f                                                                                                                                                                      | 1,657,586.            | 1,289,867.                      | 166,820.                               | 200,899.                    |
| <b>26</b> Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |                                        |                             |

**COMMUNITY COUNCIL FOR THE HOMELESS AT  
FRIENDSHIP PLACE**

Form 990 (2008).

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**Part X Balance Sheet**

|                                                                            |                                                                                                                                                                                | (A)<br>Beginning of year |            | (B)<br>End of year |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|--------------------|
| <b>Assets</b>                                                              | <b>1</b> Cash - non-interest-bearing                                                                                                                                           | 72,265.                  | <b>1</b>   | 56,574.            |
|                                                                            | <b>2</b> Savings and temporary cash investments                                                                                                                                | 61,929.                  | <b>2</b>   | 211,134.           |
|                                                                            | <b>3</b> Pledges and grants receivable, net                                                                                                                                    | 422,756.                 | <b>3</b>   | 661,242.           |
|                                                                            | <b>4</b> Accounts receivable, net                                                                                                                                              | 14,289.                  | <b>4</b>   | 10,310.            |
|                                                                            | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L                            |                          | <b>5</b>   |                    |
|                                                                            | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L      |                          | <b>6</b>   |                    |
|                                                                            | <b>7</b> Notes and loans receivable, net                                                                                                                                       |                          | <b>7</b>   |                    |
|                                                                            | <b>8</b> Inventories for sale or use                                                                                                                                           |                          | <b>8</b>   |                    |
|                                                                            | <b>9</b> Prepaid expenses and deferred charges                                                                                                                                 | 16,851.                  | <b>9</b>   | 15,536.            |
|                                                                            | <b>10a</b> Land, buildings, and equipment: cost basis                                                                                                                          | 741,236.                 |            |                    |
|                                                                            | <b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D                                                                                                        | 354,188.                 |            |                    |
|                                                                            |                                                                                                                                                                                | 20,229.                  | <b>10c</b> | 387,048.           |
|                                                                            | <b>11</b> Investments - publicly traded securities                                                                                                                             |                          | <b>11</b>  |                    |
|                                                                            | <b>12</b> Investments - other securities See Part IV, line 11                                                                                                                  |                          | <b>12</b>  |                    |
|                                                                            | <b>13</b> Investments - program-related. See Part IV, line 11                                                                                                                  |                          | <b>13</b>  |                    |
|                                                                            | <b>14</b> Intangible assets                                                                                                                                                    |                          | <b>14</b>  |                    |
| <b>15</b> Other assets. See Part IV, line 11                               | 82,714.                                                                                                                                                                        | <b>15</b>                | 9,810.     |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 691,033.                                                                                                                                                                       | <b>16</b>                | 1,351,654. |                    |
| <b>Liabilities</b>                                                         | <b>17</b> Accounts payable and accrued expenses                                                                                                                                | 39,861.                  | <b>17</b>  | 12,546.            |
|                                                                            | <b>18</b> Grants payable                                                                                                                                                       |                          | <b>18</b>  |                    |
|                                                                            | <b>19</b> Deferred revenue                                                                                                                                                     |                          | <b>19</b>  |                    |
|                                                                            | <b>20</b> Tax-exempt bond liabilities                                                                                                                                          |                          | <b>20</b>  |                    |
|                                                                            | <b>21</b> Escrow account liability. Complete Part IV of Schedule D                                                                                                             |                          | <b>21</b>  |                    |
|                                                                            | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L |                          | <b>22</b>  |                    |
|                                                                            | <b>23</b> Secured mortgages and notes payable to unrelated third parties                                                                                                       |                          | <b>23</b>  | 297,988.           |
|                                                                            | <b>24</b> Unsecured notes and loans payable                                                                                                                                    |                          | <b>24</b>  |                    |
|                                                                            | <b>25</b> Other liabilities Complete Part X of Schedule D                                                                                                                      | 69,710.                  | <b>25</b>  | 96,066.            |
|                                                                            | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                    | 109,571.                 | <b>26</b>  | 406,600.           |
| <b>Net Assets or Fund Balances</b>                                         | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>                        |                          |            |                    |
|                                                                            | <b>27</b> Unrestricted net assets                                                                                                                                              | 581,462.                 | <b>27</b>  | 445,602.           |
|                                                                            | <b>28</b> Temporarily restricted net assets                                                                                                                                    | 0.                       | <b>28</b>  | 499,452.           |
|                                                                            | <b>29</b> Permanently restricted net assets                                                                                                                                    |                          | <b>29</b>  |                    |
|                                                                            | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                                                 |                          |            |                    |
|                                                                            | <b>30</b> Capital stock or trust principal, or current funds                                                                                                                   |                          | <b>30</b>  |                    |
|                                                                            | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund                                                                                                     |                          | <b>31</b>  |                    |
|                                                                            | <b>32</b> Retained earnings, endowment, accumulated income, or other funds                                                                                                     |                          | <b>32</b>  |                    |
|                                                                            | <b>33</b> <b>Total net assets or fund balances</b>                                                                                                                             | 581,462.                 | <b>33</b>  | 945,054.           |
|                                                                            | <b>34</b> <b>Total liabilities and net assets/fund balances</b>                                                                                                                | 691,033.                 | <b>34</b>  | 1,351,654.         |

