

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

Inspection

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

Open to Public

OMB No 1545-0047

A	For the	2012 calendar year, or tax year beginning JU	L 1, 2012 and	ending J	<u>UN 30, 2</u>	013	
В	Check if applicable	C Name of organization			D Employer i	dentificatio	n number
Г	Addres change	THE COALITION FOR THE H	OMELESS, INC.				
Ē	Name change				1 6	1-1118	3307
Ē	initial	Number and street (or P.O. box if mail is not deliv	ered to street address)	Room/suite	E Telephone	number	
	Termin-	<u> </u>	·	250	5	02-63	6-9550
	Amend	City, town, or post office, state, and ZIP code			G Gross receipts	\$	3,009,921.
	Application .	LOUISVILLE, KY 40208			H(a) Is this a g	roup return	
	pendin	F Name and address of principal officer NATA	LIE HARRIS		for affiliate	es?	Yes X No
		SAME AS C ABOVE			H(b) Are all affili	ates included	ל?Yes ∟No
			(insert no.) 4947(a)(1)	or 527	If "No," at	ttach a list.	(see instructions)
		e: > WWW.LOUHOMELESS.ORG	····		H(c) Group ex		
		organization: X Corporation Trust Ass Summary	ociation Other	L Year	of formation: 19	86 M Sta	te of legal domicile: KY
_	1 4 6	Briefly describe the organization's mission or most s	equificant activities: THE	MTSSTO	ом от тиг	COAL	TTTON FOR
Governance	' ;	THE HOMELESS IS TO ADVOCAT	FOR PROPLE W	THO ARE	HOMELES	S AND	FOR THE
nar	2		tinued its operations or dispo				
Ve	3 1	Number of voting members of the governing body (I		3000 01 11101	0 than 2070 01 h	3	16
ගි	4	Number of independent voting members of the government		- 		4	16
ಿ ೮	5	Fotal number of individuals employed in calendar ye				5	9
itie	6	Total number of volunteers (estimate if necessary)			~ე	6	800
Activities &	7a	Total unrelated business revenue from Part VIII, coli	umn (C), line 12	I H AAAA	18j	7a	0.
ĕ	'b	Net unrelated business taxable income from Form 9	1 EST 471. 27	7 7014	[J.]	7b	0.
_	1	Tot dillolator basilions than a line in the line in th			Prior Year		Current Year
•	8 (Contributions and grants (Part VIII, line 1h)	(0.61)	: M : I	570,9	71.	564,549.
ĕ	9 1	Program service revenue (Part VIII, line 2g)			³ 13,1		418,190.
Revenue	10	investment income (Part VIII, column (A), lines 3, 4,	and 7d)	,		177.	13,070.
īœ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		•	201,4		164,796.
•		Total revenue - add lines 8 through 11 (must equal f			1,086,0		1,160,605.
<u>"</u>		Grants and similar amounts paid (Part IX, column (A			41,0		32,102.
Expenses	14	Benefits paid to or for members (Part IX, column (A)				0.	0.
يو ځ	15	Salaries, other compensation, employee benefits (P) [456,9	961.	441,382.
3) S	16a	Professional fundraising fees (Part IX, column (A), lir		. [0.	0.
ق قرارة	b	Total fundraising expenses (Part IX, column (D), line		371. [-	* =	
û	17	Other expenses (Part 1X, column (A), lines 11a-11d,	11f-24e)		470,0	062.	646,905.
	18	Total expenses Add lines 13-17 (must equal Part IX	(, column (A), line 25)		968,0		1,120,389.
	19	Revenue less expenses Subtract line 18 from line 1			118,0	001.	40,216.
5	ß			В	eginning of Currer	l l	End of Year
sets	20	Total assets (Part X, line 16)			417,	558.	<u>479,796.</u>
SP.	21	Total liabilities (Part X, line 26)			55,6	506.	7,903.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from	line 20		361,9	952.	471,893.
LP	art II	Signature Block					
	-	Ities of perjury, Loeclare that I have examined this return, i					owledge and belief, it is
tru	e, correc	t, and complete. Declaration of preparer other than office	r) is based on all information of v	which prepare	er has any knowled	ge. /	1-211
		- Marie III				122	-/2014-
Sig	gn	Sugnature of officer			Date	,	/
He	ere		IVE DIRECTOR				
		Type or print name and title		——-	Date	Check	PTIN
_		· · · ·	Preparer's signature			H	
Pa		JON A. MEYER	TOTAL DIO		<u>-</u>		P01379283
	eparer - O-b	Firm's name JONES, NALE & MA'			Fırm's	EIN 6	1-0420207
Us	e Only	Firm's address 642 SOUTH FOURTH			Dha	no /EA	2)583-0248
_		LOUISVILLE, KY 4			Phone	110. (D O	X Yes No
		RS discuss this return with the preparer shown abo		••	· · · · · · · · · · · · · · · · · · ·		Form 990 (2012)
232	2001 12-1	0-12 LHA For Paperwork Reduction Act Notic	e, see tne separate instruct	tions.			FORTH 330 (2012)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2012)

Form 990 (2012) THE COALITION FOR THE HOMELESS, INC.

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, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		77
_	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		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9		_^_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		х
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10_		
• •	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	х	İ
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	X	
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		X
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			ļ
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ļ	İ	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-		İ
	Schedule D, Parts XI and XII	12a	X	
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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	 	
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	}		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		<u> </u>	† -
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
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, Parts III and IV	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	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		}	1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	ļ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1
	complete Schedule G, Part III	19	X	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	}	X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(2012)

Page 4

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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,	ì		
	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	1		
	Schedule K If "No", go to line 25	24a_		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		<u>X</u>
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 pnor 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		'	
	of any of these persons? 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)		-	}
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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		<u> </u>
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?	l		
	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			177
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	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, Part II, III, or IV, and			v
0	Part V, line 1	34	 	X
_	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	, , , , , , , , , , , , , , , , , , , ,	OEL.		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		v
27	If "Yes," complete Schedule R, Part V, line 2	36_	\vdash	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 11b and 19?	- " -	 	
30	Note. All Form 990 filers are required to complete Schedule O	38	х	
	Note: All John Job Meta are required to complete achievine C	, 30	47	

14a

Х

13c

c Enter the amount of reserves on hand

. .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Did the organization receive any payments for indoor tanning services during the tax year?

61-1118307_ Page 6

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.

