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'Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

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

	For the 2	U13 cale	endar year, or tax year beginning Jan1 , 2013, and ending	De	c 31	, 20 13						
В	Check if a	pplicable	C Name of organization The Journey Home, Inc.		D Employ	er identification number						
	Address cl	hange	Doing Business As			20-5605975						
	Name cha	nge	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telepho	ne number						
	Initial retur	'n	PO Box 331025			615-809-2644						
	Terminated	d	City or town, state or province, country, and ZIP or foreign postal code									
	Amended	return	Murfreesboro, TN 37133		G Gross re	eceipts \$						
	Application	n pendina	F Name and address of principal officer	H(a) Is this a o		subordinates? Yes Vo						
			Scott Foster PO Box 331025, Murfreesboro, TN 331025	1		s included? Yes No						
ī	Tax-exem	ot status	√ 501(c)(3) √ (Insert no) √ 4947(a)(1) or √ 527			list (see instructions)						
J	Website.		w.LoveGodServePeople.org	H(c) Group	exemption	number ▶						
K	Form of ord		✓ Corporation Trust Association Other L Year of formation			of legal domicile TN						
P	art I	Summ		- 2000	1 5	114						
			escribe the organization's mission or most significant activities. The Jour	nev Home	is a Chris	stian Ministry whose						
ø			ocus is to serve the homeless and disadvantaged of Rutherford County-provi									
Governance						ices for bouy, filling and						
Ĕ		spirit, and encouragement on their journey to economic stability and reintegration into community life. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.										
ŏ			of voting members of the governing body (Part VI, line 1a)		1 - 1							
			of independent voting members of the governing body (Part VI, line 1b)			13						
Sa.						13						
Ę					5	10						
Activities &	I		mber of volunteers (estimate if necessary)	· · · · · · · · · · · · · · · · · · ·	. 6	1200						
•			related business revenue from Part VIII, column (C), line 12 . RECE	IAFD.	7a	0						
_	D	vet unre	lated business taxable income from Form 990-T, line 34	Prior Ye	_	Current Year						
	8 0	Contribu	tions and greats (Part VIII line 1h)	_								
Revenue	1		tions and grants (Part VIII, line 1h)	2015	676,489	688,792						
Ken	1	-	service revenue (Part VIII, line 2g)		<u> (30,626</u>	41,282						
Š	1		ent income (Part VIII, column (A), lines 3, 4, and 7d)	V, UT	0	0						
•			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	18,548	17,469						
<u> </u>	+		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		725,663	747,543						
3	1		nd similar amounts paid (Part IX, column (A), lines 1–3)		585,275	542,332						
4	ŀ		paid to or for members (Part IX, column (A), line 4)		0	0						
se S	1		other compensation, employee benefits (Part IX, column (A), lines 5–10)		48,218	97,211						
JAN penses	1		onal fundraising fees (Part IX, column (A), line 11e)		, 0	0						
<u></u>			draising expenses (Part IX, column (D), line 25)	, 35km, 2	· · · · · · · · · · · · · · · · · · ·							
ينيا	17 (penses (Part IX, column (A), lines 11a-11d, 11f-24e)		77,871	85,212						
3	18 T		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		711,364	724,755						
2	19 F	Revenue	less expenses. Subtract line 18 from line 12		14,299	22,788						
Assession ANNE			<u> </u>	ginning of Cu	irrent Year	End of Year						
SSEE	20 T		sets (Part X, line 16)		457,637	475,747						
Net A Fund 1	~ '		pilities (Part X, line 26)		35,634	30,956						
_			ets or fund balances. Subtract line 21 from line 20		422,003	444,791						
	art II		ture Block									
Ur	der penalti	es of perju	ury, I declare that I have examined this return, including accompanying schedules and stateme leter Deglaration of preparer (o ther than officer) is based on all information of which preparer h	ents, and to t	he best of r	my knowledge and belief, it is						
	e, conect, a	and comp	neter began after the pieparer (offer than officer) is based on all information of which preparer in	as arry know								
٠.			X/(101/1 7 /101/11)			 -						
Sig		Sign	nature of officer	Da	ite	1.1.1						
He	re		SOTT TUSTER EXECUTIVE DRECTOR		12/	13/14						
		<u>,</u>	e or print name and title			· loru						
Pa	id	Print/Ty	pe preparer's name Preparer's signature Date		Check (
Pr	eparer	<u></u>			self-emp	oloyed						
	e Only	1	name ►	Fim	n's EIN ▶							
		Firm's a	address ►	Pho	ne no	···-						
Ma	y the IRS	discus	s this return with the preparer shown above? (see instructions)			🗌 Yes 🗌 No						
For	Paperwo	ork Redu	iction Act Notice, see the separate instructions. Cat No	11282Y		Form 990 (2013)						

Other program services (Describe in Schedule O.)