**Part XI Financial Statements and Reporting**

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to lines 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?
- 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?
- b** If "Yes," did the organization undergo the required audit or audits?

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> | X   |    |
| <b>2c</b> | X   |    |
| <b>3a</b> |     | X  |
| <b>3b</b> |     |    |

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.

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

OMB No 1545-0047

**2008**  
**Open to Public**  
**Inspection**

Name of the organization **COMMUNITY COUNCIL FOR THE HOMELESS AT  
FRIENDSHIP PLACE**

Employer identification number  
**52-1925494**

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

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

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

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

Schedule A (Form 990 or 990-EZ) 2008

## COMMUNITY COUNCIL FOR THE HOMELESS AT

Schedule A (Form 990 or 990-EZ) 2008 FRIENDSHIP PLACE

52-1925494 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                         | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                                                  | 645,242. | 753,729. | 862,233. | 953,616. | 1951522. | 5166342.  |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |          |          |          |          |          |           |
| 4 <b>Total.</b> Add lines 1 - 3                                                                                                                                                                       | 645,242. | 753,729. | 862,233. | 953,616. | 1951522. | 5166342.  |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          | 444,146.  |
| 6 <b>Public Support.</b> Subtract line 5 from line 4                                                                                                                                                  |          |          |          |          |          | 4722196.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                             | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|------------|
| 7 Amounts from line 4                                                                                                                                                                                                     | 645,242. | 753,729. | 862,233. | 953,616. | 1951522. | 5166342.   |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                          | 1,140.   | 2,164.   | 1,727.   | 58.      | 335.     | 5,424.     |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                                                      |          |          |          |          |          |            |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                                                                        | 153,264. | 13,349.  | 9,067.   | 517.     | 3,115.   | 179,312.   |
| 11 <b>Total support.</b> Add lines 7 through 10                                                                                                                                                                           |          |          |          |          |          | 5351078.   |
| 12 Gross receipts from related activities, etc. (see instructions)                                                                                                                                                        |          |          |          |          | 12       | 1,079,188. |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/> |          |          |          |          |          |            |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |       |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|---|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                                | 14 | 88.25 | % |
| 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f                                                                                                                                                                                                                                                                                                                                                                   | 15 | 86.25 | % |
| 16a <b>33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>                                                                                                                                                                 |    |       |   |
| b <b>33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>                                                                                                                                                                         |    |       |   |
| 17a <b>10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>    |    |       |   |
| b <b>10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> |    |       |   |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                  |    |       |   |

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                           | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                             |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose       |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                                   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                        |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 - 5                                                                                                                                                         |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                      |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                            |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6)                                                                                                                                  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                             | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6                                                                                                              |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b                                                                                                            |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                 |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12)                                                                                    |          |          |          |          |          |           |

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

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

|                                                                                                  |           |   |
|--------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g                    | <b>16</b> | % |

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

|                                                                                                       |           |   |
|-------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h                      | <b>18</b> | % |

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

COMMUNITY COUNCIL FOR THE HOMELESS AT

Schedule A (Form 990 or 990-EZ) 2008 FRIENDSHIP PLACE

52-1925494 Page 4

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

INSURANCE CLAIM PROCEEDS.



**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

**Name of the organization** COMMUNITY COUNCIL FOR THE HOMELESS AT  
FRIENDSHIP PLACE

**Employer identification number**  
52-1925494

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

|                                                                                                                                                                                                                                           | (a) Donor advised funds | (b) Funds and other accounts                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------|
| 1 Total number at end of year                                                                                                                                                                                                             |                         |                                                          |
| 2 Aggregate contributions to (during year)                                                                                                                                                                                                |                         |                                                          |
| 3 Aggregate grants from (during year)                                                                                                                                                                                                     |                         |                                                          |
| 4 Aggregate value at end of year                                                                                                                                                                                                          |                         |                                                          |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?                                |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