	(o m/o ou, ou, ou, ou ou, ou, ou, ou, ou, ou,			 1
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion 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		i	
	If there are material differences in voting rights among members of the governing body, or if the governing		1	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		1	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	l i		
	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		İ	
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
7 4	more members of the governing body?	7a		X
_	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			_=_
b		7b		Х
_	persons other than the governing body?	15		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	x	
a	The governing body?	8a_	X	
	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	
14	Did 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?		-	٠,
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
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)	T	- 2	-
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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1	F "	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		-	1
	exempt status with respect to such arrangements?	16b		<u>L</u>
Sec	etion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶KY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	nd fina	ncial	
19	statements available to the public during the tax year.			
~	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation 1	•	
20	THE ORGANIZATION - 502-636-9550			
	1300 S. 4TH STREET, NO. 250, LOUISVILLE, KY 40208			

	990 (2									ESS, INC.	61-111	<u>83</u>	07 Pa	age 8
Pan	t VII ;	Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any	(do box, offic	not cl unles	(C Posi neck i ss per		than o	one n an	ompensated Employe (D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimate amount of other	of
-			hours for related organizations below (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the organization and relations organizations	e ion ed
	_											\perp		
								-						
													_	
												+		
		····										+		
						ļ						+		
												+		
			<u></u>					L				\downarrow		
	Sub-t Total	total _. from continuation sheets to Part '	/II, Section A					>		0.	().		0.
d 2		(add lines 1b and 1c) number of individuals (including but	not limited to th	nose	liste	ed a	bove	→ e) wi	no re	eceived more than \$100).		0.
		ensation from the organization								 		—	Yes	0 No
3		ne organization list any former office			e, ke	ey er	nplo	yee	, or	highest compensated e	employee on		3	х
4	For an	a? If "Yes," complete Schedule J for ny individual listed on line 1a, is the	sum of reportab	le c							the organization			-
5		elated organizations greater than \$1 ny person listed on line 1a receive o									dual for services		<u>4</u>	X
Sec		ered to the organization? If "Yes," co. Independent Contractors	mplete Schedui	le J	for s	uch	pers	son					5	X
1	Comp	olete this table for your five highest or										ensat	tion from	
	the or	(A) Name and busines					WILLI	OI V	71(131	(B) Description of			(C)	
		Name and busines	S address	N	ON	<u> </u>				Description of	Services			
	<u></u>												-	
							-							
		n- <u>n-n-</u>												
	-	···							_					·-
						_								
2		number of independent contractors,000 of compensation from the orga	-	not I	ımıte	ed to		se I 0	ste	d above) who received	more than			
											·	F	orm 990	(2012)

		Check if Schedule O conta	ains a respo	nse to any c	uestion i	nthis Part VIII			<u></u>
	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts ts	1 a	Federated campaigns .	. 1a						
e a	b	Membership dues	1b	-	12,500.		İ		
S, E	С	Fundraising events	1c						
Contributions, Gifts, Grants and Other Similar Amounts	ď	Related organizations	1d					Ì	
δĒ	е	Government grants (contributi	ons) 1e	43	38,719.				
P S	f	All other contributions, gifts, grant							
후		similar amounts not included above	/e 1f	8	33.330.				
E S	g	Noncash contributions included in lines	1a-1f \$				11	ļ	
ည်း	h	Total. Add lines 1a-1f				564 549			
				Busine	ss Code		li		
Se	2 a	TARC TICKETS		6241	00	418,190,	418,190,		
er.	b								
n Si	C			\					
Program Service Revenue	d			_					
50	е			_					<u>.</u>
۵.	f	All other program service reve	nue						
	9					418 190.			
	3	Investment income (including	dıvıdends, ı	nterest, and					
		other similar amounts)				280.			280.
	4	Income from investment of tax	c-exempt bo	nd proceed	s 🕨				
	5	Royalties	r						
		_	(i) Real	(ii) Pe	ersonal				
	6 a	•••							1
	b		<u> </u>				·		1
	С	Rental income or (loss)				'	-	,	
	d	, ,	 -	,					
	7 a	Gross amount from sales of	(ı) Securit		Other	-			- -
		assets other than inventory	13.4	157,					1
	b	Less, cost or other basis	Į		:	_			1
		and sales expenses		567.					
	C	` '	12,7	790.					1
	d	3 (-,				12,790.			12,790.
ne	8 a	Gross income from fundraising	-	ot					
Other Reven		including \$				İ			
æ		contributions reported on line		_					
her		Part IV, line 18	•		71,624.				
ŏ		Less: direct expenses	Iraiaina avai	b [0.	71 (04		, -	71 624
		Net income or (loss) from func Gross income from gaming ac	_			71,624.			71,624.
	3 4	Part IV, line 19		1	41.821.			1	
	h	Less: direct expenses	•		48.649.				
		Net income or (loss) from gam	una activitie		40,049.	93,172,	93.172.		
		Gross sales of inventory, less	-	ຶ		33,172,	95,1/2.		-
	10 8	and allowances	Totallis	a			ĺ	•	
	h	Less: cost of goods sold		b	·				
		Net income or (loss) from sale	s of invento						
		Miscellaneous Revenu			ss Code				
	11 a			100	000 0000				
	b								
	c			_					
	d	All other revenue		_					
	é	Tatal Add bass 11s 11d			•				
_	12	Total revenue. See instructions.	<u>. </u>		▶	1 160 605	511 362.	0.	84 694.
23200	9 -12								Form 990 (2012)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. Program service Management and 7b, 8b, 9b, and 10b of Part VIII. ĕxpenses general expenses expenses Grants and other assistance to governments and 32,102. 32,102 organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 48,793. 260,229. 16,264. Other salaries and wages 325,286. Pension plan accruals and contributions (include 13,072. 69,715. 4,357. section 401(k) and 403(b) employer contributions) 87,144. Other employee benefits 1,447. 28,952. 23,162. 4,343. Payroll taxes Fees for services (non-employees): a Management . b Legal 74,187. 34,468. 108,655. Accounting d Lobbyina Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 3,717. 2,230. 1,487. 12 Advertising and promotion 13 Office expenses Information technology 14 15 Royalties 9,315. 18,630. 3,105. 31,050. 16 Occupancy 15,879. 15,879. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 421. 421 Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 221 443 74. 738 Depreciation, depletion, and amortization 2,345 3,518. Insurance 5,863. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 401,340. a PROGRAM EXPENSE 401,340. 2,017. 33,244. **b MISCELLANEOUS** 40,265. 5,004. 4,744. 1,582. c SUPPLIES 15,814. 9,488. 7,073. 3,537. 1,179. TELEPHONE 11,789. 11,374.5,590. 5,165 619. e All other expenses 129,928. Total functional expenses. Add lines 1 through 24e 1,120,389. 928,590. 61,871. Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If fallowing SOP 98-2 (ASC 958-720)