Total program service expenses ▶

93,453 including grants of \$

686,094

(Expenses \$

4e

Part	V 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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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		✓
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		✓
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		<u> </u>
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			,
7		6		✓
•	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	7		✓
-	complete Schedule D. Part III	8		/
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? 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 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		,	138.74
	VII, VIII, IX, or X as applicable.		, , , , , ,	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	✓	<u> </u>
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		✓_
С	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		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
L	Schedule D, Parts XI and XII	12a		<u> </u>
D	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.	405		✓
13	- · · · · · · · · · · · · · · · · · · ·	12b		
14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		1
14 a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		/
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		-
. •	If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
			n 99 0	(2013)

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ent	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓.
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		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		✓ ✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
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		1
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):	i Panna	, ,	j; 14
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
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		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓	√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

				age C
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	• •		\sqcup
4.	Filedbase and a set of the second sec		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			,
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	ľ .	×	5 Š
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0-	reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-	· •	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 10	************		ii.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
ο-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	نشند	ļ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		İ	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	ξ.		>30 >30
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	e		*
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓ .
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			nii k
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1: . '	
	and services provided to the payor?	7a	346 A.,	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			i
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			4
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		7
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	 	7
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		~~ . ys	▼
_	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		3	14. °
	organization, have excess business holdings at any time during the year?	8		7
9	Sponsoring organizations maintaining donor advised funds.		,	¥.
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	90		· ·
а	Initiation fees and capital contributions included on Part VIII, line 12	ণ		× 2
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	- ** *		/
			۰. ,	8.5
11	Section 501(c)(12) organizations. Enter:	· \$	3	1.5
a b	Gross income from members or shareholders	٠.		
U	Gross income from other sources (Do not net amounts due or paid to other sources	,		
	against amounts due or received from them.)		ļ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	٠, ،	, ,	Y Y
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	-	×	٠,
	the organization is licensed to issue qualified health plans	, ·		
C	Enter the amount of reserves on hand	`.	L	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	1
h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	n scriedule O. See ii	ioi a	"No"			
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar		istruct	ions.			
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar		• •	<u>. </u>			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	-	Yes	No			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	1a 13 🔯	* # \$ 3.	3'."			
			1			
	i.y.		7.7.			
committee, explain in Schedule O.	Į.t.					
	1b 13					
2 Did any officer, director, trustee, or key employee have a family relationship or a business rel	ationship with					
any other officer, director, trustee, or key employee?	2		1			
3 Did the organization delegate control over management duties customarily performed by or un	nder the direct					
supervision of officers, directors, or trustees, or key employees to a management company or other			✓			
4 Did the organization make any significant changes to its governing documents since the prior Form 990			√			
5 Did the organization become aware during the year of a significant diversion of the organization	's assets? . 5		√			
6 Did the organization have members or stockholders?	6		✓			
7a Did the organization have members, stockholders, or other persons who had the power to ele						
one or more members of the governing body?	1		✓			
b Are any governance decisions of the organization reserved to (or subject to approval I			1			
stockholders, or persons other than the governing body?			\ <u> </u>			
8 Did the organization contemporaneously document the meetings held or written actions under	ertaken during 🏻 🦸					
the year by the following:						
a The governing body?	<u>8</u> a		ļ			
 b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A who cannot 	<u>8b</u>	✓				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O						
		<u> </u>	\ ✓			
Section B. Policies (This Section B requests information about policies not required by the	internai Revenue (Yes	No			
10a Did the organization have local chapters, branches, or affiliates?	10a	—	\ \stacksquare \ \ \stacksquare \ \ \stacksquare \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
b If "Yes," did the organization have written policies and procedures governing the activities of s	such chapters	'	\ <u> </u>			
affiliates, and branches to ensure their operations are consistent with the organization's exempt	t purposes? 10t					
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before			 			
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110	2.7%				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	126		-			
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give in	rise to conflicts? 12t					
c Did the organization regularly and consistently monitor and enforce compliance with the po		+				
describe in Schedule O how this was done	120	: 🗸				
13 Did the organization have a written whistleblower policy?	13		1			
14 Did the organization have a written document retention and destruction policy?	14		✓			
	d approval by	,	Š.			
15 Did the process for determining compensation of the following persons include a review and	nd decision?		*			
Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation at	na accioiom.					
 Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation at a The organization's CEO, Executive Director, or top management official	15a	1 🗸				
 Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation a The organization's CEO, Executive Director, or top management official			. 1.4			
 Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation at a The organization's CEO, Executive Director, or top management official) /	.il			
 Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation at a The organization's CEO, Executive Director, or top management official	15a 15b 15t) /				
 Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation a The organization's CEO, Executive Director, or top management official	15a 15b 15t 15c 15c	√				
 Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation a The organization's CEO, Executive Director, or top management official	15a 15b 15b 17 arrangement 16a to evaluate its	√	✓			
 Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation at a The organization's CEO, Executive Director, or top management official	15a 15b 17 arrangement 18 to evaluate its safeguard the					
 Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation at a The organization's CEO, Executive Director, or top management official	15a 15b 17 arrangement 18 to evaluate its safeguard the		✓			
 Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation at a The organization's CEO, Executive Director, or top management official	15a 15b 17 arrangement 18 to evaluate its safeguard the		✓			
 Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation a a The organization's CEO, Executive Director, or top management official	15a 15b 15b 17 arrangement 16a 15c 15c 15c 15c 15c 15c 16c 16c		V			
 Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation a a The organization's CEO, Executive Director, or top management official	15a 15b 15b 17 arrangement 16a 15c 15c 15c 15c 15c 15c 16c 16c		V			
 Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation a a The organization's CEO, Executive Director, or top management official	to evaluate its safeguard the 16th 1990-T (Section 50)		V			
 Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation a a The organization's CEO, Executive Director, or top management official	to evaluate its safeguard the	(c)(3)s	only)			
 Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation a a The organization's CEO, Executive Director, or top management official	to evaluate its safeguard the	(c)(3)s	only)			
 Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation a a The organization's CEO, Executive Director, or top management official	to evaluate its safeguard the	I (c)(3)s	only)			

