

Form 990

Return of Organization Exempt From Income Tax

2019

Open to Public Inspection

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable:
□ Address change
□ Name change
□ Initial return
□ Final return/terminated
□ Amended return
□ Application pendingC Name of organization
ARTISTS HELPING THE HOMELESS INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 11412 KNOX
Room/suite

City or town, state or province, country, and ZIP or foreign postal code
OVERLAND PARK, KS 662102910D Employer identification number
26-2063489

E Telephone number
(816) 668-1007

G Gross receipts \$ 1,350,006F Name and address of principal officer:
KAR Y WOO
11412 KNOX
OVERLAND PARK, KS 662102910H(a) Is this a group return for
subordinates? Yes No
H(b) Are all subordinates
included? Yes No
If "No," attach a list. (see instructions)
H(c) Group exemption number ►I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ► WWW.AHH.ORG

K Form of organization: Corporation Trust Association Other ►

L Year of formation: 2008

M State of legal domicile:
MO

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE MISSION OF ARTISTS HELPING THE HOMELESS IS TO REDUCE THE NEED AND COST OF CARE FOR THE HOMELESS IN OUR COMMUNITIES BY PROVIDING AID WITH RESPECT, ADDRESSING UNDERLYING ISSUES, PROVIDING ADVOCACY FOR THOSE WISHING TO REINTEGRATE, WORKING WITH, RATHER THAN DUPLICATE EXISTING SERVICES AND RAISING AWARENESS OF HOMELESS ISSUES.
2	Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
3	Number of voting members of the governing body (Part VI, line 1a)
4	Number of independent voting members of the governing body (Part VI, line 1b)
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)
6	Total number of volunteers (estimate if necessary)
7a	Total unrelated business revenue from Part VIII, column (C), line 12
b	Net unrelated business taxable income from Form 990-T, line 39

Revenue		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	569,496	1,339,333
9	Program service revenue (Part VIII, line 2g)	29,293	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,280	10,673
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	601,069	1,350,006

Expenses		Prior Year	Current Year
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	145,472	149,359
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	330,057	410,988
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ► 3,082		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	289,312	306,160
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	764,841	866,507
19	Revenue less expenses. Subtract line 18 from line 12	-163,772	483,499

Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	977,609	1,667,769
21	Total liabilities (Part X, line 26)	429,438	636,099
22	Net assets or fund balances. Subtract line 21 from line 20	548,171	1,031,670

Part II Signature Block

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

Sign Here	*****	2020-05-08
	Signature of officer	Date
	KAR Y WOO DIRECTOR/PRESIDENT	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00504557
	Firm's name ► SCHMIDT CORNISH & SMITH CPA'S				Firm's EIN ► 43-1664675
	Firm's address ► 110 SW 2ND STREET SUITE C LEES SUMMIT, MO 64063				Phone no. (816) 554-6717

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

THE MISSION OF ARTISTS HELPING THE HOMELESS IS TO REDUCE THE NEED AND COST OF CARE FOR THE HOMELESS IN OUR COMMUNITIES BY PROVIDING AID WITH RESPECT, ADDRESSING UNDERLYING ISSUES, PROVIDING ADVOCACY FOR THOSE WISHING TO REINTEGRATE, WORKING WITH, RATHER THAN DUPLICATE EXISTING SERVICES AND RAISING AWARENESS OF HOMELESS ISSUES.

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

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any programs or services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 841,261 including grants of \$ 149,359) (Revenue \$ See Additional Data

See Additional Data

4b (Code: _____) (Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)

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

4c (Code: _____) (Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ **1,000,000**) including grants of \$ **1,000,000**

) (Revenue \$

1

4e Total program service expenses ►

841 261

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 

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 

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 

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 

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 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? If "Yes," complete Schedule D, Part III 

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 

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 

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 

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 

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 

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 

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 

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 

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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

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

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

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)

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

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d	Yes	
11e		No
11f		No
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		
21		No

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	
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 No	
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 No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b No	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c No	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d No	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 No	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b No	
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26 No	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27 No	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a No	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b No	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31 No	
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 No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33 Yes	
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 No	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a No	
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 No	
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 No	
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 No	
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 Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3
 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0
 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c

	Yes	No
1a	3	
1b	0	

Part V **Statements Regarding Other IRS Filings and Tax Compliance (continued)**

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	21		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No	
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).		7a			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		9a			
9 Sponsoring organizations maintaining donor advised funds.		9b			
10 Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state?	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 the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No	
	<i>If "Yes," see instructions and file Form 4720, Schedule N.</i>				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		No	
	<i>If "Yes," complete Form 4720, Schedule O.</i>				

Part VI

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



Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year **1a** 13
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 committee, explain in Schedule O.

b Enter the number of voting members included in line 1a, above, who are independent **1b** 12

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? **2** Yes

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? **3** No

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4** No

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5** No

6 Did the organization have members or stockholders? **6** No

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **7a** No

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **7b** No

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? **8a** Yes

b Each committee with authority to act on behalf of the governing body? **8b** Yes

