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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 2010
	The organization may have to use a copy of this return to satisfy state reporting requirements	Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010		D Employer identification number 75-2461679	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization Metro Dallas Homeless Alliance		E Telephone number (214) 670-1139
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 1818 Corsicana Street		G Gross receipts \$ 8,786,399
	Room/suite		
	City or town, state or country, and ZIP + 4 Dallas, TX 75201		
	F Name and address of principal officer Dean McGee 1818 CORSICANA STREET DALLAS, TX 75201		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) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		
J Website: ▶	www.mhdadallas.org		
K Form of organization	☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1990
			M State of legal domicile TX

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities To end homelessness in Metropolitan Dallas through advocacy, planning, and education that creates and sustains needed change		
	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	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	197
	6 Total number of volunteers (estimate if necessary)	6	1
	7a Total 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
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,793,995	2,037,559
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,595,140	6,673,663
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,482	325
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-19,878	-69,105
		6,370,739	8,642,442
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	215,907	68,805
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,873,055	4,978,572
	16a Professional fundraising fees (Part IX, column (A), line 11e)	61,484	99,377
	b Total fundraising expenses (Part IX, column (D), line 25) <u>482,979</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,396,478	3,872,122
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,546,924	9,018,876
	19 Revenue less expenses Subtract line 18 from line 12	-2,176,185	-376,434
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	6,887,293	6,542,864
	21 Total liabilities (Part X, line 26)	216,651	248,656
	22 Net assets or fund balances Subtract line 21 from line 20	6,670,642	6,294,208

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	***** Signature of officer 2011-09-30 Date
	Dean McGee Principal Officer Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name David H Ovesen Preparer's signature David H Ovesen Date Check if self-employed ☒ PTIN
	Firm's name ▶ LANE GORMAN TRUBITT PLLC Firm's EIN ▶
	Firm's address ▶ 2626 HOWELL STREET SUITE 700 DALLAS, TX 752044064 Phone no ▶ (214) 871-7500

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

TO END HOMELESSNESS IN METROPOLITAN DALLAS THROUGH ADVOCACY, PLANNING, AND EDUCATION THAT CREATES AND SUSTAINS NEEDED CHANGE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

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

4a

(Code) (Expenses \$ 7,551,948 including grants of \$ 68,805) (Revenue \$ 6,673,663)

MDHA OPERATES THE BRIDGE HOMELESS ASSISTANCE CENTER ("BRIDGE") UNDER A MANAGEMENT SERVICES CONTRACT WITH THE CITY OF DALLAS THE BRIDGE, WHICH OPENED IN MAY 2008, PROVIDES CARE AND HOUSING, MEALS, SECURITY AND FACILITIES TO APPROXIMATELY 1,400 HOMELESS PEOPLE PER DAY MDHA CONVENES THE CONTINUUM OF CARE HOMELESS ASSISTANCE PROCESS FOR DALLAS AND COLLIN COUNTIES, WHICH FUNDS NEARLY \$14 MILLION IN TRANSITIONAL HOUSING AND PERMANENT SUPPORTIVE HOUSING ANNUALLY THE PROCESS, WHICH IS PART OF THE HUD SUPER NOFA, INVOLVES SERVICE COORDINATION, PROJECT MONITORING AND TECHNICAL ASSISTANCE TO HUD-FUNDED AND NON-HUD-FUNDED AGENCIES THE MDHA CONTINUUM OF CARE COORDINATED TO PROVIDE SERVICES TO THE HOMELESS COMMUNITY, INCLUDING CONDUCTING THE ANNUAL HOMELESS ASSISTANCE PROCESS FOR DALLAS AND COLLIN COUNTIES, WHICH IS USED BY PRIVATE AND GOVERNMENT SOURCES LOCALLY AND NATIONALLY FOR FUNDRAISING, RESEARCH AND NEEDS ASSESSMENTS

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 7,551,948

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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2 Yes	
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	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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	No
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	No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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, Parts I and IV	14b	No
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15	No
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 U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
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 (see instructions) 	17 Yes	
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 Yes	
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	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V ☐					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	14		
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	Yes		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	197		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			
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		No	
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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		No	
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	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the amount of reserves on hand.	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?					
14a					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		No	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	25		
b	Enter the number of voting members included in line 1a, above, who are independent	25		
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

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		No
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
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
18	Section 6104 requires an organization to make its Form 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. DEAN MCGEE 1818 CORSICANA STREET Dallas, TX 75201 (214) 670-1139

Check if Schedule O contains a response to any question in this Part VII ☐ ☒

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2010)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	531,903	0	22,451

2 Total number of individuals (including but not limited to those listed in Item 1) who received or accrued more than \$100,000 in reportable compensation from the organization. **2**

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
Dallas CBD Enterprises Inc 2200 Ross Avenue Suite 4600E DALLAS, TX 75201	Safety services	267,270
FPC Meals 408 Park Avenue DALLAS, TX 75201	Meal services	1,613,603
LifeNet Community Behavioral Health 9708 Skillman DALLAS, TX 75243	Facilities services	953,926

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 ▶3

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	0	2,037,559						
	b	Membership dues	1b	10,600							
	c	Fundraising events	1c	501,723							
	d	Related organizations	1d	0							
	e	Government grants (contributions)	1e	207,594							
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,317,642							
	g	Noncash contributions included in lines 1a-1f \$		7,500							
	h	Total. Add lines 1a-1f									
	Program Service Revenue	2a	Business Code						2,361,674	2,361,674	
		PROGRAM SERVICE FEES			624200						
b		CONTRACT SERVICE FEES			624200	36,191	36,191				
c		MANAGEMENT FEES			624200	4,275,798	4,275,798				
d											
e											
f		All other program service revenue									
g		Total. Add lines 2a-2f			6,673,663						
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)			325					
	4	Income from investment of tax-exempt bond proceeds . .			0						
	5	Royalties			0						
	6a	Gross Rents		(i) Real	(ii) Personal						
		b	Less rental expenses								
		c	Rental income or (loss)								
	d	Net rental income or (loss)									
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other	0					
		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			74,832	-69,125			-69,125		
		a									
		b	Less direct expenses	b	143,957						
	c	Net income or (loss) from fundraising events . .									
	9a	Gross income from gaming activities See Part IV, line 19				0					
		a									
		b	Less direct expenses	b							
	c	Net income or (loss) from gaming activities . .									
	10a	Gross sales of inventory, less returns and allowances				0					
		a									
b		Less cost of goods sold	b								
c	Net income or (loss) from sales of inventory . .										
Miscellaneous Revenue				Business Code	20			20			
11a	MISCELLANEOUS REVENUE			900099							
b											
c											
d	All other revenue										
e	Total. Add lines 11a-11d			20							
12	Total revenue. See Instructions			8,642,442	6,673,663			-68,780			

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	0	0		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	68,805	68,805		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	554,354	281,931	167,329	105,094
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	3,432,874	3,096,759	183,807	152,308
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	145,357	113,527	30,860	970
9	Other employee benefits	503,217	431,110	54,060	18,047
10	Payroll taxes	342,770	292,920	36,417	13,433
a	Fees for services (non-employees)				
	Management	0	0	0	0
b	Legal	308	0	308	0
c	Accounting	31,720	805	30,915	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	99,377			99,377
f	Investment management fees	0	0	0	0
g	Other	3,069,552	2,998,069	61,786	9,697
12	Advertising and promotion	44,114	404	0	43,710
13	Office expenses	254,109	127,234	95,481	31,394
14	Information technology	89,197	56,373	28,435	4,389
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	10,450	6,518	2,901	1,031
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	5,624	1,856	3,543	225
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	64,738	25,114	39,624	0
23	Insurance	34,562	19,568	14,349	645
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DIRECT PROGRAM FEES	4,752	4,752	0	0
b	MISCELLANEOUS EXPENSES	32,291	26,203	3,429	2,659
c	BAD DEBT EXPENSE	230,705	0	230,705	0
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	9,018,876	7,551,948	983,949	482,979
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			954,049	1	1,149,924
	2	Savings and temporary cash investments			1,871,251	2	1,826,608
	3	Pledges and grants receivable, net			3,020,828	3	1,912,399
	4	Accounts receivable, net			448,389	4	762,792
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			23,356	9	357,709
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	481,336			
	b	Less: accumulated depreciation	10b	122,818	394,438	10c	358,518
	11	Investments—publicly traded securities			174,982	11	174,914
	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				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			6,887,293	16	6,542,864	
Liabilities	17	Accounts payable and accrued expenses			216,651	17	248,656
	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				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D				25	0
	26	Total liabilities. Add lines 17 through 25			216,651	26	248,656
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			2,742,032	27	3,608,512
	28	Temporarily restricted net assets			3,928,610	28	2,685,696
	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			6,670,642	33	6,294,208
34	Total liabilities and net assets/fund balances			6,887,293	34	6,542,864	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,642,442
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,018,876
3	Revenue less expenses Subtract line 2 from line 1	3	-376,434
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,670,642
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,294,208

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated 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?	Yes	
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	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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.

Name of the organization
Metro Dallas Homeless Alliance

Employer identification number
75-2461679

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?

(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 the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

Provide the following information about the supported organization(s)

	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	
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2010

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	117,738	4,584,345	8,241,463	1,793,995	2,037,559	16,775,100
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			62,757	250,394	612,250	925,401
4 Total. Add lines 1 through 3	117,738	4,584,345	8,304,220	2,044,389	2,649,809	17,700,501
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)						5,211,732
6 Public Support. Subtract line 5 from line 4						12,488,769

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	117,738	4,584,345	8,304,220	2,044,389	2,649,809	17,700,501
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	88	1,237	1,183	1,482	325	4,315
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)	0	1,106	105,256	100	20	106,482
11 Total support (Add lines 7 through 10)						17,811,298
12 Gross receipts from related activities, etc (See instructions)					12	15,597,303
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	70 117 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	63 582 %
16a 33 1/3% support test—2010. 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—2009. If the organization did not check the 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—2010. 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—2009. 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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2010. 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—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		

Part IV

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

Facts And Circumstances Test

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

2010

Open to Public
Inspection

Name of the organization
Metro Dallas Homeless Alliance

Employer identification number
75-2461679

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 may 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)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

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

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, 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 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

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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)

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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part 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	Investment earnings or 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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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			
b	Buildings			
c	Leasehold improvements			
d	Equipment	50,240	37,590	12,650
e	Other	431,096	85,228	345,868
Total.	Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)			358,518

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	18,642,442
2	Total expenses (Form 990, Part IX, column (A), line 25)	29,018,876
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-376,434
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 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-376,434

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	19,312,512
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b756,818	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d-86,748	
e	Add lines 2a through 2d	2e670,070
3	Subtract line 2e from line 1	38,642,442
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	58,642,442

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	19,688,946
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a756,818	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d143,957	
e	Add lines 2a through 2d	2e900,775
3	Subtract line 2e from line 1	38,788,171
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 7b4a	
b	Other (Describe in Part XIV)4b230,705	
c	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	59,018,876

Part XIVSupplemental 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
FINANCIAL STATEMENT REVENUES NOT INCLUDED IN FORM 990 REVENUES	FORM 990, SCHEDULE D, PART XII, LINE 2(D)	DIRECT FUNDRAISING EXPENSES OF \$143,957 WERE RECLASSIFIED FROM FUNCTIONAL EXPENSES TO REVENUE FOR THE FORM 990 TO OFFSET GROSS FUNDRAISING REVENUE THIS ADJUSTMENT WAS NET OF AN ADJUSTMENT FOR A \$230,705 LOSS ON UNCOLLECTIBLE PLEDGE WHICH WAS TREATED AS AN OFFSET TO TEMPORARILY RESTRICTED REVENUE FOR THE FINANCIAL STATEMENTS, AND AS BAD DEBT EXPENSE FOR THE FORM 990
FINANCIAL STATEMENT EXPENSES NOT INCLUDED IN FORM 990 EXPENSES	FORM 990, SCHEDULE D, PART XIII, LINE 2(D)	DIRECT FUNDRAISING EXPENSES OF \$143,957 WERE RECLASSIFIED FROM FUNCTIONAL EXPENSES TO REVENUE FOR THE FORM 990 TO OFFSET GROSS FUNDRAISING REVENUE
FORM 990 EXPENSES NOT INCLUDED IN FINANCIAL STATEMENT EXPENSES	FORM 990, SCHEDULE D, PART XIII, LINE 4(B)	A \$230,705 LOSS ON UNCOLLECTIBLE PLEDGE WAS TREATED AS AN OFFSET TO TEMPORARILY RESTRICTED REVENUE FOR THE FINANCIAL STATEMENTS AND AS BAD DEBT EXPENSE FOR THE FORM 990
FOOTNOTE ADDRESSING INCOME TAXES	SCHEDULE D, PART X, LINE 2	THE FOLLOWING IS THE TEXT OF THE ORGANIZATION'S FOOTNOTE ADDRESSING UNCERTAINTY IN INCOME TAXES INCOME TAXES MDHA is exempt from Federal income taxes under Section 501(c)(3) of the United States Internal Revenue Code Bridge Steps and Pebbles are wholly-owned for-profit subsidiaries of MDHA which are considered to be disregarded entities in the preparation of MDHA's federal information return For the years ended December 31, 2010 and 2009, MDHA had no material unrelated business income, including pass-through income from Bridge Steps and Pebbles Accordingly, no provision has been made for federal income tax in the accompanying consolidated financial statements GAAP requires the evaluation of tax positions taken or expected to be taken in the course of preparing MDHA'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 A reconciliation is not provided herein, as the beginning and ending amounts of unrecognized benefits are zero, with no interim additions, reductions, or settlements However, the conclusions regarding accounting for uncertainty in income taxes will be subject to review and may be adjusted at a later date based on factors including, but not limited to, ongoing analysis of tax laws, regulations, and interpretations thereof MDHA's informational returns filed in the U S federal jurisdiction are generally subject to examination for three years after the later of the due date or date of filing As a result, MDHA is no longer subject to income tax examinations by tax authorities for years prior to 2007

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Metro Dallas Homeless Alliance

Employer identification number
75-2461679

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Kathy R Beazley Communications 4022 South Better Drive Dallas, TX 75229	Event Manager	Yes		374,955	39,500	335,455
Allyn Media LLC 3232 McKinney Avenue Suite 660 Dallas, TX 75204	strategic consulting		No	0	31,557	0
dini partners 3400 Carlisle Street Suite 348 Dallas, TX 75204	fundraising consulting		No	0	24,075	0
Total ▶				374,955	95,132	335,455

3

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

TX

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>WALKATHON</u>	<u>BREAKFAST</u>	<u>1</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	374,955	146,650	54,950	576,555	
	2	Less Charitable contributions	318,123	128,650	54,950	501,723	
3	Gross income (line 1 minus line 2)	56,832	18,000	0	74,832		
Direct Expenses	4	Cash prizes	0	0	0	0	
	5	Non-cash prizes	500	0	0	500	
	6	Rent/facility costs	31,198	4,000	0	35,198	
	7	Food and beverages	808	32,875	0	33,683	
	8	Entertainment	9,971	50,000	0	59,971	
	9	Other direct expenses	14,605	0	0	14,605	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					143,957
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					-69,125

Part III Gaming.

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

Yes

No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
AGREEMENT WITH event manager	SCHEDULE G, LINE 2(B)	THE ORGANIZATION HAD AN AGREEMENT WITH Kathy R Beazley communications ("KRB") WHEREBY KRB COLLECTED SPONSORSHIPS, DONATIONS AND REGISTRATIONS FOR THE ORGANIZATION'S ANNUAL HELP THE HOMELESS WALKATHON KRB RETAINED A fee established by contractual agreement KRB REMITTED THE REMAINING AMOUNTS COLLECTED ON THE ORGANIZATION'S BEHALF TO THE ORGANIZATION AFTER DEDUCTING EVENT-RELATED EXPENSES KRB PROVIDED A FULL ACCOUNTING TO THE ORGANIZATION OF REVENUES AND EXPENSES OF THE WALKATHON EVENT THE AGREEMENT BETWEEN KRB AND THE ORGANIZATION SPECIFIED THAT WALKATHON EXPENSES WOULD BE PAID BY THE ORGANIZATION AND THAT COMPENSATION FOR PROFESSIONAL FUNDRAISING SERVICES WOULD BE BASED ON an agreed upon fee WALKATHON EXPENSES PAID BY KRB AND DEDUCTED FROM THE REMITTANCE TO THE ORGANIZATION ARE AS FOLLOWS ADVERTISING AND PROMOTION \$ 28,610 Contract labor 13,553 EQUIPMENT RENTAL 10,794 HOSPITALITY AND ENTERTAINMENT 9,971 INSURANCE EXPENSE 645 POSTAGE AND DELIVERY 537 PRINTING AND COPYING 7,653 SUPPLIES 22,391 Food & Beverage 808 MISCELLANEOUS 1,679 TOTAL 96,641
agreements with other professional fundraisers	schedule g, line 2(b)	THE organization CONTRACTS WITH VARIOUS ENTITIES FOR FUNDRAISING CONSULTING SERVICES CONTRACTS DISTINGUISH BETWEEN FEES, WHICH ARE AGREED UPON IN ADVANCE, AND REIMBURSABLE EXPENSES, WHICH ARE TYPICALLY ESTABLISHED IN A PROJECT BUDGET REIMBURSABLE EXPENSES ARE SPECIFICALLY IDENTIFIED IN THE CONSULTANTS' BILLINGS TO THE organization AND ARE BASED ON REASONABLE, ACTUAL OUT-OF-POCKET EXPENDITURES ON THE organization'S BEHALF, SUCH AS POSTAGE AND DELIVERY and PRINTING THE organization DID NOT ENTER INTO ANY ARRANGEMENTS WITH FUNDRAISERS UNDER WHICH THE organization MADE PAYMENTS EXCLUSIVELY FOR EXPENSES THE FOLLOWING FUNDRAISING EXPENSES WERE REIMBURSED TO PROFESSIONAL FUNDRAISERS LISTED IN SCHEDULE G DINI PARTNERS \$0 ALLYN MEDIA \$3,033

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Metro Dallas Homeless Alliance

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
75-2461679

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☒

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations

▶

3

Enter total number of other organizations

▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
MONITORING USE OF GRANT FUNDS	SCHEDULE I, PART I, LINE 2	AS PART OF ITS EXEMPT MISSION, THE ORGANIZATION PROVIDES DIRECT ASSISTANCE TO INDIVIDUALS EXPERIENCING HOMELESSNESS OR FORMERLY HOMELESS INDIVIDUALS THERE IS AN ELIGIBILITY DETERMINATION PROCESS PRIOR TO PROVIDING ASSISTANCE ASSISTANCE PROVIDED DURING THE YEAR CONSISTED OF BUS PASSES AND NONCASH HOUSING ASSISTANCE AS WELL AS FURNITURE PROVIDED TO INDIVIDUALS PARTICIPATING IN PERMANENT SUPPORTIVE HOUSING ACCORDINGLY, ONGOING MONITORING OF GRANT FUNDS IS NOT APPLICABLE NO INDIVIDUAL RECEIVED MORE THAN \$5,000 IN ASSISTANCE DURING THE YEAR

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization Metro Dallas Homeless Alliance	Employer identification number 75-2461679
--	--

Part I

Questions Regarding Compensation

	Yes	No
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		
☐ First-class or charter travel		
☐ Travel for companions		
☐ Tax idemnification and gross-up payments		
☐ Discretionary spending account		
☐ Housing allowance or residence for personal use		
☐ Payments for business use of personal residence		
☐ Health or social club dues or initiation fees		
☐ Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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		
☐ Compensation committee		
☐ Independent compensation consultant		
☐ Form 990 of other organizations		
☒ Written employment contract		
☒ Compensation survey or study		
☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment from the organization or a related organization?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
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 only must complete lines 5-9.		
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?		No
b Any related organization?		No
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?		No
b Any related organization?		No
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		No
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		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies 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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL M FAENZA	(i) (ii)	187,236 0	31,184 0	9,083 0	923 0	5,118 0	233,544 0	0 0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization Metro Dallas Homeless Alliance	Employer identification number 75-2461679
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Identifier	Return Reference	Explanation
MEMBERSHIP	FORM 990, PART VI, SECTION A, LINES 6 AND 7	As part of its programmatic activities, Metro Dallas Homeless Alliance ("MDHA") is a membership organization whose membership is composed of individuals and organizations which are concerned about the Homeless issue in Dallas and Collin Counties MDHA Members include Non-Profit Organizations Homeless Citizens Units of Government Faith-Based Organizations Businesses Individuals THE ORGANIZATION DOES HAVE MEMBERS WHO COMPRISE A MEMBERSHIP COMMITTEE, WHICH IS A STANDING COMMITTEE OF THE BOARD OF DIRECTORS The ELECTED Chair of the Membership Committee serves as the Vice Chair of the MDHA Board of Directors THE MEMBERS APPROVE THE APPOINTMENT OF CANDIDATES FOR THE BOARD OF DIRECTORS AND ALSO HAVE THE AUTHORITY TO APPROVE CHANGES TO THE BY-LAWS OR OTHER GOVERNING DOCUMENTS

Identifier	Return Reference	Explanation
DESCRIPTION OF THE FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11A	Outside auditors work with THE CFO to prepare THE Form 990, which is reviewed by the CEO. The Form 990 is then reviewed and approved by the Finance Committee of the Board on behalf of the Board of Directors. The Form 990 is also provided to all members of the Board of Directors prior to filing.

Identifier	Return Reference	Explanation
DESCRIPTION OF THE PROCESS TO MONITOR FOR CONFLICTS OF INTEREST	FORM 990, PART VI, SECTION B, LINE 12(C)	THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS INCLUDED IN BOTH THE BY-LAWS AND THE SEPARATE CODE OF CONDUCT AND ETHICS BOARD MEMBERS AND STAFF ARE REQUESTED PERIODICALLY TO ACKNOWLEDGE IN WRITING HAVING RECEIVED, READ AND UNDERSTOOD THE CODE OF CONDUCT AND ETHICS, AS WELL AS TO FILL OUT AND SUBMIT A DISCLOSURE QUESTIONNAIRE DISCLOSING ANY CONFLICTS

Identifier	Return Reference	Explanation
COMPENSATION REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 15(A) & 15(B)	THE EXECUTIVE COMMITTEE OF THE BOARD DETERMINES THE COMPENSATION FOR THE PRESIDENT/CEO ANNUALLY, THE COMMITTEE CONSULTS SALARY SURVEYS AND OTHER SOURCES OF INFORMATION RELATING TO THE COMPENSATION OF CHIEF EXECUTIVES OF COMPARABLE ORGANIZATIONS THE COMMITTEE ALSO CONDUCTS A REVIEW OF THE CEO'S PERFORMANCE BOTH THE COMPARABLE COMPENSATION INFORMATION AND THE PERFORMANCE REVIEW ARE TAKEN INTO CONSIDERATION IN DETERMINING THE PRESIDENT/CEO'S COMPENSATION THE COMPENSATION OF KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT/CEO, IN CONJUNCTION WITH THE ORGANIZATION'S HUMAN RESOURCES PROFESSIONAL, BASED ON SALARY SURVEYS AND OTHER RESEARCH ON COMPENSATION FOR COMPARABLE POSITIONS AND ORGANIZATIONS, AS WELL AS PERFORMANCE REVIEWS THE PRESIDENT/CEO REPORTS THESE COMPENSATION LEVELS TO THE EXECUTIVE COMMITTEE OF THE BOARD, AND THEY ARE APPROVED AS PART OF THE ANNUAL BUDGET PROCESS

Identifier	Return Reference	Explanation
AVAILABILITY OF DOCUMENTS	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST COPIES OF THE ORGANIZATION'S FORM 990 ARE ALSO AVAILABLE UPON REQUEST, AS WELL AS THROUGH OUTSIDE WEBSITES SUCH AS GUIDESTAR.ORG

Identifier	Return Reference	Explanation
APPLICABILITY OF POLICIES TO DISREGARDED ENTITIES	FORM 990, PART VI, SECTION B	BRIDGE STEPS, LLC AND MDHA PEBBLES, LLC ARE DISREGARDED ENTITIES WITH RESPECT TO METRO DALLAS HOMELESS ALLIANCE ("MDHA") BRIDGE STEPS, LLC AND MDHA PEBBLES, LLC HAVE NOT SPECIFICALLY ADOPTED A CONFLICT OF INTEREST, WHISTLEBLOWER OR DOCUMENT RETENTION AND DESCTRUCTION POLICY HOWEVER, SINCE MDHA IS THE SOLE MEMBER OF BRIDGE STEPS, LLC AND MDHA PEBBLES, LLC AND THE THREE ENTITIES SHARE COMMON OFFICERS, POLICIES OF MDHA ARE CONSIDERED TO BE EFFECTIVE FOR BRIDGE STEPS, LLC AND MDHA PEBBLES, LLC

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization
Metro Dallas Homeless Alliance

Employer identification number
75-2461679

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BRIDGE STEPS LLC 1818 CORSICANA STreet DALLAS, TX 75201 26-3341090	SHELTER SVCS	TX	8,164,376	937,497	MDHA
(2) MDHA PEBBLES LLC 1818 CORSICANA STreet DALLAS, TX 75201 27-1963935	HOUSING SVCS	TX	0	0	MDHA

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Pebbles Apartments LLC 3939 N Hampton Road Dallas, TX 752121630 27-3043439	housing services	TX	na	related	0	0		No	0		No	0 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

Yes

No

No

No

No

No

No

No

No

No

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) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 75-2461679

Name: Metro Dallas Homeless Alliance

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
MIKE RAWLINGS FORMER BOARD CHAIR	5	X		X				0	0	0
LIAM MULVANEY VICE-CHAIR	15	X		X				0	0	0
GARY PATSLEY FORMER TREASURER	5	X		X				0	0	0
albert black BOARD MEMBER	5	X						0	0	0
DR HARRIET BOORHEM BOARD MEMBER	5	X						0	0	0
JOHN CASTLE BOARD CHAIR	15	X		X				0	0	0
GEORGE ELLIS TREASURER	20	X		X				0	0	0
PAIGE FLINK BOARD MEMBER	10	X						0	0	0
VINCENT GOLBECK BOARD MEMBER	5	X						0	0	0
JOE GRAHAM BOARD MEMBER	5	X						0	0	0
LARRY JAMES BOARD MEMBER	5	X						0	0	0
RAY HAMMER BOARD MEMBER	5	X						0	0	0
JERRY KILLINGSWORTH BOARD MEMBER	5	X						0	0	0
TOM KAROL BOARD MEMBER	5	X						0	0	0
TRASWELL LIVINGSTON BOARD MEMBER	5	X						0	0	0
ROSE RAMSEY BOARD MEMBER	5	X						0	0	0
MARY ANN RUSS BOARD MEMBER	5	X						0	0	0
REV JOE CLIFFORD BOARD MEMBER	5	X						0	0	0
TOM COLLINS BOARD MEMBER	5	X						0	0	0
JAKE SCHROEPFER BOARD MEMBER	5	X						0	0	0
JACK SZCZEPANOWSKI BOARD MEMBER	5	X						0	0	0
CELIA WALKER BOARD MEMBER	5	X						0	0	0
RANDY SKINNER BOARD MEMBER	5	X						0	0	0
DR SUSAN SPALDING BOARD MEMBER	5	X						0	0	0
DR CONNIE WILSON PhD BOARD MEMBER	5	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
ANN UTLEY BOARD SECRETARY	5	X		X				0	0	0
MICHAEL M FAENZA PRESIDENT/CEO	40 0			X				227,503	0	6,041
PATRICIA STEWART-GORDON CHIEF FINANCIAL OFFICER	40 0			X				99,385	0	8,500
CAITLIN RHODES CHIEF FINANCIAL OFFICER	40 0			X				66,511	0	4,471
DOSSEN DEAN MCGEE CHIEF FINANCIAL OFFICER	40 0			X				15,670	0	0
DAVID JAY DUNN BRIDGE MANAGING DIRECTOR	40 0					X		122,834	0	3,439