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

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

|                                                                                      | Held at the End of the Year |
|--------------------------------------------------------------------------------------|-----------------------------|
| a Total number of conservation easements                                             | 2a                          |
| b Total acreage restricted by conservation easements                                 | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a) | 2c                          |
| d Number of conservation easements included in (c) acquired after 8/17/06            | 2d                          |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

|                                                      |            |
|------------------------------------------------------|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X             | ▶ \$ _____ |

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

|                                                    |            |
|----------------------------------------------------|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X              | ▶ \$ _____ |

**COMMUNITY COUNCIL FOR THE HOMELESS AT  
FRIENDSHIP PLACE**

Schedule D (Form 990) 2008

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

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

- |                                                                       |                                                             |
|-----------------------------------------------------------------------|-------------------------------------------------------------|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange programs |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other _____               |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |                                                             |

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

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

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

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

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

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

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

**b** If "Yes," explain the arrangement in Part XIV.

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

|                                                         | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions                                  |                  |                |                    |                      |                     |
| <b>c</b> Investment earnings or losses                  |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance                            |                  |                |                    |                      |                     |

**2** Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b** Permanent endowment ▶ \_\_\_\_\_ %
- c** Term endowment ▶ \_\_\_\_\_ %

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

- (i) unrelated organizations
- (ii) related organizations

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

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

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment                                                                          | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|----------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------|----------------|
| <b>1a</b> Land                                                                                     |                                      | 95,225.                         |                  | 95,225.        |
| <b>b</b> Buildings                                                                                 |                                      | 564,392.                        | 308,257.         | 256,135.       |
| <b>c</b> Leasehold improvements                                                                    |                                      |                                 |                  |                |
| <b>d</b> Equipment                                                                                 |                                      | 79,459.                         | 45,859.          | 33,600.        |
| <b>e</b> Other                                                                                     |                                      | 2,160.                          | 72.              | 2,088.         |
| <b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c) ) |                                      |                                 |                  | 387,048.       |

Schedule D (Form 990) 2008

**COMMUNITY COUNCIL FOR THE HOMELESS AT  
FRIENDSHIP PLACE**

Schedule D (Form 990) 2008

52-1925494 Page **3**

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| Financial derivatives and other financial products                        |                |                                                              |
| Closely-held equity interests                                             |                |                                                              |
| Other                                                                     |                |                                                              |
|                                                                           |                |                                                              |
|                                                                           |                |                                                              |
|                                                                           |                |                                                              |
|                                                                           |                |                                                              |
|                                                                           |                |                                                              |
|                                                                           |                |                                                              |
|                                                                           |                |                                                              |
|                                                                           |                |                                                              |
|                                                                           |                |                                                              |
|                                                                           |                |                                                              |
| <b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 12 ) ► |                |                                                              |

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

| (a) Description of investment type                                        | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
|                                                                           |                |                                                              |
|                                                                           |                |                                                              |
|                                                                           |                |                                                              |
|                                                                           |                |                                                              |
|                                                                           |                |                                                              |
|                                                                           |                |                                                              |
|                                                                           |                |                                                              |
|                                                                           |                |                                                              |
|                                                                           |                |                                                              |
|                                                                           |                |                                                              |
|                                                                           |                |                                                              |
|                                                                           |                |                                                              |
|                                                                           |                |                                                              |
| <b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 13 ) ► |                |                                                              |

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

| (a) Description                                                              | (b) Book value |
|------------------------------------------------------------------------------|----------------|
|                                                                              |                |
|                                                                              |                |
|                                                                              |                |
|                                                                              |                |
|                                                                              |                |
|                                                                              |                |
|                                                                              |                |
|                                                                              |                |
|                                                                              |                |
|                                                                              |                |
|                                                                              |                |
|                                                                              |                |
|                                                                              |                |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 15 ) ► |                |

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

| (a) Description of liability                                                 | (b) Amount     |
|------------------------------------------------------------------------------|----------------|
| Federal income taxes                                                         |                |
| <b>ACCRUED PAYROLL LIABILITIES</b>                                           | <b>87,406.</b> |
| <b>SECURITY DEPOSIT PAYABLE</b>                                              | <b>8,660.</b>  |
|                                                                              |                |
|                                                                              |                |
|                                                                              |                |
|                                                                              |                |
|                                                                              |                |
|                                                                              |                |
|                                                                              |                |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 ) ► |                |
|                                                                              | <b>96,066.</b> |

In Part XIV, 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.