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. **9** No

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

10a Did the organization have local chapters, branches, or affiliates? **10a** No
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**

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **11a** Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Yes

12a Did the organization have a written conflict of interest policy? If "No," go to line 13. **12b** Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12c** Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. **13** Yes

13 Did the organization have a written whistleblower policy? **14** Yes

14 Did the organization have a written document retention and destruction policy? **15** Yes

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? **15a** Yes
a The organization's CEO, Executive Director, or top management official **15b** No
b Other officers or key employees of the organization
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). **16a** No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? **16b**

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ►RUSSELL W TOWNSLEY 11412 KNOX OVERLAND PARK, KS 662102910 (816) 668-1007

Part VI

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

Check if Schedule O contains a response or note to any line in this Part VI

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, or 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any relate

(A) *luteola* (B) *lutea* (C) *lutea* (D) *lutea* (E) *lutea*

Part VII

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

1b Sub-Total ► **50,000**

c Total from continuation sheets to Part VII, Section A ►

d Total (add lines 1b and 1c) ► **50,000**

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Contributions, Gifts, Grants and Other Similar Amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns . . .	1a				
b Membership dues . . .	1b				
c Fundraising events . . .	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	1,339,333			
g Noncash contributions included in lines 1a - 1f:\$	1g				
h Total. Add lines 1a-1f . . . ►		1,339,333			
Program Service Revenue					
2a	Business Code				
b					
c					
d					
e					
f All other program service revenue.					
g Total. Add lines 2a-2f. . . ►					
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) ►		10,673			10,673
4 Income from investment of tax-exempt bond proceeds ►					
5 Royalties ►					
6a Gross rents	(i) Real	(ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) ►					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss) ►					
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b Less: direct expenses	8b				
c Net income or (loss) from fundraising events . . . ►					
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities . . . ►					
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory . . . ►					
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d ►					
12 Total revenue. See instructions ►		1,350,006			10,673

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	149,359	149,359		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	50,000	48,385	1,077	538
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	329,931	329,931		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	31,057	31,057		
11 Fees for services (non-employees):				
a Management				
b Legal	1,978		1,978	
c Accounting	9,200		9,200	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
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				
14 Information technology				
15 Royalties				
16 Occupancy	62,323	62,323		
17 Travel	55,019	55,019		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,968	2,896	72	
20 Interest	31,195	31,195		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	42,511	42,298	213	
23 Insurance	47,277	39,914	7,363	
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) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	35,810	32,307	1,299	2,204
b PROGRAMMING	15,942	15,942		
c INFORMATION TECHNOLOGY	1,937	635	962	340
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	866,507	841,261	22,164	3,082
26 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 ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X **Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	22,842	1	23,619
	2 Savings and temporary cash investments	212,040	2	135,268
	3 Pledges and grants receivable, net	18,290	3	25,205
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,141	9	2,141
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,318,212		
	b Less: accumulated depreciation	177,477		
		693,846	10c	1,140,735
	11 Investments—publicly traded securities	24,940	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	
Liabilities	15 Other assets. See Part IV, line 11	3,510	15	340,801
	16 Total assets. Add lines 1 through 15 (must equal line 34)	977,609	16	1,667,769
	17 Accounts payable and accrued expenses	24,586	17	37,924
	18 Grants payable		18	
	19 Deferred revenue		19	
Liabilities	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	404,852	23	598,175
	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	429,438	26	636,099
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	494,661	27	691,061
	28 Net assets with donor restrictions	53,510	28	340,609
	Organizations that do not follow FASB ASC 958, check here ► <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	548,171	32	1,031,670
	33 Total liabilities and net assets/fund balances	977,609	33	1,667,769

Part XI

Reconciliation of Net AssetsCheck 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	1,350,006
2	Total expenses (must equal Part IX, column (A), line 25)	2	866,507
3	Revenue less expenses. Subtract line 2 from line 1	3	483,499
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	548,171
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	1,031,670

Part XII **Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 26-2063489

Name: ARTISTS HELPING THE HOMELESS INC

Form 990 (2019)

Form 990, Part III, Line 4a:

ARTISTS HELPING THE HOMELESS CREATES INNOVATIVE SOLUTIONS TO FILL THE GAPS IN ORDER TO IMPROVE THE COLLECTIVE IMPACT OF THE LOCAL HOMELESS SERVICES SAFETY. BECAUSE AHH IMPROVES OUTCOMES AND EFFICIENCY FOR BOTH ITS HOMELESS CLIENTS AND THE AGENCIES THAT SERVE THEM, A TRUE COLLABORATION DEVELOPED WHICH ALLOWED AHH TO WORK WITH HOMELESS PERSONS AS THEY PROGRESSED FROM AGENCY TO AGENCY, WITHIN THE FACILITIES OF THESE AGENCIES. THIS UNIQUE, LONGITUDINAL APPROACH FOSTERS COMMUNICATION, COORDINATION AND CLIENT ENGAGEMENT. AHH IS ALSO UNIQUE IN TAILORING PLANS TO THE INDIVIDUAL. RATHER THAN STARTING WITH THE SERVICES A SPECIFIC AGENCY OFFERS, AHH STARTS WITH THE PERSON AND THEN MATCHES A WIDELY DIVERSE MENU OF SERVICES AVAILABLE THROUGH LOCAL SAFETY NET AGENCIES AND OTHER ORGANIZATIONS TO MEET THEIR NEEDS, FILLING GAPS THAT MAY DEVELOP. AS A RESULT, CLIENTS CAN ADDRESS MULTIPLE ISSUES THAT LED TO OR RESULTED FROM BEING HOMELESS CONCURRENTLY, IF APPROPRIATE, OR WHILE WAIT-LISTED FOR ADMISSION TO ANOTHER AGENCY OR SERVICE. THIS APPROACH IS PARTICULARLY EFFECTIVE WITH YOUNG ADULTS ALIENATED FROM FAMILIES AND THE VERY AGENCIES THAT COULD HELP THEM. ITS SUCCESS RESULTED IN NEARBY DOUGLAS COUNTY FUNDING A THREE YEAR PROJECT TO REPLICATE THE PROGRAM. IN 2019, AHH ASSISTED 2,000 INDIVIDUALS FROM ALL SEGMENTS OF KANSAS CITY'S HOMELESS POPULATION, AS WELL AS A DOZEN IN THE NEW DOUGLAS COUNTY FACILITY. IT DIRECTLY HOUSED AN AVERAGE OF 51 PEOPLE EACH NIGHT. THE SCOPE AND EXTENT OF SERVICES VARY BY INDIVIDUAL. FOR EXAMPLE, AHH PROVIDES RIDES TO MEDICAL, LEGAL AND HOUSING APPOINTMENTS FOR RESIDENTS OF FAMILY AND DOMESTIC VIOLENCE SHELTERS. POLICE FREQUENTLY CALL AHH TO ASSIST TRAVELERS WITHOUT MEANS WITH OVERNIGHT LODGING, FOOD AND TRANSPORTATION. HOSPITALS, RECOVERY FACILITIES AND JAILS REQUEST AHH'S HELP IN DEVELOPING AND EXECUTING DISCHARGE PLANS. AHH'S RESIDENTIAL PROGRAMS PROVIDE EXTENSIVE SERVICES, PRIMARILY TO ALIENATED YOUNG ADULTS WHO ARE PUTTING THEIR LIVES BACK IN ORDER. THE PROGRAM'S HOMELESS DISCHARGE PLANNING AND EXECUTION IMPROVES ADHERENCE TO TREATMENT REGIMENS AND REDUCES RECIDIVISM. HOSPITALS CALL UPON AHH BECAUSE IT TRANSPORTS DISCHARGED PATIENTS TO HOUSING FACILITIES WITH A WARM HAND OFF THAT ASSURES ADMISSION AND WILL PROVIDE WRAP AROUND SERVICES, IF NEEDED. IN MANY CASES, THAT INVOLVES ASSISTANCE WITH RENT AND MEDICATION. WHEN WARRANTED, AHH PROVIDES HOUSING AND WRAP AROUND SERVICES. THE PROCESS STARTS WITH AHH MEETING THE PATIENT IN THE HOSPITAL TO DETERMINE NEEDS AND AIMs. THE FIVE URBAN CORE HOSPITALS REFERRED 683 PATIENTS IN 2019. TWO MENTAL HEALTH FACILITIES REFERRED 237 PATIENTS. AHH HOUSED 97 PATIENTS, INCLUDING 57 AT A SALVATION ARMY FACILITY FOR 1,198 DAYS. THE RESIDENTIAL PROGRAMS TARGET ALIENATED YOUNG ADULTS, POTENTIALLY THE CITY'S NEXT GENERATION CHRONIC HOMELESS. THEY ALSO FILL HOUSING GAPS IN ORDER TO AVOID THE NEED TO RETURN TO THE STREET