orm	$\alpha \alpha \Lambda$	(2013)	

Page 7

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organize	zation nor any relate	d org	aniz			ompe	nsa	ated any currer	nt officer, director	r, or trustee.
		(C)								
(A)	(B)	(40.5	act of		ition	e than c		(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any			dac	irect	or/trust		compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	lng.	Officer	<u></u>	용품	Former	the	organizations	compensation
	related	# & &	Institutional trustee	Cer	Key employee	Plest Ploy	mer	organization	(W-2/1099-MISC)	from the
	organizations below dotted	힞声	ona		l de	88	1	(W-2/1099-MISC)		organization and related
	line)	5	2		ee e	l pe				organizations
		8	stee			Highest compensated employee				
		-	 							
(1) Alexander Scott Foster	50]		ŀ	1					
Ex Director & Chairman		✓		✓				0	o	0
(2) Ann Benson	4									
Vice Chairman		✓		✓				0	0	0
(3) Holly A Westland	4									
Secretary] ✓		✓				0	0	0
(4) Jenny Reid	15									
Treasurer] ✓		✓				0	0	0
(5) Jerry Campbell	4	1								
(6) Betty Hord	1	-		-	-			0	0	0
		✓	İ					0	o	0
(7) Rhea Seddon	1									
(0)		/	<u> </u>	<u> </u>	ļ	ļ	_	0	0	0
(8) Isaiah Whalum	40	,			1				•	
Director of Food Services		✓	┝	-	├_			7385	0	0
(9) David McIntosh	4	·						0	0	o
(10) Chuck Engle	4	 '		\vdash	╁		╁	 	0	
1.07 Orlack Engle	······	1						0	0	0
(11) Todd Miller	8									
		/	ļ	_			_	0	0	0
(12) Geneva Poss	50						İ			
Director of Housing & Outreach		✓	lacksquare		$oxed{oxed}$	L_	L_	21046	0	c
(13) Ron Pool	10	,								
(4.4)		/	₩	-	-		├	0	0	0
(14)		{								
	i	1	1	ı	Į.	I	ı	1	I	