Form 990 (2012)
Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	225,857.	1	196,028.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	31,745.	3	103,913.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
SSI	8	Inventones for sale or use	15,763.	8	8,698.
٩	9	Prepaid expenses and deferred charges	6,970.	9	6,728.
	1	Land, buildings, and equipment cost or other	975700	- J	0/1201
		basis Complete Part VI of Schedule D 10a 18,276.			
	h	Less. accumulated depreciation 10b 2,246.	1,719.	10c	16,030.
	11	Investments - publicly traded securities		11	20/0000
	12	Investments - other securities. See Part IV, line 11	135,504.	12	148,399.
	13	Investments - program-related See Part IV, line 11	133/304.	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)	417,558.	16	479,796.
	17	Accounts payable and accrued expenses	55,606.	17	7,903.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	· · · · · · · · · · · · · · · · · · ·
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
ig		key employees, highest compensated employees, and disqualified persons.			1
Ë		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			1
	1	Schedule D		25	i
	26	Total liabilities. Add lines 17 through 25	55,606.	26	7,903.
		Organizations that follow SFAS 117 (ASC 958), check here X and			
S		complete lines 27 through 29, and lines 33 and 34.	-	-	, <u></u>
ğ	27	Unrestricted net assets	315,213.	27	443,824.
gala	28	Temporanly restricted net assets	46,739.	28	28,069.
g	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here	1		•
٥	1	and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30_	<u> </u>
135	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u> </u>
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	361,952.	33	471,893.
	34	Total liabilities and net assets/fund balances .	417,558.	34	479,796.

orm	990 (2012) THE COALITION FOR THE HOMELESS, INC.	61-1118	<u> 3307</u>	Pag	<u>e 12</u>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	··			X
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)		1,160		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,120		
3	Revenue less expenses. Subtract line 2 from line 1	3		,21	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	361	1,95	<u>52.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	88	3,39	<u>95.</u>
7	Investment expenses	7			
8	Prior penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<u>-18</u>	3,6	<u>70.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<u>47.</u>	1,89	<u>93.</u>
Pai	t XIII Financial Statements and Reporting				$\overline{}$
_	Check if Schedule O contains a response to any question in this Part XII		<u>. </u>		Щ
			\longrightarrow	Yes	No
1	Accounting method used to prepare the Form 990.]	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	-	-	_~~-
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	$-\bot$	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	-	1	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			i	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,	"	1	
	consolidated basis, or both.		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis		i	,	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audīt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt	1 1		
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization

Employer identification number

_		THE CO.	ALITION FOR T	HE HO	MELES	S, IN	C		6	1-1118307	_
Part I	Reason	or Public Cha	rity Status (All organiz	ations mus	st complet	e this part) See inst	ructions.		_	
The organ	ization is not a	private foundation	n because it is: (For lines 1	through 1	1, check o	only one b	ox.)	_			
1 🔲	A church, cor	vention of church	es, or association of churc	ches descr	nbed in se	ction 170	(b)(1)(A)(i)				
2 🔲	A school des	cribed in section 1	1 70(b)(1)(A)(ii). (Attach Sc	hedule E.)							
з 🗀	A hospital or	a cooperative hos	ortal service organization of	described ı	n section	170(b)(1)(A)(iii).				
4 🔲	A medical res	earch organization	operated in conjunction	with a hosp	ortal descr	ibed in se	ction 170	(b)(1)(A)(iii	i). Enter	the hospital's nam	ie,
	city, and state	ə									
5 🗔	An organizati	on operated for th	e benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental und	describ	ed in	
	section 170	(b)(1)(A)(iv). (Comp	olete Part II)								
6	A federal, sta	te, or local govern	ment or governmental und	described	in sectio	n 170(b)(1)(A)(v).				
7	An organizati	on that normally re	ceives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general	public described i	n
	section 170(b)(1)(A)(vi). (Comp	lete Part II.)								
8 🖳	A community	trust described in	section 170(b)(1)(A)(vi). ((Complete	Part II.)						
9 X	An organizati	on that normally re	eceives: (1) more than 33 1	1/3% of its	support fr	rom contri	outions, m	embership	p fees, a	nd gross receipts	from
	activities rela	ted to its exempt f	unctions - subject to certa	ıın exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross invest	ment
	income and u	inrelated business	taxable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nızatıon	after June 30, 197	' 5.
	See section	509(a)(2). (Comple	te Part III.)								
10 🖳	An organizati	on organized and	operated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4).			
11	An organizati	on organized and	operated exclusively for th	ne benefit o	of, to perfo	rm the fur	ictions of,	or to carry	y out the	purposes of one	or
	more publicly	supported organi	zations described in section	on 509(a)(1) or section	on 509(a)(2). See sec	tion 509(a	a)(3). Ch	eck the box that	
			g organization and comple		_						
	a Type I		• • • • • • • • • • • • • • • • • • • •	ype III - Fur	_	-		• •		n-functionally integ	_
e []			nat the organization is not								n
		=	than one or more publicly						3(a)(1) or	section 509(a)(2).	
f			ritten determination from t	the IRS tha	it it is a Ty	pe I, Type	II, or Type	9 111			
		ganization, check							_		ш
9			organization accepted ar								
		-	ndirectly controls, either al	one or toge	etner with	persons o	escriped i	n (II) and (I	iii) below		No
	-		supported organization?	-					٠	11g(i)	
	• •	•	on described in (i) above?							11g(ii)	
ь		=	a person described in (i) on about the supported org							[11g(iii)]	ь
h	Flovide tile ii	Dilowing informatio	in about the supported on	ganization	(5).						
(1) Name	of our posted	(2) FIN	(III) Turn of annual column	(iv) Is the o	rnanization	(v) Did you	i notify the	(vi) Is	the	(vii) Amount of mo	
	of supported anization	(ii) ElN	(iii) Type of organization (described on lines 1-9	in col. (i) lis				(vi) Is organizatio	on in col.	(vii) Amount of mo support	netary
Oi go	amzanon		above or IRC section	governing o			support?	(i) organız U.S	.?	Зарроп	
			(see instructions))	Yes	No	Yes	No	Yes	No	İ	
			 	-							
						l					
	····										
		!									
								<u> </u>			
	İ										
	· · · · · · · · · · · · · · · · · · ·					ļ	ļ	<u> </u>			
]	
			 	ļ	ļ	ļ	}	 	<u> </u>		
						1	-	1			

