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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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning OCT 1, 2009 **and ending** SEP 30, 2010

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
COMMUNITY COUNCIL FOR THE HOMELESS AT FRIENDSHIP PLACE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4713 WISCONSIN AVENUE, NW

City or town, state or country, and ZIP + 4
WASHINGTON, DC 20016

D Employer identification number
52-1925494

E Telephone number
202-364-1419

G Gross receipts $ 2,347,254.

F Name and address of principal officer: JEAN MICHEL GIRAUD
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CCHFP.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1995 **M** State of legal domicile DC

Part I Summary

1	Briefly describe the organization's mission or most significant activities. THE PURPOSE OF THE ORGANIZATION IS TO HELP HOMELESS MEN AND WOMEN LIVING IN THE DISTRICT OF COLUMBIA		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	48
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	48
5	Total number of employees (Part V, line 2a)	5	34
6	Total number of volunteers (estimate if necessary)	6	517
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,963,402.	1,140,544.
9	Program service revenue (Part VIII, line 2g)	36,192.	1,205,062.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<11,643.>	1,328.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,115.	320.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,991,066.	2,347,254.
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)	1,266,134.	1,498,629.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		3,650.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 240,350.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	391,452.	744,362.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,657,586.	2,246,641.
19	Revenue less expenses. Subtract line 18 from line 12	333,480.	100,613.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,351,654.	1,480,179.
21	Total liabilities (Part X, line 26)	406,600.	434,512.
22	Net assets or fund balances. Subtract line 21 from line 20	945,054.	1,045,667.

SCANNED JUN 13 2011

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MAY 16 2011
OGDEN, UT

Part II Signature Block

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

Sign Here

▶ Jm Giraud — Signature of officer — Date 5/3/11

▶ JEAN MICHEL GIRAUD, EXECUTIVE DIRECTOR — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date 4/26/11 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ RIBIS, JONES & MARESCA, P.A.
10500 LITTLE PATUXENT PARKWAY, SUITE 770
COLUMBIA, MD 21044

EIN ▶

Phone no ▶ 410-884-0220

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

G16

9

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
THE PURPOSE OF CCHFP IS TO HELP HOMELESS MEN AND WOMEN LIVING IN THE DISTRICT OF COLUMBIA TO REBUILD THEIR LIVES. THIS IS DONE BY REACHING OUT TO HOMELESS PERSONS LIVING IN THE STREETS IN THIS AREA, SUPPORTING THE OPENING AND OPERATIONS OF SMALL CONGREGATION-BASED SHELTERS,

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 $ 192,023. including grants of $) (Revenue $ 26,086.)
HOMELESS SERVICES: THE FOLLOWING FOUR 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.

DROP-IN CENTER: THE DROP-IN CENTER WELCOMES HOMELESS MEN AND WOMEN ON A

4b (Code:) (Expenses $ 679,184. including grants of $) (Revenue $ 453,722.)
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 UNITS ARE OWNED BY THE NON-PROFIT, COMMUNITY HOUSING TRUST, SOME ARE RENTED BY CCHFP, AND SOME ARE PROVIDED BY CONGREGATIONS AND BY ANNE FRANK HOUSE, INC. SUPPORTIVE SERVICES INCLUDE CASE MANAGEMENT, RESOURCE LINKAGE, MEDICAL

4c (Code:) (Expenses $ 714,909. including grants of $) (Revenue $ 725,254.)
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 165 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 $ 171,314. including grants of $) (Revenue $)

4e **Total program service expenses ▶ $** 1,757,430.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*			
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	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? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S. Information Returns Enter -0- if not applicable	1a	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	34		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country. ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	48		
b	Enter the number of voting members that are independent	1b	48		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARTHA ADLER DIRECTOR	1.00	X						0.	0.	0.
ANDREW ANING DIRECTOR	0.50	X						0.	0.	0.
KATE BELINSKI SECRETARY	2.00	X		X				0.	0.	0.
ROSALIE BERK VICE PRESIDENT	1.30	X		X				0.	0.	0.
JOANNE BRAINARD DIRECTOR	0.50	X						0.	0.	0.
DEBORAH BROUSE DIRECTOR	3.00	X						0.	0.	0.
SUSAN CALLAWAY DIRECTOR	0.50	X						0.	0.	0.
JIM CARROLL DIRECTOR	0.50	X						0.	0.	0.
DAVID COHEN DIRECTOR	1.50	X						0.	0.	0.
SALLY CRAIG VICE PRESIDENT	0.50	X		X				0.	0.	0.
DAVID DESANTIS DIRECTOR	2.00	X						0.	0.	0.
MARJORIE DICK STUART DIRECTOR	1.00	X						0.	0.	0.
MICHAEL DURST CO-PRESIDENT	5.80	X		X				0.	0.	0.
PETER ESPENSCHIED DIRECTOR	0.50	X						0.	0.	0.
SUZANNE FORSYTH DIRECTOR	1.00	X						0.	0.	0.
BARBARA FRANKLIN DIRECTOR	1.00	X						0.	0.	0.
PAT GOELDNER DIRECTOR	1.30	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARY GORMAN DIRECTOR	0.50	X						0.	0.	0.
MARILYN HANNIGAN DIRECTOR	1.00	X						0.	0.	0.
CHUCK HERRICK DIRECTOR	0.50	X						0.	0.	0.
TED HIRT DIRECTOR	1.00	X						0.	0.	0.
RICHARD JEROME DIRECTOR	0.50	X						0.	0.	0.
JUNE KRESS CO-PRESIDENT	5.80	X		X				0.	0.	0.
JEANNE MAYER DIRECTOR	0.30	X						0.	0.	0.
JIM MCCARTHY DIRECTOR	0.30	X						0.	0.	0.
SABRINA MCCARTHY DIRECTOR	0.30	X						0.	0.	0.
ADINA MENDELSON DIRECTOR	0.30	X						0.	0.	0.
1b Total						▶		106,208.	0.	8,244.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 65,799.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,074,745.				
	g Noncash contributions included in lines 1a-1f $ 23,688.					
	h **Total.** Add lines 1a-1f	▶	1,140,544.			
Program Service Revenue		Business Code				
	2a FEE FOR SERVICE	624200	1,205,062.	1,205,062.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶	1,205,062.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	1,328.			1,328.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less. rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a OTHER REVENUE	624200	320.			320.
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶	320.			
	12 **Total revenue.** See instructions	▶	2,347,254.	1,205,062.	0.	1,648.

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	106,208.	84,967.	5,310.	15,931.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,122,007.	906,309.	72,092.	143,606.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,535.	2,694.	3,980.	4,861.
9 Other employee benefits	133,180.	100,486.	18,912.	13,782.
10 Payroll taxes	125,699.	81,864.	28,088.	15,747.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	10,400.	4,576.	5,824.	
d Lobbying				
e Professional fundraising services See Part IV, line 17	3,650.			3,650.
f Investment management fees				
g Other	81,694.	38,038.	32,146.	11,510.
12 Advertising and promotion				
13 Office expenses	49,186.	13,903.	13,729.	21,554.
14 Information technology	35,719.	28,450.	5,152.	2,117.
15 Royalties				
16 Occupancy	327,447.	322,309.	3,383.	1,755.
17 Travel	42,610.	41,000.	1,458.	152.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,291.	4,686.	1,508.	3,097.
20 Interest	18,587.		18,587.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	34,985.	15,376.	19,609.	
23 Insurance	18,650.	6,085.	12,565.	
24 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)				
a CLIENT ASSISTANCE	69,786.	69,786.		
b REPAIRS AND MAINTENANCE	46,007.	36,901.	6,518.	2,588.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,246,641.	1,757,430.	248,861.	240,350.
26 Joint costs Check here ▶ ☐ 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				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	267,708.	1	295,438.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	661,242.	3	440,518.
	4	Accounts receivable, net	10,310.	4	347,837.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	15,536.	9	19,073.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 756,676.			
	b	Less: accumulated depreciation — 10b: 389,173.	387,048.	10c	367,503.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	9,810.	15	9,810.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,351,654.	16	1,480,179.
Liabilities	17	Accounts payable and accrued expenses	99,952.	17	137,498.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	297,988.	23	289,004.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	8,660.	25	8,010.
	26	**Total liabilities.** Add lines 17 through 25	406,600.	26	434,512.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	445,602.	27	483,662.
	28	Temporarily restricted net assets	499,452.	28	562,005.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	945,054.	33	1,045,667.
	34	Total liabilities and net assets/fund balances	1,351,654.	34	1,480,179.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
COMMUNITY COUNCIL FOR THE HOMELESS AT FRIENDSHIP PLACE	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 (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - 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?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

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

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	753,729.	862,233.	953,616.	1149014.	1140544.	4859136.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	753,729.	862,233.	953,616.	1149014.	1140544.	4859136.
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)						461,702.
6 **Public support.** Subtract line 5 from line 4						4397434.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	753,729.	862,233.	953,616.	1149014.	1140544.	4859136.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,164.	1,727.	58.	335.	1,328.	5,612.
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)	13,349.	9,067.	517.	3,115.	320.	26,368.
11 **Total support.** Add lines 7 through 10						4891116.
12 Gross receipts from related activities, etc. (see instructions)					12	2,816,898.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	89.91 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	81.42 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** 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 - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

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

9 In Part 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 ▶ $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 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
1c	
1d	
1e	
1f	

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

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 the organization answered "Yes" to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the 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:

	Yes	No
3a(i) (i) unrelated organizations		
3a(ii) (ii) related organizations		
3b 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) Accumulated depreciation	(d) Book value
1a Land		95,225.		95,225.
b Buildings		564,392.	328,780.	235,612.
c Leasehold improvements				
d Equipment		94,899.	60,105.	34,794.
e Other		2,160.	288.	1,872.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				367,503.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must 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. Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
SECURITY DEPOSIT PAYABLE	8,010.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	8,010.

2. FIN 48 Footnote. 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.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,347,254.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,246,641.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	100,613.
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	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	100,613.

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	2,365,486.
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	18,232.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	18,232.
3	Subtract line **2e** from line **1**			3	2,347,254.
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 must equal Form 990, Part I, line 12)*			5	2,347,254.

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

1	Total expenses and losses per audited financial statements			1	2,264,873.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	18,232.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	18,232.
3	Subtract line **2e** from line **1**			3	2,246,641.
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 must equal Form 990, Part I, line 18)*			5	2,246,641.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

PART X: CCHFP HAS BEEN CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS AN EXEMPT ORGANIZATION, WHICH IS NOT A PRIVATE FOUNDATION. CCHFP IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE. CCHFP IS, HOWEVER, SUBJECT TO TAX ON BUSINESS INCOME UNRELATED TO THE ORGANIZATION'S EXEMPT PURPOSE. AS OF SEPTEMBER 30, 2010, CCHFP HAD NO LIABILITY FOR THE TAX ON UNRELATED BUSINESS INCOME. THE ORGANIZATION FILES INFORMATION RETURNS AS REQUIRED.

Part XIV Supplemental Information *(continued)*

CCHFP ADOPTED THE NEW ACCOUNTING STANDARDS DURING THE YEAR ENDED SEPTEMBER 30, 2010 WHICH REQUIRES AN EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A TAX BENEFIT OR EXPENSE IN THE CURRENT YEAR. SINCE CCHFP IS A NOT-FOR-PROFIT FOR INCOME TAX PURPOSES, NO INCOME TAX PROVISION IS REFLECTED IN THE ACCOMPANYING FINANCIAL POSITIONS. CCHFP BELIEVES THAT THE ADOPTION OF THE NEW ACCOUNTING STANDARDS DOES NOT HAVE AN IMPACT ON ITS RESULTS OF OPERATIONS OR FINANCIAL CONDITION.

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.
▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

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) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PENNY PAGANO DIRECTOR	0.30	X						0.	0.	0.
JIM POLLOCK DIRECTOR	0.50	X						0.	0.	0.
LEIGH ROLLINS DIRECTOR	2.00	X						0.	0.	0.
NAN ROMAN DIRECTOR	0.30	X						0.	0.	0.
DICK SCHLEICHER DIRECTOR	1.50	X						0.	0.	0.
BARBARA SCUPI DIRECTOR	0.10	X						0.	0.	0.
GEOFFREY SHEPARD DIRECTOR	0.10	X						0.	0.	0.
GEORGE SILETTI DIRECTOR	0.20	X						0.	0.	0.
JANE STEIN DIRECTOR	1.30	X						0.	0.	0.
LYNNE TAG DIRECTOR	1.30	X						0.	0.	0.
GINNY TAYLOR DIRECTOR	1.00	X						0.	0.	0.
ELLEN TOUPS DIRECTOR	0.10	X						0.	0.	0.
JENNIFER TURNER DIRECTOR	0.20	X						0.	0.	0.
ANNA TYNG DIRECTOR	1.70	X						0.	0.	0.
SUZANNE WALKER DIRECTOR	1.00	X						0.	0.	0.
PASTOR WADE WALLACE DIRECTOR	1.40	X						0.	0.	0.
AMANDA WEST DIRECTOR	0.10	X						0.	0.	0.
ANNE MILLAR WIEBE DIRECTOR	1.00	X						0.	0.	0.
LARRY WILLIAMS DIRECTOR	0.10	X						0.	0.	0.
SHELLY PANNELLA DIRECTOR	0.30	X						0.	0.	0.