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (continue	d)		
					•	C)					ł			
(A) (B) (do)			(do n	ot ch		ition more	than c	ine	(D)	(E)		(F)	
	Name and title	Average hours per	box, i	unles	s pe	rson	is both	an	Reportable	Reportab			nated	
		week (list any			_		or/trust	<u> </u>	compensation from	compensation related	1 from		unt of her	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form	the	organizatio			ensation	
		related organizations	rect in	댩	èr	E E	loye	₫	organization (W-2/1099-MISC)	(W-2/1099-N	iisc)		n the ization	
		below dotted	or th	mal		햦	g 5		(** 27 1000 111100)				elated	
		line)	ıste	trus		8	Pen					organi	zations	
			e	tee			sate							
(15)		<u> </u>		<u> </u>		<u> </u>	۵	<u> </u>				-		
(15)									1					
(16)		-		\vdash	\vdash	\vdash		 						
1101	•							1						
(17)	-			\vdash		-								
3														
(18)						\vdash	-	 						
3						ļ		l						
(19)								-						
32														
(20)														
											}			
(21)												-	_	
(22)														
								ļ						
(23)														
(0.4)						<u> </u>		<u> </u>	ļ					
(24)		 							ļ					
(OE)						<u> </u>		<u> </u>	-				_	
(25)	•••••													
1b	Sub-total					L;			20424		-			—
	Total from continuation sheets to Part			•	•		•	_	28431				-	
ď	Takel Assistance Alice and A. A.			•			•	•	28431					
2	Total number of individuals (including but						above	a) w		ore than \$1	00 000 6	of.	-	
	reportable compensation from the organi	zatıon ▶ o						٠, ٠.		oro triair φ i	00,000	,		
		··								 		Ī	Yes N	10
3	Did the organization list any former of							emp	oloyee, or high	est compe	nsated		× ^	
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch .	indı	vidu	ıal					3	~	/
4	For any individual listed on line 1a, is the												ه ژ سهور	,]
	organization and related organizations	greater that	an \$1	50,	000	? //	f "Ye	s, "	complete Sch	edule J fo	r such			
_	individual		• •	•	•	. •	•					4		/
5	Did any person listed on line 1a receive o									ation or inc	lividual			لـــــ
04	for services rendered to the organization?	rii res, c	ompi	ete .	SCI	ieat	ile J i	or s	such person	· · · ·		5		
Section 1	n B. Independent Contractors										- 0400	200 - (
•	Complete this table for your five highest compensation from the organization. Rep												n'e tav	
	year.	ort compe	isalic	/11 IC	<i>)</i> ()	I C C	alenu	aı y	real ending wit	II OF WILLIAM	ine orga	IIIZalio	11 5 tax	
	(A)						-	I	(B)			(C)		—
	Name and business add	ress							(B) Description of s	ervices	C	(C) ompensa	ation	
None														
110110														
						-					-			_
														_
2	Total number of independent contractor							th	ose listed abo	ove) who				
	received more than \$100,000 of compens	ation from	the o	rgan	ıızat	tion	<u> </u>		0		٤,	ŝ.×		ļ

Part	VIII	Statement of Reve				- ···				
		Check if Schedule O	contains a	respons	e or note to					. 🔲
			, god	* 41	-	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Reven	ue
1.3	á R	****					exempt function	business revenue	excluded fr under sec	rom tax
<u> </u>	<u> </u>		, ¹ , ,	,			revenue		512-5	14
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	_	1a	0	* !		·* ·	, 3 /	
S S	b	Membership dues .		1b	0	i iĝ	,* % * ',		*	1
ts, An	C	Fundraising events .		1c	4,664		* *			Ī
ia i	d	Related organizations		1d	0	. 30	3 ,		·	
ns, Sim	е	Government grants (con		1e	139,848		•			,
er S	f	All other contributions, gr				र्थ हो : 3 ८ ८	<i>*</i> :			· 5 - 1
혈환		and similar amounts not inc	<u>L</u>	1f	544,280	* * *			Ĩ	'Y :
ont od (g	Noncash contributions includ		··· ·	305,868		25.3	,		اثہ
	h	Total. Add lines 1a-11	<u></u>		<u> </u>	688,792	*	vv		
nge	_				iness Code	<u> </u>			<u> </u>	
eve	2a	Supportive Housing			531110	41,282	41,282			
e B	b	***************************************								
Ŋ	С									
Se	d									
ran	e	All all and an area								
Program Service Revenue	f	All other program serv					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	. %	1 10 10 10 10 10 10 10 10 10 10 10 10 10	
	g 3	Total. Add lines 2a-21 Investment income				41,282				`
		and other similar amo			_	<u>.</u>				
	4	Income from investment								
	5	Royalties			locceus P					
		noyanies	(ı) Real) Personal		er ij gr	, , , , ,	ź ,	
	6a	Gross rents		- `						
	b	Less: rental expenses							1 2 7	
	c	Rental income or (loss)						yarigi.	8.2	
	d	Net rental income or (•	\443\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			* 	
	7a	Gross amount from sales of	(i) Securitie	es	(II) Other	111 / 1 1	**	- 7 . 24	, ,	
		assets other than inventory								
	b	Less: cost or other basis								, 1
		and sales expenses .								`.
	С	Gain or (loss)					43		· .	· · · · · · · · · · · · · · · · · · ·
	d	Net gain or (loss)		· · ·	•			A hard Sales of the sales of th	- *	and the same of
							# 1 KY 13		********	* 44.4.)
Ĭ	8a	Gross income from fu	ndraising						ê n	· (#)
Ver		events (not including \$, ,	"		65.4.16 85.	,
Other Reve		of contributions reporte	ed on line 1c).		2	ŕ			×
ĕ		See Part IV, line 18 .		a		*	, **		age i s	()
₹		Less: direct expenses								<u></u>
_		Net income or (loss) fi			ts . 🕨					
	9a	Gross income from ga					\^```	,		>
				·						
	b	Less: direct expenses							<u> </u>	
	С	Net income or (loss) fi			· · · •	*			,	
	10a	Gross sales of in						्रहे <i>ं</i>	" [× 2
		returns and allowance		·		***	±1			1
		Less, cost of goods s								
	С.	Net income or (loss) fi			y ► siness Code	0				
	44.		 							
	11a	Client Service Reimbur			624190	12,184				
	b c	Misc.				5,285				
	d	All other revenue .					· · · - · · ·		 	
	e	Total. Add lines 11a-			•	17,469	 			
	12	Total revenue. See in				747,543		<u></u>		
	1			-		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i .			