**COMMUNITY COUNCIL FOR THE HOMELESS AT  
FRIENDSHIP PLACE**

Schedule D (Form 990) 2008

52-1925494 Page 4

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

|    |                                                                                  |    |            |
|----|----------------------------------------------------------------------------------|----|------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                         | 1  | 1,991,066. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                          | 2  | 1,657,586. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                    | 3  | 333,480.   |
| 4  | Net unrealized gains (losses) on investments                                     | 4  |            |
| 5  | Donated services and use of facilities                                           | 5  |            |
| 6  | Investment expenses                                                              | 6  |            |
| 7  | Prior period adjustments                                                         | 7  |            |
| 8  | Other (Describe in Part XIV)                                                     | 8  | 30,112.    |
| 9  | Total adjustments (net). Add lines 4-8                                           | 9  | 30,112.    |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | 363,592.   |

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

|   |                                                                                   |    |            |
|---|-----------------------------------------------------------------------------------|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements          | 1  | 2,023,900. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:               |    |            |
| a | Net unrealized gains on investments                                               | 2a |            |
| b | Donated services and use of facilities                                            | 2b | 32,834.    |
| c | Recoveries of prior year grants                                                   | 2c |            |
| d | Other (Describe in Part XIV)                                                      | 2d |            |
| e | Add lines 2a through 2d                                                           | 2e | 32,834.    |
| 3 | Subtract line 2e from line 1                                                      | 3  | 1,991,066. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:              |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                  | 4a |            |
| b | Other (Describe in Part XIV)                                                      | 4b |            |
| c | Add lines 4a and 4b                                                               | 4c | 0.         |
| 5 | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) | 5  | 1,991,066. |

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

|   |                                                                                    |    |            |
|---|------------------------------------------------------------------------------------|----|------------|
| 1 | Total expenses and losses per audited financial statements                         | 1  | 1,690,420. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                  |    |            |
| a | Donated services and use of facilities                                             | 2a | 32,834.    |
| b | Prior year adjustments                                                             | 2b |            |
| c | Losses reported on Form 990, Part IX, line 25                                      | 2c |            |
| d | Other (Describe in Part XIV)                                                       | 2d |            |
| e | Add lines 2a through 2d                                                            | 2e | 32,834.    |
| 3 | Subtract line 2e from line 1                                                       | 3  | 1,657,586. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                 |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                   | 4a |            |
| b | Other (Describe in Part XIV)                                                       | 4b |            |
| c | Add lines 4a and 4b                                                                | 4c | 0.         |
| 5 | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) | 5  | 1,657,586. |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

**TRANSFER OF CASH AND CASH EQUIVALENTS: 30112.**

**SCHEDULE J  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees▶ **Attach to Form 990. To be completed by organizations that  
answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

**2008****Open to Public  
Inspection****Name of the organization** COMMUNITY COUNCIL FOR THE HOMELESS AT  
FRIENDSHIP PLACE**Employer identification number**  
52-1925494**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,  
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                                                    |                                                                          |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision  
of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,  
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply.

- |                                                              |                                                                          |
|--------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.****5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  
not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2008

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

**SCHEDULE J-2**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the Organization

COMMUNITY COUNCIL FOR THE HOMELESS AT  
FRIENDSHIP PLACE

Employer Identification number

52-1925494

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A)<br>Name and Title            | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position<br>(check all that apply) |                       |         |              |                              |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|----------------------------------|----------------------------------------|-------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                  |                                        | Individual trustee or director            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| ANNE WIEBE<br>DIRECTOR           | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| LARRY WILLIAMS<br>DIRECTOR       | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| LEE CARTY<br>DIRECTOR            | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| JEAN DUFF<br>DIRECTOR            | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| KATHLEEN ECKERT<br>DIRECTOR      | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| MARY GORMAN<br>DIRECTOR          | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| SR. KATHLEEN GRIFFIN<br>DIRECTOR | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| CHUCK HERRICK<br>DIRECTOR        | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| NAN HILDEBRAND<br>DIRECTOR       | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| TED HIRT<br>DIRECTOR             | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| JOHN HISLE<br>DIRECTOR           | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| RICHARD JEROME<br>DIRECTOR       | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| MEREDITH KESELEY<br>DIRECTOR     | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| ADINA MENDELSON<br>DIRECTOR      | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| JANET MURDOCK<br>DIRECTOR        | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| JIM NATHANSON<br>DIRECTOR        | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| SHELLY PANNELLA<br>DIRECTOR      | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| JENNIFER TURNER<br>DIRECTOR      | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| ANNA TYNG<br>DIRECTOR            | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| SUE WADEL<br>DIRECTOR            | 1.00                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |

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

Schedule J-2 (Form 990) 2008

**Department of the Treasury**  
**Internal Revenue Service**

**▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

**Open to Public Inspection**

Employer Identification number  
52-1925494

[illegible]

2008.05060 COMMUNITY COUNCIL FOR THE H 17192 1



**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**NonCash Contributions**

► To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization **COMMUNITY COUNCIL FOR THE HOMELESS AT  
FRIENDSHIP PLACE**

Employer identification number  
**52-1925494**

**Part I** Types of Property

|                                                                 | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions | (c)<br>Revenues reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>revenues |
|-----------------------------------------------------------------|-------------------------------|-----------------------------------|-------------------------------------------------------------|------------------------------------------|
| 1 Art - Works of art                                            |                               |                                   |                                                             |                                          |
| 2 Art - Historical treasures                                    |                               |                                   |                                                             |                                          |
| 3 Art - Fractional interests                                    |                               |                                   |                                                             |                                          |
| 4 Books and publications                                        |                               |                                   |                                                             |                                          |
| 5 Clothing and household goods                                  |                               |                                   |                                                             |                                          |
| 6 Cars and other vehicles                                       |                               |                                   |                                                             |                                          |
| 7 Boats and planes                                              |                               |                                   |                                                             |                                          |
| 8 Intellectual property                                         |                               |                                   |                                                             |                                          |
| 9 Securities - Publicly traded                                  | X                             | 3                                 | 27,781                                                      | MARKET VALUE                             |
| 10 Securities - Closely held stock                              |                               |                                   |                                                             |                                          |
| 11 Securities - Partnership, LLC, or<br>trust interests         |                               |                                   |                                                             |                                          |
| 12 Securities - Miscellaneous                                   |                               |                                   |                                                             |                                          |
| 13 Qualified conservation contribution<br>(historic structures) |                               |                                   |                                                             |                                          |
| 14 Qualified conservation contribution (other)                  |                               |                                   |                                                             |                                          |
| 15 Real estate - Residential                                    |                               |                                   |                                                             |                                          |
| 16 Real estate - Commercial                                     |                               |                                   |                                                             |                                          |
| 17 Real estate - Other                                          |                               |                                   |                                                             |                                          |
| 18 Collectibles                                                 |                               |                                   |                                                             |                                          |
| 19 Food inventory                                               |                               |                                   |                                                             |                                          |
| 20 Drugs and medical supplies                                   |                               |                                   |                                                             |                                          |
| 21 Taxidermy                                                    |                               |                                   |                                                             |                                          |
| 22 Historical artifacts                                         |                               |                                   |                                                             |                                          |
| 23 Scientific specimens                                         |                               |                                   |                                                             |                                          |
| 24 Archeological artifacts                                      |                               |                                   |                                                             |                                          |
| 25 Other ► ( )                                                  |                               |                                   |                                                             |                                          |
| 26 Other ► ( )                                                  |                               |                                   |                                                             |                                          |
| 27 Other ► ( )                                                  |                               |                                   |                                                             |                                          |
| 28 Other ► ( )                                                  |                               |                                   |                                                             |                                          |

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for  
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for  
the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  |     | X  |
| 32a |     | X  |
|     |     |    |

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

Schedule M (Form 990) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

COMMUNITY COUNCIL FOR THE HOMELESS AT  
FRIENDSHIP PLACE

Employer identification number  
52-1925494

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

TO REBUILD THEIR LIVES. THEY DO THIS BY REACHING OUT TO HOMELESS PERSONS LIVING IN THE STREETS IN THIS AREA, SUPPORTING THE OPENING AND OPERATIONS OF SMALL CONGREGATION-BASED SHELTERS, ARRANGING REFERRALS, LONG-TERM TREATMENT AND REHABILITATION SERVICES, HOUSING AND OTHER SUPPORT ACTIVITIES IN SMALL, COMMUNITY BASED SETTINGS. THE ORGANIZATIONS ALSO PROMOTE A PUBLIC-PRIVATE COLLABORATION IN CARING FOR THE HOMELESS BY BRINGING NEIGHBORHOODS, CHURCHES, COMMUNITY ORGANIZATIONS, AND MUNICIPAL AGENCIES TOGETHER TO PLAN, DELIVER AND SUPPORT THESE SERVICES.

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

CONGREGATION-BASED SHELTERS, ARRANGING REFERRALS, LONG-TERM TREATMENT AND REHABILITATION SERVICES, HOUSING AND OTHER SUPPORT ACTIVITIES IN SMALL, COMMUNITY BASED SETTINGS. THE ORGANIZATION ALSO PROMOTES A PUBLIC-PRIVATE COLLABORATION IN CARING FOR THE HOMELESS BY BRINGING NEIGHBORHOODS, CHURCHES, COMMUNITY ORGANIZATIONS, AND MUNICIPAL AGENCIES TOGETHER TO PLAN, DELIVER AND SUPPORT THESE SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

DROP-IN SERVICE: THE DROP-IN CENTER WELCOMES HOMELESS MEN AND WOMEN ON A WALK-IN BASIS. THEY MAY HAVE A CUP OF COFFEE AND A SANDWICH, READ THE PAPER, PICK UP MAIL, USE THE PHONE, PICK UP NECESSITIES SUCH AS TOILETRIES AND UNDERWEAR, TAKE A SHOWER OR DO LAUNDRY. THEY MAY ALSO REQUEST THE SERVICES OF A CASE MANAGER, WHO CAN HELP THEM IDENTIFY AND ACHIEVE THEIR OWN GOALS, WHICH MAY INCLUDE APPLYING FOR IDENTIFICATION

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No 1545-0047

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Open to Public  
Inspection

Name of the organization

COMMUNITY COUNCIL FOR THE HOMELESS AT  
FRIENDSHIP PLACE

Employer identification number  
52-1925494

PAPERS, BENEFITS, SHELTER OR HOUSING; GETTING INTO SUBSTANCE ABUSE

TREATMENT PROGRAMS; APPLYING FOR EMPLOYMENT OR ENROLLING IN EDUCATIONAL  
OR VOCATIONAL PROGRAMS; OR RECONNECTING WITH FAMILY.

FREE HEALTH CLINIC: OPEN THREE HALF-DAYS A WEEK, THE CLINIC OFFERS FREE  
MEDICAL AND PSYCHIATRIC CONSULTATIONS TO HOMELESS MEN AND WOMEN ON A  
WALK-IN BASIS AND PROVIDES REFERRALS TO SPECIALISTS AS NEEDED.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS  
PSYCHIATRIC MONITORING, RECOVERY PLANNING, TRAINING IN BASIC LIFE  
SKILLS AND FINANCIAL MANAGEMENT, AND 24-HOUR ON-CALL EMERGENCY  
ASSISTANCE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS  
NEIGHBORS FIRST PROVIDES ARE FUNDED BY THE DISTRICT OF COLUMBIA, WITH  
SUBSTANTIAL IN-KIND SUPPORT FROM INDIVIDUALS IN THE COMMUNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
VOLUNTEER SERVICES AND COMMUNITY EDUCATION: THE FOLLOWING TWO SERVICES  
ARE PROVIDED:

VOLUNTEER SERVICES: THE VOLUNTEER PROGRAM RECRUITS, TRAINS AND  
COORDINATES VOLUNTEERS WHO SERVE IN THE DROP-IN CENTER, THE  
ADMINISTRATIVE OFFICES, THE SHELTERS AND THE RESIDENCES. IN THE YEAR  
ENDING SEPTEMBER 30, 2009, 248 VOLUNTEERS CONTRIBUTED 8,023 HOURS OF  
SERVICE. ACTIVITIES INCLUDE RECEPTION, DATA ENTRY, ACCOUNTING AND  
ADMINISTRATIVE, PRO BONO LEGAL WORK AND PRINT DESIGN, PHOTOGRAPHY AND

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No 1545-0047

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FRIENDSHIP PLACE

Employer identification number  
52-1925494

VIDEO PRODUCTION, FINANCIAL ADVICE, DEVELOPMENT AND FUNDRAISING,  
NEWSLETTER AND MEDIA SUPPORT, EVENT PLANNING AND DELIVERY, CONSUMER  
MENTORING, YARD AND GARDENING WORK, PAINTING AND UPKEEP OF FACILITIES,  
MEAL PREPARATION, MENTORING AND RESIDENTIAL COVERAGE.

COMMUNITY EDUCATION: THROUGH A SPEAKERS BUREAU OF STAFF MEMBERS, BOARD  
MEMBERS, VOLUNTEERS, AND HOMELESS AND FORMERLY HOMELESS INDIVIDUALS,  
THE COMMUNITY EDUCATION PROGRAM ACTIVELY ENGAGES SCHOOLS,  
CONGREGATIONS, BUSINESSES AND COMMUNITY GROUPS IN WORKING TOGETHER  
TOWARD ENDING HOMELESSNESS. THE SPEAKERS BUREAU GAVE 112 PRESENTATIONS  
IN THE COMMUNITY DURING THE YEAR.