Schedule A (Form 990 or 990-EZ) 2012

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

ecti	on A. Public Support						
alenda	ar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	ifts, grants, contributions, and						·
m	embership fees received. (Do not						
ın	clude any "unusual grants.")						
2 Ta	ax revenues levied for the organ-						
ız	ation's benefit and either paid to						
OI	expended on its behalf						
3 TI	ne value of services or facilities						
fu	mished by a governmental unit to						
th	e organization without charge						
4 T	otal. Add lines 1 through 3				<u> </u>		
5 TI	ne portion of total contributions	-	-	1			
b	y each person (other than a						
g	overnmental unit or publicly			•			
SI	upported organization) included						
O	n line 1 that exceeds 2% of the						
aı	mount shown on line 11,						ļ
C	olumn (f)	<u> </u>	_		- <u>- , , , , , , , , , , , , , , , , , ,</u>		
	ublic support. Subtract line 5 from line 4						
ecti	on B. Total Support						
alend	ar year (or fiscal year beginning in) 🖊	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Tota
7 A	mounts from line 4						
8 G	ross income from interest,						
d	vidends, payments received on		1				
S	ecurities loans, rents, royalties						
a	nd income from similar sources						
9 N	et income from unrelated business		İ				
а	ctivities, whether or not the						
b	usiness is regularly carned on						
0 C	rther income. Do not include gain		1				
0	r loss from the sale of capital					1	
а	ssets (Explain in Part IV.)						
1 T	otal support. Add lines 7 through 10		_= _		- ,		
2 G	ross receipts from related activities,	etc (see instructi	ons) .			12	
3 F	irst five years. If the Form 990 is for	the organization'	s first, second, third	d, fourth, or fifth ta	ax year as a secti	on 501(c)(3)	
	rganization, check this box and stop					<u> </u>	
	on C. Computation of Publi					T	
	ublic support percentage for 2012 (li		-	olumn (f))	•	14	
	ublic support percentage from 2011					15	
	3 1/3% support test - 2012. If the o				14 is 33 1/3% or	more, check this b	ox and
	top here. The organization qualifies						
	3 1/3% support test - 2011. If the o				l line 15 is 33 1/3	% or more, check t	his box
	nd stop here. The organization quali						. •
	0% -facts-and-circumstances test						
	nd if the organization meets the "fac					art IV how the orga	nızatıon
	sacta the "facto and aire, motonoos"	tact. The erganize	ation avalities on a i		d organization		
	neets the "facts-and-circumstances" 0% -facts-and-circumstances test	_			-	• • • • • • • • • • • • • • • • • • • •	

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

<u></u>	quality under the tests listed by	elow, please comp	nete Part II.)					
	ction A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not	44 4 0 5 0	400 400	500 601	500 004	650 000	0.504.004	
	include any "unusual grants.")	414,960.	498,187.	538,691.	570,971.	659,092.	2681901.	
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	232,173.	311,987.	273,408.	313,145.	418,190.	1548903.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-						•	
	iness under section 513	1865639.	1776650.	1969462.	2133038.	1941821.	9686610.	
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to or expended on its behalf			İ				
5	The value of services or facilities	-					- 	
-	furnished by a governmental unit to							
	the organization without charge							
6	Total, Add lines 1 through 5	2512772.	2586824.	2781561.	3017154.	3019103.	13917414.	
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons	į		ĺ			0.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that			***				
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					'	0.	
c	Add lines 7a and 7b						0.	
_	Public support (Subtract line 7c from line 6)				7		13917414.	
	ction B. Total Support					- · · · · · · · · · · · · · · · · · · ·	1001,111	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
	Amounts from line 6	2512772.	2586824.	2781561.	3017154.		13917414.	
_	Gross income from interest,	2022.724	25000211	2,01011	00272020	50151051	103171111	
	dividends, payments received on securities loans, rents, royalties and income from similar sources	4,645.	7,554.	<u>1</u> 5,009.	477.	280.	27,965.	
b	Unrelated business taxable income				i			
	(less section 511 taxes) from businesses				,			
	acquired after June 30, 1975				L			
c	Add lines 10a and 10b	4,645.	7,554.	15,009.	477.	280.	27,965.	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned 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)	2517417.	2594378.	2796570.	3017631.	3019383.	13945379.	
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,	
	check this box and stop here		<u></u>				. •	
<u> Sec</u>	ction C. Computation of Publ	ic Support Pe	rcentage	·			_ 	
15	Public support percentage for 2012 (I	ine 8, column (f) d	ıvıded by line 13, c	olumn (f))		15	<u>99.80 %</u>	
	Public support percentage from 2011			<u>.</u>	_·	16	<u>99.71</u> %	
<u>Sec</u>	ction D. Computation of Inves	stment Incom	e Percentage			, , , , , , , , , , , , , , , , , , , 		
17	Investment income percentage for 20	12 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	<u>.20_%</u>	
18	Investment income percentage from :	2011 Schedule A,	Part III, line 17			18	.29_%	
19a	33 1/3% support tests - 2012. If the	organization did r	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line		
	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 - 2011. If the	organization did r	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and	
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The orga	anızatıon qualifies	as a publicly supp	orted organization	. ▶□	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions		

SCHEDULE C

(Form 990 or.990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

See separate instructions.

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

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

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

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

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

_•	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
	ne of organization	-		Empl	oyer identification number
	THE COA	LITION FOR THE H	HOMELESS, IN	c.	61-1118307
Pa	art I-A Complete if the org	anization is exempt und	der section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect politic	cal campaign activities		0.
Pa	art I-B Complete if the org	janization is exempt und	der section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955		
2	Enter the amount of any excise tax	incurred by organization manag	gers under section 4955	5 ▶\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720) for this year?		Yes No
48	a Was a correction made?		·		Yes No
	o If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	janization is exempt und	der section 501(c)	, except section 501	(c)(3).
1	Enter the amount directly expended	by the filing organization for se	ection 527 exempt fund	tion activities > \$	}
	Enter the amount of the filing organ	<i>'</i>			
	exempt function activities	_		▶ \$	3
3	Total exempt function expenditures	Add lines 1 and 2. Enter here	and on Form 1120-POL	- 1	
	line 17b			▶ \$	S
4	Did the filing organization file Form	1120-POL for this year?	_		Yes No
5	Enter the names, addresses and er	nployer identification number (E	EIN) of all section 527 pe	olitical organizations to whic	ch the filing organization
	made payments. For each organiza	ition listed, enter the amount pa	aid from the filing organi	zation's funds Also enter th	ne amount of political
	contributions received that were pr	omptly and directly delivered to	a separate political org	ganization, such as a separa	ate segregated fund or a
	political action committee (PAC). If	additional space is needed, pro	ovide information in Parl	i IV.	·
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0
			_		
				1	