·	90 (2013) Statement of Functional Expenses				Page 10
	on 501(c)(3) and 501(c)(4) organizations must com	polete all columns. A	ll other organization	ns must complete co	lumn (Δ)
	Check if Schedule O contains a respon			· · · · · ·	
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				, ;
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	542,332	542,332		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	28,413	28,413		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	61,890	61,890		
9	Other employee benefits				
10	Payroll taxes	6,908	6,908		
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c d	Accounting	6,264		6,264	
e	Professional fundraising services. See Part IV, line 17		and a second	<u>**</u>	
f	Investment management fees		· +-/agast ·	'•, '	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	7,338	3,669	3,669	
14	Information technology				
15 16	Royalties				
17	Occupancy	37,934	37,934		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	561	561		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	20,699	4,140		
23	Insurance	6,101		6,101	w 1
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column		A.	* * * * * * * * * * * * * * * * * * * *	
	(A) amount, list line 24e expenses on Schedule O.)		£ = 3, ,		*
а	Fundraising	2,199			2,199
b	Volunteer	247	247		
С	Misc	3,869		3,869	
d					
e	All other expenses				-
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	424,755	686,094	36,462	2,199
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

`	990 (20 art X	Balance Sheet			Page 11
	11 6 7	Check if Schedule O contains a response or note to any line in this Pa	art Y		
		oneok il denedule o contains a response of flote to any line ili tilis i a	(A) Beginning of year	•	(B) End of year
	1	Cash—non-interest-bearing	88,092	1	111,909
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	11,588	3	13,320
	4	Accounts receivable, net	7,523	4	13,692
	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	
ts	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 instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use	16,535	8	16,535
	9	Prepaid expenses and deferred charges		9	441
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			6 4 1,16
	b	Less accumulated depreciation 10b	333,899	10c	319,850
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	457,637	16	475,747
	17	Accounts payable and accrued expenses	15,210	17	13,603
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	20,424	21	17,353
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and		<i>(</i>),	
gei		disqualified persons. Complete Part II of Schedule L	= "	22	
	23	Secured mortgages and notes payable to unrelated third parties .		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	35,634	26	30,956
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.		,	
a	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
פ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here $ ightharpoonup$ and complete lines 30 through 34.	· · · · · · · · · · · · · · · · · · ·		
ţ	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ă	32	Retained earnings, endowment, accumulated income, or other funds .	422,003	32	444,791
Ne	33	Total net assets or fund balances	422,003	33	444,791
_	34	Total liabilities and net assets/fund balances	457,637		475,747

Form 95	0 (2013)			Page	e 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,543
2	Total expenses (must equal Part IX, column (A), line 25)	2			,755
3	Revenue less expenses Subtract line 2 from line 1	3			,783
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,003
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		444	,791
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		200	Train i	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın			
	Schedule O		22		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	√	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or	沙蓝		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				P M
b	Were the organization's financial statements audited by an independent accountant?	• • •	2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	3.0		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		ELS:		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account			,	
	·		2c	✓	S / 1
	If the organization changed either its oversight process or selection process during the tax year, ex- Schedule O	piain in	7 6		
20	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			ži.i
Jä	the Single Audit Act and OMB Circular A-133?				,
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		3a	-	<u>√</u>
ט	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
	Togali de adait of adaite, explain why in concedic o and describe any steps taken to undergo such a	uuits.		990 (
			Form	33U (2	2013)

SCHEDULE A (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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of	the organization						E	mployer id	entification	number
	rney Home, Inc.									05975
Part			rity Status (All orga						nstructio	ns.
1 [2 [3 [A church, con A school desc A hospital or a	vention of churc ribed in section a cooperative ho	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza	churches th Schedu ation desc	describe ule E.) cribed in s	ed in sec section 1	tion 170(70(b)(1)(b)(1)(A)(i) A)(iii).		
	hospital's nam	ne, city, and stat								
5 [on operated for)(1)(A)(iv). (Com	the benefit of a collect plete Part II)	ge or uni	versity ov	wned or	operated	by a gov	vernment	al unit described in
	🛮 An organizatio	on that normally	nment or governmenta receives a substantia)(A)(vi). (Complete Par	l part of					ıt or fron	n the general public
8 [A community	trust described	n section 170(b)(1)(A))(vi). (Con	nplete Pa	ırt II)				
9 [receipts from support from	activities relate gross investme	receives. (1) more that d to its exempt funct ent income and unrelater June 30, 1975. Se	ions—sut lated bus	oject to d siness tax	ertain ex xable inc	ceptions ome (les	, and (2) s section	no more	than 331/3% of its
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box							9(a)(2). See section gh 11h lonally integrated disqualified persons in section 509(a)(1) lose III supporting		
	ame of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	rganization sted in your document?	the organ	ou notify nization in of your port?	on in organization in colur (i) organized in the US?		support
(A)	<u> </u>				.,,			Yes	No	
(~)										
(B)										
(C)										
(D)										
(E)										
Total										