WHILE WAITING TO BE ADMITTED TO ANOTHER PROGRAM OR FACILITY. ON THE STREET, THIS POPULATION RELIES HEAVILY UPON COMMUNITY EMERGENCY RESOURCES. THIS RELIANCE IS SHARPLY REDUCED OR ELIMINATED WHEN THEY ARE HOUSED. EMPLOYED AND HOUSED, THEY CONTRIBUTE TO RATHER THAN RELY UPON COMMUNITY RESOURCES. TODAY, "GRADUATES" OF THESE FACILITIES INCLUDE EMPLOYEES OF KANSAS CITY'S BEST KNOWN ENGINEERING, MANUFACTURING, HEALTH CARE, BANKING, DISTRIBUTION AND CONSTRUCTION COMPANIES. AHH RESIDENTIAL PROGRAMS INVOLVE TWO TYPE OF FACILITIES, RESPITE RESIDENCES AND ACCOUNTABLE LIVING APARTMENTS. THE RESPITE RESIDENCES (BODHI AND KAIROS) WERE HOME TO 87 AND 12 MEN, RESPECTIVELY, IN 2019. AT THE RESPITE HOUSE, BASIC NEEDS ARE PROVIDED FREE OF CHARGE TO ALLOW RESIDENTS TO CLEAR THEIR HEADS AND FOCUS ON CREATING RECOVERY PLANS. RESIDENTS CAN ACCESS THE FULL MENU OF SERVICES WHICH INCLUDE LEGAL AID, JOB TRAINING AND EDUCATIONAL SCHOLARSHIPS, COUNSELING AND A FREE MEDICAL AND DENTAL CLINIC. RESIDENTS ARE EXPECTED TO ATTEND AA/NA MEETINGS, GROUP COUNSELING/LIFE SKILLS SESSIONS AND COMMUNITY SERVICE ACTIVITIES. THEY MAY PARTICIPATE IN PHYSICAL FITNESS AND SOCIAL REINTEGRATION ACTIVITIES. OF THOSE LEAVING BODHI AND KAIROS, 43% MOVED INTO THEIR OWN OR FAMILY HOUSING, 26% WENT TO OTHER PROGRAMS AND 23% MOVED TO MORE INDEPENDENT LIVING ALSO AN AHH FACILITY PROVIDED. ANOTHER 3% LEFT, BUT LATER RETURNED TO THE PROGRAM. FINNEGAN PLACE CLEAN/SOBER APARTMENTS WITH PEER SUPPORT AND ACCESS TO THE FULL MENU OF AHH SERVICES AS CLIENTS BUILD RESOURCES AND INDEPENDENCE. RESIDENTS ARE EXPECTED TO PAY RENT AND ARE SUBJECT TO PROGRAM REQUIREMENTS. FINNEGAN HOUSED 54 PEOPLE IN 2019 WITH 30 RESIDENTS AT YEarend. OF THOSE MOVING ON, MOST (70%) MOVED TO THEIR OWN PLACE OR WITH FAMILY, 9% WERE EMPLOYED AT KAIROS, 9% OPTED FOR THE MORE STRUCTURED ENVIRONMENT OF BODHI AND 4% WENT TO ANOTHER PROGRAM. TRANSPORTATION REMAINS A CRITICAL NEED FOR HOMELESS. AHH VANS RACKED UP 196,000 MILES CRISSCROSSING THE CITY ON OVER 2,000 TRIPS. THOSE INCLUDED RIDES TO FACILITATE ACCESS TO/FROM SHELTERS AND OTHER SAFETY NET SERVICES, PROVIDING BUS AND TRAIN FARES FOR 69 INDIVIDUALS TO RETURN TO LOCATIONS WHERE THEY HAVE SUPPORT, PAID RENT AND TEMPORARY HOUSING FOR 83 HOMELESS INDIVIDUALS AND FAMILIES AND PROVIDED MEDICINE AND SUPPLIES TO MEET IMMEDIATE NEEDS OF 90 INDIVIDUALS. BASIC GAP SERVICES WERE PROVIDED TO ALMOST 40% OF HOMELESS SERVED BY AHH DURING 2019. IN ADDITION, TWO WEEKLY MEALS DISHED UP OVER 12,000 SERVINGS FOR INDIVIDUALS WHO ARE HOMELESS OR IN NEED. THE MEALS ARE AN INTEGRAL FORM OF OUTREACH FOR THE PROGRAM. THE SUNDAY NIGHT MEAL IN A MID-TOWN PARK IS NOW IN ITS TWELFTH YEAR. KNOWING HELP IS AVAILABLE, AREA HOMELESS HAVE COME TO THAT MEAL SEEKING (AND RECEIVING) A RIDE AND ADMISSION TO DETOX OR HOUSING, CLOTHING AND SUPPLIES. THE MEALS ALLOW AHH TO KEEP IN TOUCH WITH AREA HOMELESS WHILE BUILDING RAPPORT AND TRUST.