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

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990 EZ) 2012 Part II-A Complete if the org	THE CO	OALITI on is exer	ON FOR THE npt under section	HOMELESS, I n 501(c)(3) and fil	NC 61-1 ed Form 5768	118307 Page 2
(election under sec	tion 501	(h))				
-		-	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share			•			
3 Check 🕨 🔛 if the filing organiza	tion check	ed box A ar	d "limited control" pro	visions apply		
Limi	ts on Lobb	ying Exper	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" m	eans amou	nts paid or incurred.)		totals	เงเลเร
4. Total lobburg expenditures to infli		la animan (rana ranta labbuina)			
1a Total lobbying expenditures to inflib Total lobbying expenditures to infli	•				0.	
c Total lobbying expenditures (add li	-	•	ry (direct lobbying)		0.	
d Other exempt purpose expenditure		110)			1,120,389.	
e Total exempt purpose expenditure		s 1c and 1d	· · · · · ·		1,120,389.	· · · · · · · · · · · · · · · · · · ·
f Lobbying nontaxable amount Enter	-		• •	n columns	187,039.	
If the amount on line 1e, column (a) o			bying nontaxable ame		20,70050	
Not over \$500,000	(07.0.		the amount on line 1e.		,	ē ja
Over \$500,000 but not over \$1,000	0.000		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			0 plus 10% of the exc			
Over \$1,500,000 but not over \$17			0 plus 5% of the exce			
Over \$17,000,000		\$1,000,0				ε
						
g Grassroots nontaxable amount (er	ter 25% o	f line 1f)			46,760.	
h Subtract line 1g from line 1a. If zer	o or less, e	nter -0-			0.	
i Subtract line 1f from line 1c If zero	or less, e	nter -0-			0.	
j If there is an amount other than ze	ro on eithe	er line 1h or	line 1i, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this	year?	<u> </u>		· · · · · · · · · · · · · · · · · · ·		Yes No
			raging Period Under			
			ection 501(h) election			
			e instructions for line		ige 4.)	
	Lobi	ying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year	(2) (2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
(or fiscal year beginning in)	(a) 4	.003	(6) 2010	(6) 2011	(0) 2012	(e) Total
				<u> </u>		<u> </u>
2a Lobbying nontaxable amount	16	8,966.	184,862.	170,626.	187,039.	711,493.
b Lobbying ceiling amount	. ,					
(150% of line 2a, column(e))		1 2 2	_	-		1,067,240.
c Total lobbying expenditures	1	0,914.	8,000.	8,000.		26,914.
d Grassroots nontaxable amount	4	2,242.	46,216.	42,657.	46,760.	<u> 177,875.</u>
e Grassroots ceiling amount	100	'				
(150% of line 2d, column (e))	3 3-2	<u>' ; </u>	<u> </u>			266,813.
f Grassroots lobbying expenditures					L	

Schedule C (Form 990 or 990-EZ) 2012 THE COALITION FOR THE HOMELESS, INC. 61-1118307 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	(a) (b)		
of the lobbying activity.	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter	1			
or referendum, through the use of.				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1)?			
c Media advertisements?				<u>.</u>
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				-
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i	-			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u> </u>		- *	
b If "Yes," enter the amount of any tax incurred under section 4912	-	Ì		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), 501(c)(6).	section 501(c)	(5), or se	ction	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		<u>-</u>
Did the organization agree to carry over lobbying and political expenditures from the prior year	 ar?	3		
answered "Yes." 1 Dues, assessments and similar amounts from members		1		
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of the control of	of political	<u> </u>		-
expenses for which the section 527(f) tax was paid).	, pointion			
a Current year		2a		
b Carryover from last year		2b		-
c Total	•	2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e)	dues .	3	· · · · ·	•
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of		ļ- <u>-</u> -		****
does the organization agree to carryover to the reasonable estimate of nondeductible lobbyii				
expenditure next year?	•	4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, I	ne 5: Part II-A (affilia	ated aroup	list): Part II	A. line 2
and Part II-B, line 1. Also, complete this part for any additional information		3		
				
	<u>. </u>			
				

SCHEDULE D

(Form 990) .

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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

➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

THE COALITION FOR THE HOMELESS, INC.

Employer identification number 61-1118307

Par	t I Organizations Maintaining Donor Advised		r 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 (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	funds
3	are the organization's property, subject to the organization's		Yes No
_	Did the organization inform all grantees, donors, and donor ac		•
6	for charitable purposes and not for the benefit of the donor or		
		donor advisor, or for any other purpose do	Yes No
Par	mpermissible private benefit? † II Conservation Easements. Complete if the organization	anization answered "Yes" to Form 990. Part	
	Purpose(s) of conservation easements held by the organization		
1			rically important land area
	Preservation of land for public use (e.g., recreation or ed	Preservation of a certifie	
	Protection of natural habitat	Freservation of a certifie	a historic structure
_	Preservation of open space	and assessment as a substitution in the form of	a conseniation conseniation the last
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complet	ed conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		- Hold at the End of the Tay Year
	-		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	* *	_2c
d	Number of conservation easements included in (c) acquired a	itter 8/17/06, and not on a historic structure	1 k
	listed in the National Register	· · · · · · · · · · · · · · · · · · ·	2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	rganization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the pen		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	
	and section 170(h)(4)(B)(ii)?		. LYes LNo
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the	e organization's accounting for
_	conservation easements.	(A 11° -1 O41	an Circilan Accets
Pa	rt III Organizations Maintaining Collections of		ier Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	libition, education, or research in furtheranc	ee of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
ь	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publi	c 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 trea	asures, or other similar assets for financial g	gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	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;			LITION FOR							18307	
Check all that apply :											
a Public exhibition d Loan or exchange programs b Scholarly research c Preservation for future generations e Other c Preservation for future generations e Other c Preservation for future generations e 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 exempt purpose in Part XIII During the year, of the organization should be a part of 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, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1 Ending balance 2 Biginning balance 3 Additions during the year 4 Ending balance 4 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 3 Did the organization include an amount on Form 990, Part X, line 21? 4 Ending balance 4 Did the organization include an amount on Form 990, Part X, line 21? 5 Did the organization include an amount on Form 990, Part X, line 21? 6 Did the organization include an amount on Form 990, Part X, line 21? 7 Ending balance 8 Did the organization include an amount on Form 990, Part X, line 21? 9 Did the organization include an amount on Form 990, Part X, line 21? 1 Ending balance 1 Contributions, 1 Administrative expenses 9 Contributions, 1 Administrative expenses 1 Administrative expenses 1 Administrative expenses 9 Contributions 1 Administrative expenses 1 Addition or expenditures for facilities and programs 1 Administrative expenses 1 Administrative expenses 2 Prowde the estimated percentage of the current year end balance (line 1g, column (all) held as. 8 Board desi	3		on, and other record	s, check	any of the	tollowing tha	it are a si	gnificant i	use of its	collection i	tems
b Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII Provide a description of the organization solicit or receive donations of art, instorical treasures, or other similar assets to be sold to raise funds antainated as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No bit Yes', Explain the arrangement in Part XIII and complete the following table: Amount		·——		.		1					
c			d								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part VI 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 intermediany for contributions or other assets not included on Form 990, Part X, line 21. b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? 1b If "Yes organization include an amount on Form 990, Part X, line 21? 1b If "Yes organization include an amount on Form 990, Part X, line 21? 1b If "Yes organization include an amount on Form 990, Part X, line 21? 1b If "Yes organization include an amount on Form 990, Part X, line 21? 1c Indomment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance 1b Contributions. 1a Beginning of year balance 1b Contributions. 1c Not investment earnings, gains, and losses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as. 1a Board designated or quasisendowment \$\infty\$ \$6 Permanent endowment {\infty}\$ \$6 Permanent endowment {\infty}\$ \$7 Permanent funds not in the possession of the organization that are held and administered for the organization by. 1b If Yes to 3a(i), are the related organizations is lated as required on Schedule P? 2 Describe in Part XIII the Interned uses of the organizations endowment {\infty}\$ \$1 Permanent {\infty}\$ \$1 Permanent {\infty}\$ \$1 Permanent {\infty}\$ \$1 Permanent {\i	b		е		Other						
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? 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. Is it she organization an apart, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If 'Yes,' explain the arrangement in Part XIII and complete the following table: Beginning balance C Beginning balance 1	С	_									
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	-	•		-				se in Par	t XIII	
Secrow 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? Ves	5						er sımılar	assets		7	
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? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1d											<u>No</u>
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			ete if the	organizatio	n answered	"Yes" to	Form 990	, Part IV, I	ine 9, or	
on Form 990, Part X? b If *Yes,* explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance a Distributions during the year f Ending balance 2 Distributions during the year f Ending balance b If *Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back G Grants or scholarships c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. Board designated or quasi-endowment >											
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	1a		an or other intermed	liary for o	contribution	s or other as	sets not	ıncluded	_	٦	$\overline{}$
C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 3 Did the organization include an amount on Form 990, Part X, line 21? 4 Did the organization include an amount on Form 990, Part X, line 21? 5 Different Year (b) Prior year (c) Two years back (d) Three years back (e) Four y		• • • • • • • • • • • • • • • • • • • •	•		•	•			. L	」 Yes	∟ No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 20 Did the organization include an amount on Form 990, Part X, line 217	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:					- -	
d Additions during the year e Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 2b If the year explain the arrangement in Part XIII. Check here if the explaination has been provided in Part XIII. Part V Indowment Funds. Complete if the organization awavered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment y6 b Permanent endowment y6 c Temporarily restricted endowment y6 b Permanent endowment y6 c Temporarily restricted endowment y										Amount	
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 5 If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment \(\bigcite{\sigma} \) % b Permanent endowment \(\bigcite{\sigma} \) % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations b if "Yes" to 3a(i), are the related organizations listed as required on Schedule R? 4. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Pert VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. Classification of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment d Equipment e Other							:	1c			
Ending balance 11	d	Additions during the year						1d			
Did the organization include an amount on Form 990, Part X, line 21? In Yes	е	Distributions during the year	•					1e			
Part V Endowment Funds. Complete if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Pnor year (c) Two years back (d) Three years back 1a Beginning of year balance (a) Current year (b) Pnor year (c) Two years back (d) Three years back 1a Beginning of year balance (e) Four years back (d) Three years back (e) Four years back 1a Beginning of year balance (e) Pnor year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (e) Pnor year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (e) Pnor year (c) Two years back (d) Three years back (e) Four years back (e)	f	Ending balance						1f			
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. A Beginning of year balance (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (e)	2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					L_	Yes	∐_ No
(a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back											
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment ▶	Par	t V Endowment Funds. Complete	f the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0.			
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment % b Permanent endowment % f The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R? 4. Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) basis (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other			(a) Current year	(b) Pi	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four ye	ears back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4. Describe in Part XIII the intended uses of the organization's endowment funds. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation b Buildings c Leasehold improvements d Equipment b Equipment c Leasehold improvements d Equipment b Cother	1a	Beginning of year balance .									
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment ▶	b	Contributions .									
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4. Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, Ine 10. Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, Ine 10. Describe in Part XIIII the intended uses of the organization's endowment funds. C Leasehold improvements d Equipment	c	Net investment earnings, gains, and losses									
and programs f. Administrative expenses g. End of year balance 2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a. Board designated or quasi-endowment. Mathematical Programs	d	Grants or scholarships									
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment	e	Other expenditures for facilities					T				
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % Temporanily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations		and programs									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment ▶	f	Administrative expenses									
a Board designated or quasi-endowment ▶	g	End of year balance					T				
a Board designated or quasi-endowment ▶	2	Provide the estimated percentage of the cur-	rent year end balanc	e (line 1	g, column (a	i)) held as.					
b Permanent endowment \	a		•		,						
The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other 1 18,276. 2,246. 16,030.	b			_							
The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other 1 18,276. 2,246. 16,030.	c	Temporarily restricted endowment ▶									
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? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment d Equipment e Other			uld equal 100%								
by. (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment d Equipment Other Other	3a	•	•	ation tha	t are held a	nd administe	ered for th	ne organiz	zation		
(ii) unrelated organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment d Equipment e Other								Ü		Y	es No
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment d Equipment 18, 276. 2, 246. 16, 030.		-									
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 2 2,246. 16,030. e Other		• • • • • • • • • • • • • • • • • • • •					•				
Part VI Land, Buildings, and Equipment. See Form 990, Part X, Inne 10. Description of property (a) Cost or other basis (investment) Buildings Land Buildings Leasehold improvements Equipment Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 18, 276. 18, 276. 2, 246. 16, 030.	ь	-	•			•		•			
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings 1a Land b Equipment 1b Land c Leasehold improvements c Leasehold improvements d Equipment 1b Land 1c Land	_		•				•				
Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 18, 276. 2, 246. 16, 030.	Pai										
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other						or other	(c) A	cumulate	ed	(d) Book v	/alue
1a Land b Buildings c Leasehold improvements d Equipment e Other 18,276. 2,246. 16,030.		, a. p. apa		i i					II.	(-) · · ·	
b Buildings c Leasehold improvements d Equipment	12	Land				·	<u> </u>				
c Leasehold improvements d Equipment 18,276. 2,246. 16,030. e Other		• • • • • •		1				·			
d Equipment 18,276. 2,246. 16,030. e Other											
e Other					1	8.276.	†	2.2	46.	16	.030-
						,	<u> </u>	- 1 -			,
			egual Form 990. Part	X. colun	nn (B), line 1	10(c))				16	.030-

	Investments - Other Securities. See	Form 990, Part X, line 12			
(a) Descri	PHOT Of SECUTITY OF CATEGORY (including name of security)	(b) Book value	(c) Method of valuation	on. Cost or end	of-year market value
(1) Financ	ıal derivatives				
	held equity interests				
(3) Other					
	UTUAL FUNDS	148,399.	END-OF-YEAR	MARKET	VALUE
(B)					
(C)		-			
(D)					
(E)				-	
(F)					
(G)					
(H)					
(1)					
	(b) must equal Form 990, Part X, col. (B) line 12.)	148,399.			
	I Investments - Program Related. Se		13.		
	(a) Description of investment type	(b) Book value	(c) Method of valuation	on: Cost or end	l-of-year market value
(1)					
(2)					
(3)					
(4)					<u> </u>
(5)					
(6)					
(7)				-	
(8)					
(9)					
(10)		-			
	(b) must equal Form 990, Part X, col. (B) line 13)			-	
Part IX		15.			
		Description		_	(b) Book value
(1)					_
(2)					
(3)		· · · · · ·			
(4)					
(5)					
(6)					
(7)		·			
(8)					
(9)					
(10)					
	lumn (b) must equal Form 990, Part X, col. (B) lin	e 15).			
Part X				_	
1.	(a) Description of liability		(b) Book value		
	ederal income taxes				
(2)					
(3)					
(4)					
(5)					•
(6)					
(7)					
(8)				-	•
(9)					
(10)					,
(11)					
	olumn (b) must equal Form 990, Part X, col. (B) lin	ne 25.)		_	
	8 (ASC 740) Footnote In Part XIII, provide the te		organization's financial state	ements that rea	norts the organization's

THE COALITION FOR THE HOMELESS, INC. 61-1118307 Page 3

Schedule D (Form 990) 2012

_	dule D (Form 990) 2012 THE COALITION FOR THE HOMELESS, INC. † XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R		L118307	Page 4
1	Total revenue, gains, and other support per audited financial statements	1		637.
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 88,395.			
c	Recovenes of pnor year grants 2c			
d	Other (Describe in Part XIII) 2d -391, 363.			
е	Add lines 2a through 2d	2e	-302,	968.
3	Subtract line 2e from line 1	3	1,160,	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII) 4b			
С	Add lines 4a and 4b	4c		0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,160	605.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu		
1	Total expenses and losses per audited financial statements	1	729	026.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3	729	<u>,026.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.) 4b 391,363.			
C	Add lines 4a and 4b	4c		<u>,363.</u>
5		5	1,120	<u>,389.</u>
	rt XIII Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1		2b; Part V, line	4; Part
	e 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information			
PA.	RT X, LINE 2: THE COALITIONOS ACCOUNTING POLICY PROVIDES T	TAH'	A TAX	
<u>EX</u>	PENSE/BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGN	IZE:	D WHEN	IT
<u>IS</u>	MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED	UPO	N	
EX	AMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR	LIT	IGATION	
PR	OCESSES, BASED ON THE TECHNICAL MERITS. MANAGEMENT BELIEV	ES	THE	
<u>CO</u>	ALITION HAS NO UNCERTAIN TAX POSITIONS RESULTING IN AN ACC	RUA	L OF TAX	x
<u>EX</u>	PENSE OR BENEFIT.			

Schedule D (Form 990) 2012 THE COALITION FOR THE HOMELESS, INC. Part XIII Supplemental Information (continued)	61-1118307 Page 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:	<u> </u>
COST OF TARC TICKETS	-391,363.
	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
COST OF TARC TICKETS	391,363.
	100
	<u> </u>
	<u></u>

SCHEDULE G

Department of the Treasury Internal Revenue Service

(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

Open To Public Inspection

Name of the organization

Employer identification number

THE COA	LITION FOR THE HOM	ELE	SS,	INC.	61-1118	307
Fundraising Activities. required to complete this part	 Complete if the organization answer t. 	ered "Y	es" to	Form 990, Part IV, I	ne 17. Form 990-EZ	filers are not
 Indicate whether the organization rais a Mail solicitations Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations a Did the organization have a written of key employees listed in Form 990, Plant of "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-ga govern using d ding of lonal f	overnment grants nment grants events fficers, directors, true undraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	aiser istody trol of	(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			
otal			>			
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration
,,,					·	
						~
		-				
						-
					. <u></u>	

Sch Pa	edul i rt i	le G (Form 990 or 990 EZ) 2012 THE COA	LITION FOR T	HE HOMELESS,	INC. 61-	1118307 Page 2 more than \$15,000
		of fundraising event contributions and gre				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			5K WALK	=		col. (c))
Φ.			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	35,101.			35,101.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	35,101.			35,101.
	4	Cash prizes				
Se	5	Noncash prizes				
xpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment		'		
	9	Other direct expenses				
	10	•	h 9 ın column (d)		>	()
	11	-		•		35,101.
Pa	rt I	III Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or i	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	381,700.	1,549,121.		1,930,821.
ses	2	Cash prizes	474,622.	1,191,632.		1,666,254.
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs	81,000.			81,000.
	5	Other direct expenses	90,395.	X Yes 85.00 %		90,395.
	6	Volunteer labor	No No	No No	Yes % No	7
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		. •	(1,837,649)
	8	Net gaming income summary. Combine line	I, column d, and line 7			93,172.
9	Fni	ter the state(s) in which the organization opera	ites naming activities. K	v		
		the organization licensed to operate gaming ac	-			X Yes No
		No," explain.			•	
		ere any of the organization's gaming licenses re		-	year?	Yes X No
						-

Sch	edule G (Form 990 or 990 EZ) 2012 THE COALITION FOR THE HOMELESS, INC. 61-1	<u> 1118307</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	X No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity operated in:	1 1	
	The organization's facility	13a 100	.00 %
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	
• •	and the field and address of the person who prepares the organization's gaming/special events books and records.		
	Name ► ROSEMARY HALL		
	Address ► 1716 LELA CT - LOUISVILLE, KY 40272		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
t	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
c	: If "Yes," enter name and address of the third party		
	,		
	Name		
	Address >		
16	Gaming manager information.		
	Name ► ROSEMARY HALL		
	Gaming manager compensation ▶ \$ 9,750.		
	Description of services provided		
	Director/officer X Employee Independent contractor		
17	Mandatory distributions:		
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to		
Č		Yes	▼ Na
	retain the state gaming license?	res	LALI NO
L	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year ► \$ Int IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)		Dort III
<u>. </u>	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information		
	inics 3, 30, 160, 130, 130, 16, and 170, as applicable Also complete this part to provide any additional information	i (See ilistruc	Juonsj.
_			
			
_			

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

ů X Employer identification number 61-1118307 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 INC. THE HOMELESS, THE COALITION FOR General Information on Grants and Assistance Name of the organization Part

Yes 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States criteria used to award the grants or assistance? Part II

recipient that received more than \$5,000 Part II can be duplicated if	\$5,000 Part II can	be duplicated if additi	additional space is needed.	led.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							ASSISTANCE FOR HOUSING
SOCIETY OF ST. VINCENT DEPAUL							ADDITIONAL CLIENTS IN THE
1015-C SOUTH PRESTON ST							SHELTER DURING EXTREME
LOUISVILLE KY 40203	61-0727110	501(C)(3)	5.146.	0			WEATHER
							ASSISTANCE FOR HOUSING
THE HEALING PLACE							ADDITIONAL CLIENTS IN THE
1030 W MARKET STREET							SHELTER DURING EXTREME
LOUISVILLE, KY 40202	61-1164775	501(C)(3)	6.517,	0			WEATHER,
							ASSISTANCE FOR HOUSING
WAYSIDE CHRISTIAN MISSION							ADDITIONAL CLIENTS IN THE
P O BOX 7249							SHELTER DURING EXTREME
LOUISVILLE, KY 40257	61-0667139	501(C)(3)	19,949,	0			WEATHER,
			,				ASSISTANCE FOR HOUSING
SALVATION ARMY							ADDITIONAL CLIENTS IN THE
831 BROOK ST							SHELTER DURING EXTREME
LOUISVILLE KY 40203	58-0660607	501(C)(3)	490.	0			WEATHER.

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

Page 2 Schedule I (Form 990) (2012) (f) Description of non-cash assistance 61-1118307 Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance INC. (c) Amount of cash grant THE COALITION FOR THE HOMELESS, (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2012) 232102 12-18-12 Part III

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

THE COALITION FOR THE HOMELESS, INC.

Employer identification number 61-1118307

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PREVENTION AND ELIMINATION OF HOMELESSNESS. THE COALITION FOR THE
HOMELESS HAS BEEN THE VOICE OF HOMELESSNESS IN LOUISVILLE FOR ALMOST A
QUARTER OF A CENTURY. WE WORK CLOSELY WITH HOMELESS SERVICE PROVIDERS,
CIVIC GROUPS, CONCERNED CITIZENS, FAITH-BASED ORGANIZATIONS AND LOCAL,
STATE AND FEDERAL GOVERNMENTS TO DO THREE THINGS: 1)EDUCATE THE
COMMUNITY ABOUT HOMELESSNESS AND INSPIRE ACTION, 2)ADVOCATE FOR SYSTEM
CHANGES, AND 3)COORDINATE THE COMMUNITY RESPONSE TO HOMELESSNESS
THROUGH EFFICIENT USE OF RESOURCES AND FUNDING.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CLOSELY WITH HOMELESS SERVICE PROVIDERS, CIVIC GROUPS, CONCERNED
CITIZENS, FAITH-BASED ORGANIZATIONS AND LOCAL, STATE AND FEDERAL
GOVERNMENTS TO DO THREE THINGS: 1) EDUCATE THE COMMUNITY ABOUT
HOMELESSNESS AND INSPIRE ACTION, 2)ADVOCATE FOR SYSTEM CHANGES, AND
3)COORDINATE THE COMMUNITY RESPONSE TO HOMELESSNESS THROUGH EFFICIENT
USE OF RESOURCES AND FUNDING.
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
1) A CALL-IN AND WALK-IN CENTER FOR THE NEWLY HOMELESS TO MAKE A
RESERVATION IN A LOCAL EMERGENCY SHELTER. IT IS OPEN 7 DAYS A WEEK AT
637-BEDS. 2) A COMMUNITY MARKETING CAMPAIGN THROUGH WEBSITE, GUERILLA
MARKETING, BILLBOARDS AND BUS SIGNS.

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE 990 IS EMAILED FROM
THE ACCOUNTING FIRM BEFORE SUBMISSION. THE RETURN IS REVIEWED THROUGH THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization THE COALITION FOR THE HOMELESS, INC.	Employer identification number 61–1118307
FINANCE/AUDIT COMMITTEE OF THE BOARD AS WELL AS THE FULL	BOARD BEFORE
APPROVAL FOR SUBMISSION.	
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION	
SIGNED ANNUALLY. IN ADDITION, DURING BOARD MEETINGS, BOARD DURING VOTES.	KD MEMBERS ARE
FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIREC	CTORS REVIEWS AND
EVALUATES THE EXECUTIVE DIRECTOR AND HER PERFORMANCE.	
FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS AF	RE PROVIDED UPON
REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN TEMPORARILY RESTRICTED NET ASSETS	-18,670.

Form **8868** (Rev. January 2013)

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 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 Chanties & Nonprofits 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 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. Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print 61-1118307 THE COALITION FOR THE HOMELESS, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 1300 S. 4TH STREET, NO. 250 return See City, town or post office, state, and ZIP code For a foreign address, see instructions. instructions LOUISVILLE, KY 40208 01 Enter the Return code for the return that this application is for (file a separate application for each return) Return Application Return Application <u>Is Fo</u>r Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 01 80 Form 1041-A Form 990-BL 02 09 Form 4720 (individual) 03 Form 4720 Form 5227 10 Form 990-PF 04 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 12 Form 990-T (trust other than above) Form 8870 THE ORGANIZATION The books are in the care of ► 1300 S. 4TH STREET, NO. 250 - LOUISVILLE, KY 40208 FAX No. ▶ 502-636-9950 Telephone No. ► 502-636-9550 If the organization does not have an office or place of business in the United States, check this box _. If this is for the whole group, check this If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 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 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ ___ calendar year __ ► X tax year beginning JUL 1, 2012 , and ending JUN 30, 2013 Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 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. За If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made Include any prior year overpayment allowed as a credit. 3b 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.

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