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts. grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 323,855 421,120 641.976 676,489 688,792 2,752,230 revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3. . . . 641,976 676,489 688,792 2,752,230 5 The portion of total contributions by each person (other а governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 2,752,230 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 . . . 323,855 421,120 641,976 676,489 688,792 2,752,230 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 2,597 39,552 51,739 201,945 58.751 11 Total support. Add lines 7 through 10 2 1 1 K 2,954,175 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 93.16 % 15 Public support percentage from 2012 Schedule A. Part II, line 14 93.92 % 16a 331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization \square b 331/3% support test-2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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 qualify under the tests listed below, please complete Part II.)

 -	in the organization rails to quality	under the te	sis listed bei	ow, please co	omplete Part	11.)	
	on A. Public Support	1 1 2 2 2 2	1		T		
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees				İ		
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	<u> </u>				.	
~	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	ļ <u>.</u>	ļ <u> </u>				
3	Gross receipts from activities that are not an			1	1	1	
	unrelated trade or business under section 513		ļ		.	<u> </u>	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ь	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						
С	Add lines 7a and 7b					<u> </u>	
8	Public support (Subtract line 7c from	•	* 38.4	1,44		Y , 743,	_
	line 6.)			1	* * * *	, `	
Secti	on B. Total Support				•		
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	İ		•			
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets	ĺ		1			
	(Explain in Part IV.)				<u> </u>		
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentag	je				
15	Public support percentage for 2013 (line	B, column (f) d	livided by line 1	13, column (f))		15	%
16	Public support percentage from 2012 Sci	nedule A, Part	III, line 15			16	%
Secti	on D. Computation of Investment In	come Perce	entage				
17	Investment income percentage for 2013 (line 10c, colur	mn (f) divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2012						%
19a	331/3% support tests-2013. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2012. If the organize						
	line 18 is not more than 331/3%, check this		-	· ·			_
20	Private foundation. If the organization di	d not check a	box on line 14	10a or 10h	check this hox	and see instru	ictions 🕨 🗖

Schedule A (F	orm 990 or 990-E∠) 2013 Page 4	4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
Part II, Sec	ion B, Line 10	-
	······································	_
Other inco	ne is primarily from income based fees collected from clients as part of the supportive housing program.	_
		-
		-
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SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047 20 **1**

Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization Employer Identification number The Journey Home, Inc. 20-5605975 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year). Aggregate grants from (during year) . . 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area ☐ Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 🛫 🌡 Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$____ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: \$_____ a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

•									
Schedu	e D (Form 990) 2013							Pa	ge 2
Parl	III Organizations Maintaining	Collections	of Art, His	torical T	reasures	, or O	her Similar A	ssets (continue	ed)
3	Using the organization's acquisition, a collection items (check all that apply):		d other reco	ds, checi	k any of th	ne follo	wing that are a	significant use c	of its
а	☐ Public exhibition		d	Loan	or exchang	ge prog	rams		
b	☐ Scholarly research		е						
С	☐ Preservation for future generations	;							-
4	Provide a description of the organizat	ion's collecti	ons and expla	ain how th	ney further	the org	ganızation's exe	empt purpose in	Part
	XIII.								
5	During the year, did the organization								
	assets to be sold to raise funds rather		aintained as i	part of the	organizat	ion's co	ollection? .	☐ Yes 🗹	No
Par	IV Escrow and Custodial Arra					_			
	Complete if the organization	answered "	Yes" to For	n 990, Pa	art IV, line	e 9, or	reported an ai	mount on Form	
	990, Part X, line 21. Is the organization an agent, trustee,					11	- 41 4-		
1a							rother assets		NI.
b	If "Yes," explain the arrangement in Pa							Tes 🗹	NO
	ii res, explain the arrangement iii r	art Am and Co	mpiete the ic	mowing ta	wie.			Amount	
С	Beginning balance					10	-		
ď	Additions during the year					10			
e	Distributions during the year					10			
f	Ending balance					1	-	·	
2a	Did the organization include an amour	nt on Form 99	0, Part X, line	21?				. 🗹 Yes 🗌	No
b	If "Yes," explain the arrangement in Pa	art XIII Checi	k here if the e	xplanation	has been	provid	ed in Part XIII	<u></u> <u>_</u>	
Par								-	
	Complete if the organization					_	T		
		(a) Current ye	ear (b) Pri	or year	(c) Two yea	rs back	(d) Three years ba	ck (e) Four years b	ack
1a	Beginning of year balance								
b	Contributions								
С	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 t		ar end baland	e (line 1g	, column (a	a)) held	as:		
а	Board designated or quasi-endowmer	nt ▶	%						
b	Permanent endowment >	 %							
С	Temporarily restricted endowment	· · · · · · · · · · · · · · · · · · ·	<u>%</u>						
3a	The percentages in lines 2a, 2b, and 2 Are there endowment funds not in the			zation tha	t ara bald	and ac	lministered for	tha	
Ja	organization by:	e possession	or the organi	zauon ma	ii are rieiu	and ac	iriii iisterea 101		No
	(i) unrelated organizations							3a(i)	140
					• • •			. 3a(ii)	_
b	If "Yes" to 3a(II), are the related organi					•		3b	
4	Describe in Part XIII the intended uses		•					<u> </u>	
Par	, , ,								-
	Complete if the organization	answered '	Yes" to For	n 990, P	art IV, line	<u>∍ 11a.</u>	See Form 990	, Part X, line 10)
	Description of property	(a) Cos	t or other basis	(b) Cost o	r other basis	(c)	Accumulated	(d) Book value	
	- ,	(In	vestment)	(ot	her)		epreciation		
1a	Land			<u></u>	67,300		STATES AND A STATE OF THE STATES	67	,300