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**Name of the organization**
ARTISTS HELPING THE HOMELESS INC**Employer identification number**

26-2063489

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)

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

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

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

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

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

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

9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

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

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

12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No	

Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	480,940	603,805	852,166	569,496	1,339,333	3,845,740
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	480,940	603,805	852,166	569,496	1,339,333	3,845,740
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6	Public support. Subtract line 5 from line 4.						3,845,740

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	480,940	603,805	852,166	569,496	1,339,333	3,845,740
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	568	1,198	1,385	2,280	10,673	16,104
9	Net income from unrelated business activities, whether or not the business is regularly carried on. .				23,500		23,500
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11	Total support. Add lines 7 through 10						3,885,344
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	98.980 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	98.990 %
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.).						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

b A family member of a person described in (a) above?

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

a The organization satisfied the Activities Test. Complete **line 2** below.

b The organization is the parent of each of its supported organizations. Complete **line 3** below.

c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

Current Year

1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions
		(ii) Underdistributions Pre-2019
		(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.	
3	Excess distributions carryover, if any, to 2019:	
a	From 2014.	
b	From 2015.	
c	From 2016.	
d	From 2017.	
e	From 2018.	
f	Total of lines 3a through e	
g	Applied to underdistributions of prior years	
h	Applied to 2019 distributable amount	
i	Carryover from 2014 not applied (see instructions)	
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	
4	Distributions for 2019 from Section D, line 7: \$	
a	Applied to underdistributions of prior years	
b	Applied to 2019 distributable amount	
c	Remainder. Subtract lines 4a and 4b from 4.	
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.	
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.	
7	Excess distributions carryover to 2020. Add lines 3j and 4c.	
8	Breakdown of line 7:	
a	Excess from 2015.	
b	Excess from 2016.	
c	Excess from 2017.	
d	Excess from 2018.	
e	Excess from 2019.	

Additional Data

Software ID:

Software Version:

EIN: 26-2063489

Name: ARTISTS HELPING THE HOMELESS INC

Schedule A (Form 990 or 990-EZ) 2019

Page **8**

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

2019**Open to Public
Inspection**

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.**Name of the organization**

ARTISTS HELPING THE HOMELESS INC

Employer identification number

26-2063489

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

 Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

 Yes No**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

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

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

Held at the End of the Year

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

2a	
2b	
2c	
2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

 Yes No6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► _____7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

 Yes No

9 In Part 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" on Form 990, Part IV, line 8.

1a 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:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

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

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

Yes No

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No

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" on Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the 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 on 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" on 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.