EXPENSES \$ 136180. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION'S BY-LAWS WERE  
REVISED AS FOLLOWS:

1. TO DEFINE AND STRENGTHEN THE ROLE OF THE EXECUTIVE COMMITTEE IN THE  
GOVERNANCE OF THE ORGANIZATION IN RELATION TO THE FULL BOARD AND BOARD  
COMMITTEES.
2. DEFINE THE APPOINTMENT PROCESS TO THE COMMITTEES FOR BOTH BOARD MEMBERS  
AND VOLUNTEERS.
3. CALL FOR CREATION OF AN AUDIT COMMITTEE AND ESTABLISH ITS SCOPE AND  
ACTIVITY.
4. ESTABLISH CONDUCT GUIDELINES FOR CO-PRESIDENTS.
5. DEFINE PROTECTION FROM LIABILITY FOR STAFF AND VOLUNTEERS.

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide  
additional information for responses to specific questions for the  
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OMB No. 1545-0047

**2008**Open to Public  
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Name of the organization

COMMUNITY COUNCIL FOR THE HOMELESS AT  
FRIENDSHIP PLACE

Employer identification number

52-1925494

FORM 990, PART VI, SECTION A, LINE 10: A DRAFT COPY OF THE 990 IS REVIEWED  
AND APPROVED BY THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF  
INTEREST POLICY PROVIDES THAT THE ORGANIZATION WILL OBTAIN ANNUALLY FROM  
EACH EMPLOYEE, DIRECTOR, AND OFFICER, AND CERTAIN VOLUNTEERS, A WRITTEN  
STATEMENT DISCLOSING ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST. THE  
EXECUTIVE DIRECTOR USES DILIGENT, GOOD FAITH EFFORTS TO OBTAIN FROM ALL  
SUCH PARTIES WRITTEN STATEMENTS. THE CONFLICT OF INTEREST POLICY SETS  
FORTH PROCEDURES FOR DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS.  
THE DETERMINATION, IN THE CASE OF EMPLOYEES OTHER THAN THE EXECUTIVE  
DIRECTOR, THE TOP FINANCIAL OFFICIAL, OR OTHER EMPLOYEES AT THE 'DIRECTOR'  
LEVEL IS MADE BY THE EXECUTIVE DIRECTOR, AND THE PRESIDENT OR THE  
CO-PRESIDENTS. THE DETERMINATION IN ALL OTHER CASES IS MADE BY THE  
EXECUTIVE COMMITTEE OR THE FULL BOARD IF SO DETERMINED BY THE EXECUTIVE  
COMMITTEE. PERSONS WITH POTENTIAL OR ACTUAL CONFLICT OF INTERESTS DO NOT  
PARTICIPATE IN THE FOREGOING DETERMINATIONS OR REVIEWS, INCLUDING  
DELIBERATIONS AND DECISIONS.

FORM 990, PART VI, SECTION B, LINE 15: IN DECEMBER 2009, THE BOARD  
APPROVED A WRITTEN PROCESS FOR DETERMINATION OF CERTAIN EMPLOYEE  
COMPENSATION APPLICABLE TO THE DETERMINATIONS OF COMPENSATION FOR THE  
EXECUTIVE DIRECTOR/CEO AND TOP FINANCIAL OFFICIAL. THE PROCESS ESTABLISHES  
A COMPENSATION COMMITTEE COMPOSED OF THE ORGANIZATION'S PRESIDENT OR  
CO-PRESIDENTS, TREASURER, AND HUMAN RESOURCES COMMITTEE CHAIRMAN OR MEMBER.  
ALL COMMITTEE MEMBERS ARE REQUIRED TO USE COMPENSATION COMPARABILITY DATA,

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No. 1545-0047

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FRIENDSHIP PLACE

Employer identification number  
52-1925494

KEEP A CONTEMPORANEOUS WRITTEN RECORD OF DELIBERATIONS AND DECISIONS, AND  
TAKE INTO ACCOUNT PERFORMANCE EVALUATIONS OF THE PARTY WHOSE COMPENSATION  
IS BEING DETERMINED.

FORM 990, PART VI, SECTION C, LINE 19: THE FORM 990 IS AVAILABLE UPON  
REQUEST AND VIA THE WEBSITE 'WWW.GUIDESTAR.ORG'. THE ORGANIZATION'S  
CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS  
ARE MADE AVAILABLE TO THE PUBLIC BY PROVIDING COPIES UPON REQUEST.

FORM 990, PART XI, LINE 2C

AUDIT COMMITTEE CHARTER

IN SEPTEMBER 2009 THE ORGANIZATION'S BOARD OF DIRECTORS APPROVED AN  
AUDIT COMMITTEE CHARTER. AMONG OTHER MATTERS, THE AUDIT COMMITTEE IS  
RESPONSIBLE FOR THE OVERSIGHT OF THE ORGANIZATION'S AUDIT OF ITS  
FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDITOR.