	Complete if the organization answered test to Form 990, Part IV, line Tra. See Form 990, Part X, line To.									
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value					
1a	Land		67,300	建设在关系的第三人称	67,300					
b	Buildings		187,403	25,112	162,291					
С	Leasehold improvements		79,165	21,907	57,258					
d	Equipment		54,898	24,379	30,519					
е	Other									
Total.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 10	O(c).) ▶	317,368					

Part VII	Investments – Other Securities. Complete if the organization answ	vered "Yes" to For	m 990	Part IV line	11h See Form	000 Part Y lir	na 12
	(a) Description of security or category (including name of security)	reled les to loi		Book value	(c) Me	ethod of valuation	
(4) Fire a second					Cost or en	d-of-year market value	
(1) Financial							
(3) Other	neld equity interests		 				
(A)							
(B)							
(C)							
(D)							
(E)	•••••	••••••				·	
(F)			 				
(G)							
(H)							
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶				X 11 1 5	* *	. %
Part VIII	Investments—Program Related						
	Complete if the organization answ	rered "Yes" to For	m 990,	Part IV, line	e 11c. See Form	ı 990, Part X, lir	ıe 13.
	(a) Description of investment		(b)	Book value		ethod of valuation d-of-year market value	Э
(1)			_				
(2)							
(3)							
(4)							
(5)				·			
(6)							
_(7)							
(8)			ļ				
(9)	(h)				76.31 V A A A A		(W4. C. E.
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.		<u> </u>				<u> </u>
Partix	Complete if the organization answ	ored "Ves" to For	m 000	Port IV line	11d Son Form	a 000 Part V lir	o 15
		Description	111 330,	rattiv, mie	e i iu. See i oili	(b) Book va	
(1)	(4)					(D) DOOK 12	
(2)						+	
(3)							
(4)		· ·				-	
(5)							
(6)		-					
(7)							
(8)							
(9)		· -					
	mn (b) must equal Form 990, Part X, co	I. (B) line 15.)			<u> ▶</u>		_
Part X	Other Liabilities.						
	Complete if the organization answ	ered "Yes" to For	m 990,	Part IV, line	e 11e or 11f. Se	e Form 990, Pa	rt X,
	line 25.						
(1) Federal in	(a) Description of liability	(b) Book value		19-31		*	
(2)	icome taxes			,		``	- 10 m
(3)		<u> </u>					
(4)					* .	* *	- (,
(5)				, ,			
(6)				*	× .		
(7)		 		*	*		
(8)					`		
(9)			=	7 8 25	ž.	. \$>	
	b) must equal Form 990, Part X, col. (B) line 25.)	 		** · · · · · · · · · · · · · · · · · ·	ક્ષ્મેં ?	∴ ⁸⁹ « ‹	7.5
	r uncertain tax positions. In Part XIII, provid	le the text of the footn	note to th	ne organizatioi	n's financial statem	ents that reports to	ne

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedul	e D (Form 990) 2013			Page 4
Part			Return.	
	Complete if the organization answered "Yes" to Form 990,			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			_
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		7 2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1663	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	
Part			er Return.	
	Complete if the organization answered "Yes" to Form 990,			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
c	Other losses	2c		
ď	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)		-	
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5	
	XIII Supplemental Information.		<u> </u>	····
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	nd 4: Part IV lines 1b and 2b	o: Part V line 4: Pa	rt X line
2; Parl	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	nformation.	1171,10
	urney Home maintains separate bank account for client funds under custodia			ma
1110 30	arrey frome maintains separate bank account for cheric funds under custours	ii agreement with the cheft a	nd The Journey Hon	ne.
The Io	urney Home works with clients on a case management basis, teaching budge	ting and financial manageme	nt	
	arrey frome works with chefts on a case management basis, teaching budge	and iniancial manageme	· · · · · · · · · · · · · · · · · · ·	
			•••••	
			•••••	