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		50,000		50,000
b Buildings		1,050,954	64,000	986,954
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ►

1,036,954

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	►	

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	►	

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) TEMPORARILY RESTRICTED CASH	340,609
(2) DEPOSITS	192
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	►
340,801	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,350,006
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,350,006
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,350,006

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	866,507
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	866,507
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	866,507

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation

Part XIII

Supplemental Information (*continued*)

Return Reference

Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**Department of the
Treasury
Internal Revenue ServiceName of the organization
ARTISTS HELPING THE HOMELESS INC

OMB No. 1545-0047

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.**2019****Open to Public
Inspection**

Employer identification number

26-2063489

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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 noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 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 ►

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FOOD, CLOTHING, HSING, TRAN	236	29,945		COST	EMERGENCY ASSIS
(2) RESPITE HSG, FOOD , SUPPL	2084	114,199		COST	EMERGENCY ASSIS
(3) MEAL PROGRAM	12000	5,215		COST	EMERGENCY ASSIS
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	PROCESS FOR MONITORING THE GRANT FUNDS IN THE U.S. SCHEDULE I, PART III, LINE 1, 2 AND 3 AHH WORKS WITH INDIVIDUALS FROM EVERY SEGMENT OF KANSAS CITY'S HOMELESS POPULATION. CLIENTS ARE USUALLY REFERRED TO THE PROGRAM INITIALLY BY HOSPITALS, LAW ENFORCEMENT AGENCIES, COURTS, SECURITY SERVICES, STORES, LIBRARIES AND HOMELESS SHELTERS AND SERVICES. NEW CLIENTS MUST LIVE ON THE STREET OR IN A SHELTER, HOMELESS/RECOVERY PROGRAM, TRANSITIONAL PROGRAM OR TRANSITIONAL LIVING FACILITY. BECAUSE OF THE PROGRAM'S INTENSIVE STREET OUTREACH PRESENCE, AHH STAFF IS WELL KNOWN TO THE HOMELESS POPULATION, ESPECIALLY IN THE URBAN CORE. THIS PROGRAM'S APPROACH IS PARTICULARLY EFFECTIVE WITH CHRONIC HOMELESS, INCLUDING YOUNG ADULTS WHO ARE ALIENATED FROM FAMILY AND SERVICES THAT COULD HELP THEM. THE MEAL PROGRAMS ARE DESIGNED TO BUILD TRUST AND RAPPORT WITH THOSE NOT YET READY TO MAKE A CHANGE. THE NATURE AND EXTENT OF SERVICES VARIES BY INDIVIDUAL NEED. AN ASSESSMENT FORM IS PREPARED PRIOR TO PROVIDING INTENSIVE INDIVIDUALIZED SUPPORT. FREQUENTLY, AHH STAFF COLLABORATES WITH CASE WORKERS FROM HOSPITALS AND HOMELESS OR RECOVERY PROGRAMS TO REMOVE BARRIERS AND COORDINATE SERVICES FOR DIFFICULT DISCHARGE AND INTENSIVE INDIVIDUALIZED SUPPORT CASES. WHEN APPROPRIATE, THE PROGRAM FOLLOWS-UP WITH THESE INDIVIDUALS THROUGHOUT THEIR RECOVERY AND REINTEGRATION PROCESS. ASSESSMENT FORMS ARE NOT PREPARED FOR ROUTINE TRANSPORTATION AND THE MEAL PROGRAMS. TRANSPORTATION TO AND FROM MEDICAL, HOUSING, LEGAL AND OTHER APPOINTMENTS TO ADDRESS ISSUES LEADING TO OR RESULTING FROM BEING HOMELESS IS PROVIDED TO HOMELESS INDIVIDUALS, INCLUDING THOSE IN OVERNIGHT, FAMILY AND DOMESTIC VIOLENCE SHELTERS. QUALIFICATION FOR THESE SERVICES IS USUALLY APPARENT FROM ORIGIN OR DESTINATION OF THE RIDE. ALL SERVICES ARE PROVIDED FREE OF COST AND WITHOUT REGARD TO SEX, AGE, RACE, RELIGIOUS AFFILIATION, VETERAN STATUS, SEXUAL ORIENTATION OR DEMOGRAPHIC FACTORS. THE PRIMARY REASONS FOR REFUSING SERVICE ARE THE PERSON NOT BEING HOMELESS, TRANSPORTATION CAPACITY ALREADY COMMITTED, SAFETY OF THE INDIVIDUAL AND/OR STAFF, REQUESTED SERVICE NOT WITHIN IMMEDIATE METROPOLITAN AREA, AN ERRAND OR RECURRING EVENTS. (PRIOR CLIENTS MAY BE AN EXCEPTION). INTENSIVE CASE MANAGEMENT, INCLUDING RESIDENTIAL SERVICES, IS PROVIDED TO INDIVIDUALS NEEDING CHANGE ASSISTING THROUGHOUT THE CONTINUUM OF CARE. THE PROGRAM GENERALY DOES NOT PROVIDE DIRECT CASH ASSISTANCE, REFUNDABLE TRANSPORTATION TICKETS NOR REPLACED GOODS PREVIOUSLY PROVIDED BEFORE A REASONABLE TIME HAS ELAPSED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZComplete 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.
- ▶ Go to www.irs.gov/Form990 for the latest information.