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.
▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

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) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TOM PATTERSON TREASURER	1.00	X		X				0.	0.	0.
JEAN MICHEL GIRAUD EXECUTIVE DIRECTOR	40.00			X				106,208.	0.	8,244.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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. WE 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 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 1, DESCRIPTION OF ORGANIZATION MISSION:

ARRANGING REFERRALS, LONG-TERM TREATMENT AND REHABILITATION SERVICES, HOUSING AND OTHER SUPPORT ACTIVITIES IN SMALL, COMMUNITY BASED SETTINGS. CCHFP 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:

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 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.

SMALL-SHELTER CASE MANAGEMENT: CCHFP MANAGES REFERRALS AND PROVIDES CASE MANAGEMENT FOR FIVE, SMALL CONGREGATION-BASED TRANSITIONAL SHELTERS, WHICH HOUSE UP TO 20 INDIVIDUALS AT A TIME. THE CASE MANAGERS HELP THE RESIDENTS DEVELOP INDIVIDUALIZED ACTION PLANS FOR ACHIEVING THEIR GOALS FOR SELF-SUFFICIENCY AND RECOVERY. THE CASE MANAGERS ALSO PROVIDE SUPPORT AND ADVICE TO THE SHELTER'S STAFF AND VOLUNTEERS TO HELP ENSURE THAT THEIR PROGRAMS OPERATE AS EFFECTIVELY AS POSSIBLE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AND 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:

HOMELESS VETERANS INITIATIVE: THE HOMELESS VETERANS INITIATIVE OF CCHFP

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

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

Employer identification number: 52-1925494

HAS SET OUT TO END HOMELESSNESS AMONG VETERANS IN THE NATION'S CAPITAL WITHIN TWO YEARS. THE PROGRAM BRINGS TOGETHER PRIVATE SERVICE PROVIDERS, FEDERAL AND LOCAL GOVERNMENT AGENCIES, AND VETERANS SERVICE ORGANIZATIONS TO ELIMINATE SYSTEMIC BARRIERS TO HOUSING FOR OUR NATION'S HEROS. IN THE PROCESS, THE INITIATIVE WILL CREATE A MODEL THAT CAN BE INTEGRATED INTO THE U.S. DEPARTMENT OF VETERANS AFFAIRS' NATIONAL PLAN. THE INITIATIVE ALSO ADVOCATES FOR NEW LEGISLATION AND FUNDING FOR VETERAN SERVICES FROM CONGRESS.

EXPENSES $ 77356. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

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, 2010, VOLUNTEERS CONTRIBUTED 9,202 HOURS OF SERVICE, RESPECTIVELY. ACTIVITIES INCLUDE RECEPTION, DATA ENTRY, ACCOUNTING AND ADMINISTRATIVE, PRO BONO LEGAL WORK AND PRINT DESIGN, PHOTOGRAPHY AND 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,

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

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

Employer identification number: 52-1925494

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 $ 93958. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMITTEE REVIEWS THE FORM 990 AND APPROVES IT BEFORE IT IS SIGNED BY THE EXECUTIVE DIRECTOR AND MAILED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUESTS ALL BOARD MEMBERS TO UPDATE THE SIGNED CONFLICT OF INTEREST POLICY AT THE ANNUAL MEETING AND ALL NEW MEMBERS ARE GIVEN ONE TO SIGN.

FORM 990, PART VI, SECTION B, LINE 15A: THE ORGANIZATION HAS ESTABLISHED A STANDING COMPENSATION COMMITTEE THAT HAS BEEN CHARGED WITH DETERMINING THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND THE SENIOR FINANCIAL OFFICER EACH YEAR.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION UPON WRITTEN REQUEST.

FORM 990 PART XI, LINE 2C

THE PROCESS OF REVIEW HAS NOT CHANGED FROM THE PRIOR YEAR.

Form **8868**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

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

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

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ THE COUNCIL 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 is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until MAY 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning OCT 1, 2009, and ending SEP 30, 2010.

2 If the tax year entered in line 1 is for less than 12 months, check reason. [ ] Initial return [ ] Final return
[ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	3a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

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