Schedule D (For	m 990) 2013	Page 5
Part XIII	Supplemental Information (continued)	
•••••	•••••••••••••••••••••••••••••••••••••••	
····		

	•••••••••••••••••••••••••••••••••••••••	
	·····	

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047 2013

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

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

Inspection Employer identification number

	urney Home					20-56059	75		
Part	Types of Property	(a)	(b)	(c)			(d)		
		Check if applicable	Number of contributions or items contributed	Noncash cont amounts repo Form 990, Part \	rted on	Method noncash cor	of dete		_
1	Art-Works of art				,				
2	Art-Historical treasures								
3	Art—Fractional interests					-			
4	Books and publications								
5	Clothing and household goods	✓			10,594	Thrift/ \$2 pe	r Item		
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities-Publicly traded								
10	Securities—Closely held stock .								
11	Securities-Partnership, LLC,								
	or trust interests								
12	Securities-Miscellaneous								
13	Qualified conservation								
	contribution—Historic								
	structures								
14	Qualified conservation contribution—Other								
15	Real estate-Residential		_						
16	Real estate—Commercial			_					
17	Real estate—Other								
18	Collectibles								
19	Food inventory	1	1000+		289,824	\$1 75 per po	ound b	iendec	<u>d</u>
20	Drugs and medical supplies .								
21	Taxıdermy			·- · · · · · · · · · · · · · · · · · ·					
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (Furnishings)		32		1,750	Market Valu	<u>e</u>		
26	Other ► ()								
27	Other ► (Office/Whse Space)	✓			i	Market Valu			
28 29	Other ► (Garden Space)	√				Market Valu	<u>e</u>		
29	Number of Forms 8283 received which the organization completed								
	which the organization completed	1 01111 0200	o, I ait IV, Donee Acknowled	agement		29		Yes	No
00-			h			4 00 45-4		res	No
30a	During the year, did the organizat it must hold for at least three year						/	`	
	used for exempt purposes for the					uired to be	00-		
h	If "Yes," describe the arrangemen						30a	 	 √
ь 31	Does the organization have a		stance noticy that require	e the review	of any no	n_etandard			
01	contributions?					ıı-sıaıluaiü	31		
32a	Does the organization hire or use					il noncash	31	\vdash	
UZ.a	— <u> </u>	•		•			32a		/
b	If "Yes," describe in Part II.						32d	$\vdash \vdash$	
33	If the organization did not report a	n amount in	column (c) for a type of pro	perty for which	column (a)	s checked		(*	
30	describe in Part II.	. anount II	. seranin (e) for a type of pre		- 516/11/ (a)	- 01.00N6u,	'*	-	

Schedule M (Form 990) (2013)							
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whethe the organization is reporting in Part I, column (b), the number of contributions, the number of items received or a combination of both. Also complete this part for any additional information.	r d,					
	- any additional mornation						
		- -					
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, SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

The Journey Home	20-5605975
Part VI, Line 11: Board members and the board treasurer are involved in gathering the information for	the operations and various programs of
The Journey Home. Board members are presented the Form 990 at board meetings and it is reviewed	Additionally, the financials
are reviewed at each board meeting. Board treasurer (Retired CPA) reviews bookkeeping on a weekly	basis.
Part VI, Line 19: The Journey Home keeeps a copy of the 990 on file at the Outreach Center for public	eview. The policy manual is
available for clients or interested persons to review as needed. Police information is also included on	program applications and
brochures. Code of Conduct is posted in each lobby. Financial reports are also posted on-line at Guid	lestar.org and GivingMatters.com
Part VI, Section B, Line 12a: The Journey Home has a written conflict of interest and each board members.	per is required to sign at the first
board meeting each year. These forms are kept on file.	
Part VI, Section B, Line 15. The organization staff is primarily a volunteer staff. We do have a House N	lanager on staff, and we employ clients
for kitchen and garden positions. Wages of other similar organizations and positions in the area are r	eviewed by management.
Part III 4 D: Other expenses are related to the Outreach Center. All occupancy expenses and program	staff expenses are charged to program
expenses. All administrative functions are done off-site with donated staff time. The Outreach Center	serves an average of 120+ persons
on a daily basis. Other programs include: rent/utility assistance, transportation assistance, clothing/h	ygiene assistance, computer lad and
employment readiness, faith programs, meetings and studies, re-housing assistance, and the like as v	vell as case management support.