FORM 990, SCHEDULE R, PART V, LINE 2

MERGER WITH RELATED PARTY

ON DECEMBER 16, 2008, THE BOARD APPROVED THE MERGER OF THE COMMUNITY  
COUNCIL FOR THE HOMELESS AT FRIENDSHIP PLACE AND THE FRIENDSHIP PLACE  
COMMUNITY RESOURCE CENTER, INC. THE ORGANIZATIONS HAD BEEN RELATED BY  
COMMON BOARD MEMBERSHIP AND ADMINISTRATIVE CONTROLS. AN EFFECT OF THE  
MERGER WAS TO TRANSFER THE ASSET OF THE ADMINISTRATIVE BUILDING TO  
CCHFP AND TO RECOGNIZE A LOSS ON REFINANCING COSTS. (SEE PART VIII,  
STATEMENT OF REVENUE, LINE 7B)

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

**2008**  
**Open to Public Inspection**

Name of the organization

COMMUNITY COUNCIL FOR THE HOMELESS AT  
FRIENDSHIP PLACE

Employer identification number  
52-1925494

| Name of the organization | COMMUNITY COUNCIL FOR THE HOMELESS AT FRIENDSHIP PLACE |
|--------------------------|--------------------------------------------------------|
|                          |                                                        |

**Employer identification number**  
**52-1925494**

## Part I Identification of Disregarded Entities

[illegible]

## Part II Identification of Related Tax-Exempt Organizations

[illegible]

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

Schedule R (Form 990) 2008



[illegible]

## Part IV Identification of Related Organizations Taxable as a Corporation or Trust

[illegible]

**COMMUNITY COUNCIL FOR THE HOMELESS AT  
FRIENDSHIP PLACE**

**Part V Transactions With Related Organizations**

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

**b** Gift, grant, or capital contribution to other organization(s)

**c** Gift, grant, or capital contribution from other organization(s)

**d** Loans or loan guarantees to or for other organization(s)

**e** Loans or loan guarantees by other organization(s)

**f** Sale of assets to other organization(s)

**g** Purchase of assets from other organization(s)

**h** Exchange of assets

**i** Lease of facilities, equipment, or other assets to other organization(s)

**j** Lease of facilities, equipment, or other assets from other organization(s)

**k** Performance of services or membership or fundraising solicitations for other organization(s)

**l** Performance of services or membership or fundraising solicitations by other organization(s)

**m** Sharing of facilities, equipment, mailing lists, or other assets

**n** Sharing of paid employees

**o** Reimbursement paid to other organization for expenses

**p** Reimbursement paid by other organization for expenses

**q** Other transfer of cash or property to other organization(s)

**r** Other transfer of cash or property from other organization(s)

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

|                                                                               | (A)<br>Name of other organization(s) | (B)<br>Transaction<br>type (a-r) | (C)<br>Amount involved |
|-------------------------------------------------------------------------------|--------------------------------------|----------------------------------|------------------------|
| (1) FRIENDSHIP PLACE COMMUNITY RESOURCE CENTER, INC (NO CASH DEED TRANSFER) . |                                      | R                                | 383,862.               |
| (2)                                                                           |                                      |                                  |                        |
| (3)                                                                           |                                      |                                  |                        |
| (4)                                                                           |                                      |                                  |                        |
| (5)                                                                           |                                      |                                  |                        |
| (6)                                                                           |                                      |                                  |                        |

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

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

OMB No. 1545-1709

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

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

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

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

|                                                                                     |                                                                                                                         |                                                     |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Type or print<br><br>File by the due date for filing your return. See instructions. | Name of Exempt Organization<br><b>COMMUNITY COUNCIL FOR THE HOMELESS AT FRIENDSHIP PLACE</b>                            | Employer identification number<br><b>52-1925494</b> |
|                                                                                     | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>4713 WISCONSIN AVENUE, NW</b>              |                                                     |
|                                                                                     | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>WASHINGTON, DC 20016</b> |                                                     |

**Check type of return to be filed** (file a separate application for each return):

- |                                              |                                                                   |                                    |
|----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

### THE COUNCIL

- The books are in the care of ► **4713 WISCONSIN AVENUE, NW - WASHINGTON, DC 20016**  
Telephone No. ► **(202) 364-1419** FAX No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning **OCT 1, 2008**, and ending **SEP 30, 2009**.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 4-2009)