2019**Open to Public
Inspection**

Name of the organization

ARTISTS HELPING THE HOMELESS INC

Employer identification number

26-2063489

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE MISSION OF ARTISTS HELPING THE HOMELESS IS TO REDUCE THE NEED AND COST OF CARE FOR THE HOMELESS IN OUR COMMUNITIES BY PROVIDING AID WITH RESPECT, ADDRESSING UNDERLYING ISSUES, PROVIDING ADVOCACY FOR THOSE WISHING TO REINTEGRATE, WORKING WITH, RATHER THAN DUPLICATE EXISTING SERVICES AND RAISING AWARENESS OF HOMELESS ISSUES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 2	IN MAY 2019, AHH AND DOUGLAS COUNTY, KANSAS, ENTERED INTO A MEMORANDUM OF UNDERSTANDING FOR A PILOT PROGRAM TO REPLICATE AHH'S PROGRAMMING IN THAT COMMUNITY. A RESPITE RESIDENCE WITH A CAPACITY OF 8 OPENED IN LAWRENCE IN OCTOBER 2019.

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	ARTISTS HELPING THE HOMELESS CREATES INNOVATIVE SOLUTIONS TO FILL THE GAPS IN ORDER TO IMPROVE THE COLLECTIVE IMPACT OF THE LOCAL HOMELESS SERVICES SAFETY. BECAUSE AHH IMPROVES OUTCOMES AND EFFICIENCY FOR BOTH ITS HOMELESS CLIENTS AND THE AGENCIES THAT SERVE THEM, A TRUE COLLABORATION DEVELOPED WHICH ALLOWED AHH TO WORK WITH HOMELESS PERSONS AS THEY PROGRESSED FROM AGENCY TO AGENCY, WITHIN THE FACILITIES OF THESE AGENCIES. THIS UNIQUE, LONGITUDINAL APPROACH FOSTERS COMMUNICATION, COORDINATION AND CLIENT ENGAGEMENT. AHH IS ALSO UNIQUE IN TAILORING PLANS TO THE INDIVIDUAL. RATHER THAN STARTING WITH THE SERVICES A SPECIFIC AGE GROUP OFFERS, AHH STARTS WITH THE PERSON AND THEN MATCHES A WIDELY DIVERSE MENU OF SERVICES AVAILABLE THROUGH LOCAL SAFETY NET AGENCIES AND OTHER ORGANIZATIONS TO MEET THEIR NEEDS, FILLING GAPS THAT MAY DEVELOP. AS A RESULT, CLIENTS CAN ADDRESS MULTIPLE ISSUES THAT LED TO OR RESULTED FROM BEING HOMELESS CONCURRENTLY, IF APPROPRIATE, OR WHILE WAIT-LISTED FOR ADMISSION TO ANOTHER AGENCY OR SERVICE. THIS APPROACH IS PARTICULARLY EFFECTIVE WITH YOUNG ADULTS ALIENATED FROM FAMILIES AND THE VERY AGENCIES THAT COULD HELP THEM. ITS SUCCESS RESULTED IN NEARBY DOUGLAS COUNTY FUNDING A THREE YEAR PROJECT TO REPLICATE THE PROGRAM. IN 2019, AHH ASSISTED 2,000 INDIVIDUALS FROM ALL SEGMENTS OF KANSAS CITY'S HOMELESS POPULATION, AS WELL AS A DOZEN IN THE NEW DOUGLAS COUNTY FACILITY. IT DIRECTLY HOUSED AN AVERAGE OF 51 PEOPLE EACH NIGHT. THE SCOPE AND EXTENT OF SERVICES VARY BY INDIVIDUAL. FOR EXAMPLE, AHH PROVIDES RIDES TO MEDICAL, LEGAL AND HOUSING APPOINTMENTS FOR RESIDENTS OF FAMILY AND DOMESTIC VIOLENCE SHELTERS. POLICE FREQUENTLY CALL AHH TO ASSIST TRAVELERS WITHOUT MEANS WITH OVERNIGHT LODGING, FOOD AND TRANSPORTATION. HOSPITALS, RECOVERY FACILITIES AND JAILS REQUEST AHH'S HELP IN DEVELOPING AND EXECUTING DISCHARGE PLANS. AHH'S RESIDENTIAL PROGRAMS PROVIDE EXTENSIVE SERVICES, PRIMARILY TO ALIENATED YOUNG ADULTS WHO ARE PUTTING THEIR LIVES BACK IN ORDER. THE PROGRAM'S HOMELESS DISCHARGE PLANNING AND EXECUTION IMPROVES ADHERENCE TO TREATMENT REGIMENS AND REDUCES RECIDIVISM. HOSPITALS CALL UPON AHH BECAUSE IT TRANSPORTS DISCHARGED PATIENTS TO HOUSING FACILITIES WITH A WARM HAND OFF THAT ASSURES ADMISSION AND WILL PROVIDE WRAP AROUND SERVICES, IF NEEDED. IN MANY CASES, THAT INVOLVES ASSISTANCE WITH RENT AND MEDICATION. WHEN WARRANTED, AHH PROVIDES HOUSING AND WRAP AROUND SERVICES. THE PROCESS STARTS WITH AHH MEETING THE PATIENT IN THE HOSPITAL TO DETERMINE NEEDS AND AIMS. THE FIVE URBAN CORE HOSPITALS REFERRED 683 PATIENTS IN 2019. TWO MENTAL HEALTH FACILITIES REFERRED 237 PATIENTS. AHH HOUSED 97 PATIENTS, INCLUDING 57 AT A SALVATION ARMY FACILITY FOR 1,198 DAYS. THE RESIDENTIAL PROGRAMS TARGET ALIENATED YOUNG ADULTS, POTENTIALLY THE CITY'S NEXT GENERATION CHRONIC HOMELESS. THEY ALSO FILL HOUSING GAPS IN ORDER TO AVOID THE NEED TO RETURN TO THE STREET WHILE WAITING TO BE ADMITTED TO ANOTHER PROGRAM OR FACILITY. ON THE STREET, THIS POPULATION RE

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>LIES HEAVILY UPON COMMUNITY EMERGENCY RESOURCES. THIS RELIANCE IS SHARPLY REDUCED OR ELIMINATED WHEN THEY ARE HOUSED. EMPLOYED AND HOUSED, THEY CONTRIBUTE TO RATHER THAN RELY UPON COMMUNITY RESOURCES. TODAY, "GRADUATES" OF THESE FACILITIES INCLUDE EMPLOYEES OF KANSAS CITY'S BEST KNOWN ENGINEERING, MANUFACTURING, HEALTH CARE, BANKING, DISTRIBUTION AND CONSTRUCTION COMPANIES. AHH RESIDENTIAL PROGRAMS INVOLVE TWO TYPES OF FACILITIES, RESPITE RESIDENCES AND ACCOUNTABLE LIVING APARTMENTS. THE RESPITE RESIDENCES (BODHI AND KAIROS) WERE HOME TO 87 AND 12 MEN, RESPECTIVELY, IN 2019. AT THE RESPITE HOUSE, BASIC NEEDS ARE PROVIDED FREE OF CHARGE TO ALLOW RESIDENTS TO CLEAR THEIR HEADS AND FOCUS ON CREATING RECOVERY PLANS. RESIDENTS CAN ACCESS THE FULL MENU OF SERVICES WHICH INCLUDE LEGAL AID, JOB TRAINING AND EDUCATIONAL SCHOLARSHIPS, COUNSELING AND A FREE MEDICAL AND DENTAL CLINIC. RESIDENTS ARE EXPECTED TO ATTEND AA/NA MEETINGS, GROUP COUNSELING/LIFE SKILLS SESSIONS AND COMMUNITY SERVICE ACTIVITIES. THEY MAY PARTICIPATE IN PHYSICAL FITNESS AND SOCIAL REINTEGRATION ACTIVITIES. OF THOSE LEAVING BODHI AND KAIROS, 43% MOVED INTO THEIR OWN OR FAMILY HOUSING, 26% WENT TO OTHER PROGRAMS AND 23% MOVED TO MORE INDEPENDENT LIVING ALSO AT AN AHH FACILITY PROVIDED. ANOTHER 3% LEFT, BUT LATER RETURNED TO THE PROGRAM. FINNEGAN PLACE CLEAN/SOBER APARTMENTS WITH PEER SUPPORT AND ACCESS TO THE FULL MENU OF AHH SERVICES AS CLIENTS BUILD RESOURCES AND INDEPENDENCE. RESIDENTS ARE EXPECTED TO PAY RENT AND ARE SUBJECT TO PROGRAM REQUIREMENTS. FINNEGAN HOUSED 54 PEOPLE IN 2019 WITH 30 RESIDENTS AT YEarend. OF THOSE MOVING ON, MOST (70%) MOVED TO THEIR OWN PLACE OR WITH FAMILY, 9% WERE EMPLOYED AT KAIROS, 9% OPTED FOR THE MORE STRUCTURED ENVIRONMENT OF BODHI AND 4% WENT TO ANOTHER PROGRAM. TRANSPORTATION REMAINS A CRITICAL NEED FOR HOMELESS. AHH VANS RACKED UP 196,000 MILES CRISSCROSSING THE CITY ON OVER 2,000 TRIPS. THOSE INCLUDED RIDES TO FACILITATE ACCESS TO/FROM SHELTERS AND OTHER SAFETY NET SERVICES, PROVIDING BUS AND TRAIN FARES FOR 69 INDIVIDUALS TO RETURN TO LOCATIONS WHERE THEY HAVE SUPPORT, PAID RENT AND TEMPORARY HOUSING FOR 83 HOMELESS INDIVIDUALS AND FAMILIES AND PROVIDED MEDICINE AND SUPPLIES TO MEET IMMEDIATE NEEDS OF 90 INDIVIDUALS. BASIC GAP SERVICES WERE PROVIDED TO ALMOST 40% OF HOMELESS SERVED BY AHH DURING 2019. IN ADDITION, TWO WEEKLY MEALS DISHED UP OVER 12,000 SERVINGS FOR INDIVIDUALS WHO ARE HOMELESS OR IN NEED. THE MEALS ARE AN INTEGRAL FORM OF OUTREACH FOR THE PROGRAM. THE SUNDAY NIGHT MEAL IN A MID-TOWN PARK IS NOW IN ITS TWELFTH YEAR. KNOWING HELP IS AVAILABLE, AREA HOMELESS HAVE COME TO THAT MEAL SEEKING (AND RECEIVING) A RIDE AND ADMISSION TO DETOX OR HOUSING, CLOTHING AND SUPPLIES. THE MEALS ALLOW AHH TO KEEP IN TOUCH WITH AREA HOMELESS WHILE BUILDING RAPPORT AND TRUST.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	DEAN KATERNDahl MARCIA KATERNDahl DIRECTOR DIRECTOR HUSBAND AND WIFE KAR WOO RUSSELLTOWNSLEY PRESIDENT DIRECTOR BUSINESS PARTNERS THAT DONOT HAVE BUS. W/ AHH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE AGENCY ADMINISTRATOR AND INDEPENDENT ACCOUNTING FIRM PREPARE AND REVIEW THE FORM 990. THE FORM 990 IS PROVIDED TO THE BOARD FOR THEIR REVIEW PRIOR TO FILING THE FORM. ANY QUESTIONS OR CONCERNS OF THE BOARD MEMBERS ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS ARE MADE. THE FINAL FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO BEING FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE CONFLICT OF INTEREST POLICY COVERS ALL BOARD MEMBERS AND OFFICERS. A DISCLOSURE DOCUMENT IS SIGNED ANNUALLY BY EACH BOARD MEMBER AND OFFICER. THOSE DOCUMENTS ARE REVIEWED BY THE BOARD TREASURER AND BOARD CHAIR TO DETERMINE IF THERE IS A CONFLICT OF INTEREST. IF ANY CONFLICTS ARE IDENTIFIED, THE CONFLICTED INDIVIDUAL MUST RECUSE THEMSELVES FROM BOARD MEETING DURING THE DISCUSSIONS OF RELATED TOPICS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE PRESIDENT'S PERFORMANCE IS EVALUATED BY THE BOARD OF DIRECTORS AND HIS SALARY IS SET DURING THE BUDGET PROCESS. IN 2019, THE PRESIDENT AGAIN WAIVED ANY ADJUSTMENT AND THE BOARD HONORED HIS REQUEST. BOARD DECISIONS ARE DOCUMENTED IN THE MINUTES OF THEIR MEETINGS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	AHH'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND THROUGH THE GREATER KANSAS CITY COMMUNITY FOUNDATION'S WEBSITE.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

- Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 - Attach to Form 990.
 - Go to www.irs.gov/Form990 for instructions and the latest information.

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
ARTISTS HELPING THE HOMELESS INC

Employer identification number

26-2063489

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FINNEGANT PLACE LLC 11412 KNOX OVERLAND PARK, KS 66210 61-1789453	APARTMENTS	MO			AHH

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

Part VII

Supplemental Information

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation