For Paperwork Reduction Act Notice, see the separate instructions.

KERBERROSE S.C.

APPLETON,

May the IRS discuss this return with the preparer shown above? (see instructions)

4211 N LIGHTNING DR

WI

54913

Preparer

Use Only

P**⊈**nt's <u>name</u>

X Yes No Form 990 (2018)

39-1658423

920-993-0105

Firm's EIN

If "Yes" describe these new services on Schedule O Det the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O 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 \$ 495,808 including grants of\$) (Revenue \$ THE SHELTER PROGRAM PROVIDES SAFE, TEMPORARY SHELTER TO INDIVIDUALS & FAMILIES EXPERIBENCING HOMELESSNESS. PARTICIPANTS ARE ALSO PROVIDED WITH PROGRAM PROVIDES APPLY THE BASIC NEEDS. THE SHELT PROGRAM OF HOMELESS CONNECTIONS SINCE 1981. 4b (Code) (Expenses \$ 72,882 including grants of\$) (Revenue \$ THE CASE MANAGERS TO SELF-SUFFICIENCY. INDIVIDUALS THE SHELT PROGRAM PROVIDES PERSONAL GUIDANCE TO INDIVIDUAL IDENTIFYING BARRIERS TO SELF-SUFFICIENCY. INDIVIDUAL SHEED BARRIERS CONNECT THE COMMUNITY RESOURCES LIKE WORKPORCE DEVELOPMENT, HEALTH CASE MANAGERS TO DEVELOP A PLAN WITH GOALS TO ADDRESS THESE BARRIERS CONNECT THE COMMUNITY RESOURCES LIKE WORKPORCE DEVELOPMENT, HEALTH CASE MANAGERS TO DEVELOP A PLAN WITH GOALS TO ADDRESS THESE BARRIERS CONNECT THE COMMUNITY RESOURCES LIKE WORKPORCE DEVELOPMENT, HEALTH CASE MANAGERS TO DEVELOP A PLAN WITH GOALS TO ADDRESS THESE BARRIERS CONNECT THE COMMUNITY PRESOURCES LIKE WORKPORCE DEVELOPMENT, HEALTH CASE MANAGERS TO DEVELOP A PLAN WITH GOALS TO ADDRESS THESE BARRIERS CONNECT THE COMMUNITY PRESOURCES LIKE WORKPORCE DEVELOPMENT, HEALTH CASE MANAGERS TO DEVELOP A PLAN WITH GOALS TO ADDRESS THE SHERTERS CONNECT THE COMMUNITY PRESOURCES AND ECONOMIC SUPPORT OF THE CONTROL OF TH	orm 990 (2018) HOMELESS CONN		39-1447152		Page 2
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A Form 99	4e Total program service expenses ▶				Form 990 (2018)

ABDGI MINO 10018

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 2 X 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 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, X assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 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 Х "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х complete Schedule D. Part III 8 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 15 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 X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X If "Yes," complete Schedule G, Part III X 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II

Form 990 (2018) HOMELESS CONNECTIONS, INC. 39-1447152

Part N. 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 29 If "Yes," complete Schedule I, Parts I and III	_22_	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		ļ ,	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			٦,
24-	employees? If "Yes," complete Schedule J	23		X
44 a	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			<u> </u>
	to defease any tax-exempt bonds?	24c		ĺ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			••
2.2	disqualified persons? If "Yes," complete Schedule L, Part II	_26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	223.000.00	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
24	conservation contributions? If "Yes," complete Schedule M	30	\longrightarrow	$\frac{\mathbf{x}}{\mathbf{x}}$
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part is	31	-	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		$\neg \neg$	
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		I	_
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	, ,	J	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
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	x	
IIP:	int Val Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		4.5	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
		Form	990	(2018)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 2b X 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f a If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a а b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 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 11b against amounts due or received from them) 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 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? Y 16 16

If "Yes," complete Form 4720, Schedule O

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

State the name, address, and telephone number of the person who possesses the organization's books and records **>**

JEROME MARTIN

APPLETON

400 N DIVISION ST

920-734-9102

WI 54911

orm 000 (204	O HOMEL ECC	CONNECTIONS.	TNC
orm 990 (201	8) HOMELESS	CONNECTIONS,	INC.

39-1447152

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 VII

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

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

(A) Name and Title Average hours per week (list any		(dd	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-211099-MISC)	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(17.27.635411637)	organization and related organizations	
(1) TOM VEESER										·	
	2.50										
PRESIDENT	0.00	X	L.	X	ļ	\sqcup		0	0		
(2) AMY DEHART											
	2.50	١		l						•	
VICE PRESIDENT	0.00	X	<u> </u>	х				0	0	0	
(3) MARIA NELSON	2.50										
SECRETARY	0.00	x		x				o	o	0	
(4) NATALIE HEINEN	0.00	┢	├─	^		 		<u>_</u>			
(*/RAINDIE MEINER	2.50										
TREASURER	0.00	x		\mathbf{x}]]		0	0	0	
(5) REBECCA KENT	3.00	 		 							
(=,512222555	2.50										
BOARD MEMBER	0.00	x						o	0	0	
(6) AMY VAN STRATEN						\Box		· -			
	2.50			•							
BOARD MEMBER	0.00	X						0	0	0	
(7) MATT KASDORF											
	2.50										
BOARD MEMBER	0.00	X				\sqcup		0	0	0	
(8) LIZ NEUMAN											
	2.50										
BOARD MEMBER	0.00	X		_				0	0	0	
(9) TERRY ELLENBECK											
BOLDD WEWBED	2.50							ام		0	
BOARD MEMBER (10) MELANIE SIMON	0.00	Х					\dashv	0	0		
(10)MELANIE SIMON	2.50										
BOARD MEMBER	0.00	$ \mathbf{x} $						ol	o	0	
(11) JAMES HUGGINS	0.00	A		H		+	\dashv				
(,OMIED HOGGIND	2.50										
BOARD MEMBER	0.00	x						ol	ol	0	
DAA		,)						<u> </u>		Form 990 (2018)	

0

received more than \$100,000 of compensation from the organization

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Rélated or (D) Revenue (A) Total rovonuo Unrelated Imaginess excluded from the under sections _ 512-514 e>empt function 1a Federated campaigns b Membership dues 1b 1¢ 22,000 c Fundraising events 1d d Related organizations 265,157 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 684,544 151,775 Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Program Service Revenue Busn, Code 53111d 14,600 14,600 2a RENT b d f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 2,456 Income from investment of tax-exempt bond proceed Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps C Rental inc or (loss d Net rental income or (loss) Gross amount from (II) Other (i) Securities sales of assets other than invento **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue 22,000 (not including \$ of contributions reported on line 1c) 5,588 See Part IV, line 18 2,252 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Busn, Code Miscellaneous Revenue 11a b All other revenue e Total. Add lines 11a-11d ▶ 992,093 14,600 2,456 12 Total revenue. See instructions

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 (A) Total expenses (B) Program service (D) Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 2,835 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 133,709 133,709 individuals See Part IV, line 22 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, 68,479 53,379 trustees, and key employees 8,937 6,163 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 665,715 520,251 83,114 7 Other salaries and wages 62,350 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 102,808 79,678 11,625 11,505 Other employee benefits 9 43,24155,757 7,262 10 Payroll taxes 5,254 Fees for services (non-employees) a Management Legal 20,115 20,115 Accounting С d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column 44,090 44,219 129 (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 52,246 10,376 87,449 24,827 13 Office expenses 371 14 Information technology 371 15 Royalties 16 Occupancy 10,789 7,287 2,037 1,465 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 45,351 45,351 22 Depreciation, depletion, and amortization 17,448 11,819 4,381 1,248 23 Insurance 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) 43,274 43,274 а UTILITIES 33,039 b MAINTENANCE AND SUPPLIES 33,039 19,418 CONTRACTED SOCIAL SERVICE 19,418 С 13,456 OTHER RESIDENT ASSISTANCE 13,456 9,473 7,941 1,532 e All other expenses 1,373,705 1,021,573 237,288 114,844 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ | If following SOP 98-2 (ASC 958-720) Form 990 (2018)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 279,885 501,863 Cash-non-interest bearing 447,983 2 2 Savings and temporary cash investments 273,443 128,282 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers a sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 7 Notes and loans receivable, net 8 Inventories for sale or use 28,883 12,824 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 975,693 other basis Complete Part VI of Schedule D 1,128,332 768,151 10c ,207,542 10b b Less accumulated depreciation 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 14 14 Intangible assets 586,714 573,787 15 Other assets See Part IV, line 11 15 2,745,240 2,424,298 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 101,263 17 151,215 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 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 151,215 101,263 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and Balances complete lines 27 through 29, and lines 33 and 34. 1,669,799 1,383,271 27 27 Unrestricted net assets 379,952 295,586 28 28 Temporarily restricted net assets **Assets or Fund** 594,226 29 594,226 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 2,273,083 2,643,977 33 33 Total net assets or fund balances 2,424,298 2,745,240 Total liabilities and net assets/fund balances Form 990 (2018)

	n 990 (2018) HOMELESS CONNECTIONS, INC. 39-1447152			<u>Pa</u> ç	ge 12
P	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		92,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,3		
3	Revenue less expenses Subtract line 2 from line 1	3		31,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,64		
5	Net unrealized gains (losses) on investments	5		10,	718
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	2,2	73,0	083
Pä	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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?		2b	Х	
	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				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	X	
	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?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			T	_
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	n 990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

_			HOMELES	G CO	NNECTIONS,	INC.		_	3	9-144	17152
ΨP	art	Reas	on for Public	Charit	ty Status (All orga	nızatıo	ns mus	t comp	lete this part.) S	ee instr	uctions.
The	orga				ause it is (For lines 1						
1	\Box				ssociation of churches	_				1	7-7
2	М	A school de	scribed in section	170(b)(1)(A)(ii). (Attach Sche	dule E (F	orm 990	or 990-E	Z).)	()
3	П				rvice organization des					`	9 1
4	Н	-			ated in conjunction with					(iii). Ente	r the hospital's name.
	_	city, and sta			,				(-,(-,,-,,		, , , , , , , , , , , , , , , , , , , ,
5		•		e benef	fit of a college or unive	rsity own	ed or op	erated by	/ a governmental ur	nt describ	ed in
		_	(b)(1)(A)(iv). (Com		•						••
6				•	r governmental unit de	scribed i	n sectio	n 170(b)	(1)(A)(v).		
7	X		-		a substantial part of it					e general	oildug
		described in	section 170(b)(1)	(A)(vi).	(Complete Part II)		•	-		•	,
8		A communit	y trust described in	section	n 170(b)(1)(A)(vi). (Co	mplete F	Part II)				
9		An agricultu	ral research organiz	zation d	lescribed in section 1	70(b)(1)(A)(ix) op	erated in	conjunction with a	land-gran	t college
		or university university	or a non-land-gran	t colleg	e of agriculture (see in	struction	s) Enter	the nam	e, city, and state of	the collec	ge or
10		An organiza	tion that normally re	eceives	(1) more than 33 1/39	% of its s	upport fre	om contri	butions, membersh	ip fees, a	nd gross
		•			empt functions—subje				, <i>,</i>		
			₹		and unrelated busines			•		businesse	es .
11			•		e 30, 1975 See section of exclusively to test for			•	•		
12	H	-		•	ed exclusively to test it ed exclusively for the b	•	•			v out the	nurnosas
	ш	_	~	-	nizations described in					-	
					that describes the typ						
	а	Type I. /	A supporting organi	zation d	perated, supervised,	or contro	lled by its	support	ed organization(s),	typically b	y giving
		the supp	orted organization(s) the p	ower to regularly appo	ont or ele	ct a maj	ority of th	e directors or truste	es of the	
		supportii	ng organization Yo	u must	t complete Part IV, Se	ections A	and B.				
	b				supervised or controlle				• •		•
					orting organization ve te Part IV, Sections A		e same p	persons t	hat control or mana	ge the su	pported
	С				A supporting organizati nstructions). You mus					lly integra	ited with,
	ď	Type III	non-functionally i	ntegrat	ted. A supporting orga	nization (operated	ın conne	ction with its suppo	rted organ	nization(s)
					he organization gener					d an atten	tiveness
			•	•	ı must complete Part			-			
	е				eceived a written detei non-functionally integra					ıı, ıypeı	II
	f		mber of supported			ica sapp	orting or	gumzano			
			• •	•	the supported organiz	zation(s)					
(1)	Name	of supported	(ii) EIN		(iii) Type of organiza	ition	(IV) Is the c	organization	(v) Amount of mor	netary	(vi) Amount of
	org	anization			(described on lines 1			ır governing	, , ,		other support (see
					above (see instruction	ns))		ment?	instructions)		instructions)
<u>/A\</u>					 		Yes	No			
(A)											
(B)											
(C)											
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(E)				wh (A-1			
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0836810018 Schedule A (Form 990 or 990-EZ) 2018 HOMELESS CONNECTIONS, 39-1447152 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (e) 2018 (a) 2014 (b) 2015 (c) 2016 (d) 2017 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 1,717,708 1,744,000 1,631,759 1,766,852 971,701 7,832,020 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 1,717,708 1,744,000 1,631,759 1,766,852 971,701 7,832,020 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) 359,584 Public support. Subtract line 5 from line 4 7,472,436 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (c) 2016 (d) 2017 (e) 2018 (b) 2015 (f) Total Amounts from line 4 1,717,708 1,744,000 1,631,759 1,766,852 971,701 7,832,020 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from 2,687 2,400 2,530 2,281 2,456 12,354 similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 11 7,844,374 Gross receipts from related activities, etc. (see instructions) 12 12 20,188 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 95.26% 14 Public support percentage from 2017 Schedule A, Part II, line 14 15 15 94.74% 16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this **▶** [X] box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2018. 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

b 10%-facts-and-circumstances test-2017. 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

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

Schedule A (Form 990 or 990-EZ) 2018

supported organization

instructions

Part V Supporting Organ

Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 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.
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- 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
- 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
- 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
- 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
- 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)
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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)
- 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)
- 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.
- 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.
- 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.
- 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 10b below
- 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)

		Yes	No
	1		
	2		
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	4a		
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	9b		
	9c	ALCOHOLD BY	MATERIAL STREET
	10a	ADDRESS OF THE PARTY OF	
_	10b		
Fo	rm 990	or 990-E	EZ) 2018

1 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or inderectly 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 defaul in Part VI. 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 basia a majority of the organization of the crisical state of the controlled the organization activates if the organization had more than one supported organization of the trustees are all times during the tax year? "I'Nc," describe in Part VI how the supported organization of the trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the supported organization of the trustees were allocated among the supported organizations of the trustees were allocated among the supported organization of the trustees were allocated among the supported organization of the trustees were allocated among the supported organization of the trustees were allocated among the supported organization of the trustees were allocated among the supported organization of the supported organizations or trustees at all times as a majority of the directors or trustees of each of the organization of the organization of the organization or supported organizations or management of the supporting Organizations. 1 Were a majority of the organization's supported organization's provided during the prior tax year. (i) a copy of the Form \$90		ule A (Form 990 or 990-EZ) 2018 HOMELESS CONNECTIONS, INC.	39-1447152	Page 5
11 Has the organization accepted a gift or contribution from any of the following persons? A person with directly or indirectly controls, either alone or logether with persons described in (b) and (c) below, the governing body of a supported organization? 5 A 30% controlled entity of a person described in (b) above? 5 C A 30% controlled entity of a person described in (b) or (b) above? If "Yes" to a, b, or c, provide defail in Part VI. 5 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 directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year organization and the organization and the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization plant organization, and the provided organization organization organization and the third through the tax year also a majority of the directors or trustees of the supported organization organization and the supported organization organization and the supported organization organization and the supported organization's supported organization or management of the supported organization's supported organizations and the supported organization's and the properties organization and the properties organization or management of the supported organization's apported organization's and the properties organization and the properties organiz	開催しませ	Supporting Organizations (continued)		Yes No
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trustees of each of the supported organizations? <i>Provide details in Part VI</i> . 5 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	L		(distributed)	
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 3b	D		1 1	

	ule A (Form 990 or 990-EZ) 2018 HOMELESS CONNECTIONS, II	NC.	39-1447	152 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tri	ust on Nov	20, 1970 (explain in Part \	/I) See
	instructions. All other Type III non-functionally integrated supporting organiza	tions must	complete Sections A throu	gh E.
Sec	tion 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		<u></u>
5	Depreciation and depletion	5		•
6	Portion of operating expenses paid or incurred for production or			
co	flection of gross income or for management, conservation, or			
m	aintenance 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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ıns	structions for short tax year or assets held for part of year)			
	Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
	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,			
se	e 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		
Sect	ion 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			·
	nergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally in	tegrated Tvi		on (see
	instructions)	- ,		•

Schedule A (Form 990 or 990-EZ) 2018

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and 4c

Breakdown of line 7

a Excess from 2014

b Excess from 2015

c Excess from 2016d Excess from 2017e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018 HOMELESS CONNECTIONS, INC.

39-1447152

Page 8

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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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.

OMB No 1545-0047 Openito Public

Name	of the organization		Employer identification number
н	OMELESS CONNECTIONS, INC.		39-1447152_
	Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" o	unds or Other Similar Funds n 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 e		Yes No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be used	d
	only for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
P	Conservation Easements. Complete if the organization answered "Yes" o	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (che	eck all that apply)	
	Preservation of land for public use (e.g., recreation or education) Preservation of a historically in	nportant land area
	Protection of natural habitat	Preservation of a certified histo	oric structure
	Preservation of open space		
2		servation contribution in the form of a	
	easement on the last day of the tax year		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С			2c
d	Number of conservation easements included in (c) acquired after 7/2	25/06, and not on a	
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the org	anization during the
	tax year ▶		
4	Number of states where property subject to conservation easement		
5	Does the organization have a written policy regarding the periodic m		
	violations, and enforcement of the conservation easements it holds?		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling		
7	Amount of expenses incurred in monitoring, inspecting, handling of v ▶ \$	violations, and enforcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) above satis	fy the requirements of section 170(h)(4	
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation ease		
	balance sheet, and include, if applicable, the text of the footnote to t	he organization's financial statements	that describes the
	organization's accounting for conservation easements.	4.11: A	han Circilan Assata
	Organizations Maintaining Collections of Ar Complete if the organization answered "Yes" o	n Form 990, Part IV, line 8.	ner Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958)		
	works of art, historical treasures, or other similar assets held for pub		
	public service, provide, in Part XIII, the text of the footnote to its final		
b	If the organization elected, as permitted under SFAS 116 (ASC 958)		
	works of art, historical treasures, or other similar assets held for pub		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,		in, provide the
	following amounts required to be reported under SFAS 116 (ASC 95	58) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
ь	Assets included in Form 990, Part X		<u> </u>

Schedule D (Form 990) 2018 HOMELESS CONNECTIONS, INC. 39-1447152	Page 2
Schedule D (Form 990) 2018 ROMEDESS CONNECTIONS, TRC. 39-1117/132 MRanilli Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets	
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its	100,,,,,,
collection items (check all that apply)	
a Public exhibition d Loan or exchange programs	
b Scholarly research e Other	
c Preservation for future generations	
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
Partive Escrow and Custodial Arrangements.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amoun	t 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	
An An	nount
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	
2a Did the organization include an amount on Form 990, Part X, line 21, 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 on Part XIII	
Partive Endowment Funds.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
) Four years back
1a Beginning of year balance 586,714 532,292 528,972 581,319	594,596
b Contributions 125 125	125
c Net investment earnings, gains, and	15 660
losses 15,405 90,718 40,729 -20,857	17,662
d Grants or scholarships	
e Other expenditures for facilities and	27 627
programs 24,645 27,953 28,749 28,288	27,627
f Administrative expenses 4,687 8,343 8,785 3,327 g End of year balance 572,787 586,714 532,292 528,972	3,437 581,319
9 2	361,319
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as	
a Board designated or quasi-endowment ▶100.00 %	
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	Yes No
organization by	a(i) X
· · · · · · · · · · · · · · · · · · ·	a(ii) X
	3b
Describe in Part XIII the intended uses of the organization's endowment funds	<u> </u>
Pant W. Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part	X line 10
	Book value
(a) cost of other) (a) recurrent (a) cost of other) depreciation	
1a Land 158,901	158,901
b Buildings 1,654,683 667,443	987,240
c Leasehold improvements	· /
d Equipment 159,684 100,708	58,976
e Other	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)	205,117

Part VII	form 990) 2018 HOMELESS CONNECTION Investments—Other Securities.	S, INC.	39-1447152	Page 3
	Complete if the organization answered "Yes	" on Form 990 Part I	V line 11h See Form 9	990 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)		Cost or end-of-ye	ar market value
(1) Financial of	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)			 	
(E)			 	
(F)				
(G) (H)		·	 	
	n (b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII	Investments—Program Related.	<u> </u>	विकास वात्रामास्य वार्यमास्य स्थापना स	artii taliinin maa araa ta araa ta araa araa ka araa k
multininger and in house is the out transf	Complete if the organization answered "Yes	" on Form 990, Part I	V, line 11c See Form 9	90, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method o	
			Cost or end-of-ye	ar market value
(1)				
(2)				
(3)				
(4)				
(5)				<u> </u>
(6)			<u> </u>	
(7)				
(8)		 -	 	
	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.		Transportation and the state of	HANNING TO THE PARTY OF THE PROPERTY OF THE PR
	Complete if the organization answered "Yes"	" on Form 990, Part I	V, line 11d See Form 9	90, Part X, line 15.
	(a) Description			(b) Book value
(1)	BENEFICIAL INT IN ASS	SETS HELD BY	CF	572,787
(2)	OTHER ASSETS			1,000
(3)		·		
(4)			 -	
(5)				
(6)				
(7)				
(8) (9)				
	n (b) must equal Form 990, Part X, col (B) line 15)			573,787
Partex	Other Liabilities.		<u> </u>	3,3,,0,
	Complete if the organization answered "Yes"	" on Form 990, Part I	V, line 11e or 11f. See f	Form 990, Part X.
	line 25.	•		
1	(a) Description of liability	(b) Book value		
(1) Federal	ncome taxes			
(2)				
(3)				
(4)				
(5)				

(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

Sche	edule D (Form 990) 2018 HOMELESS CONNECTIONS, INC.	3	9-144715	2	Page 4
	Reconciliation of Revenue per Audited Financial State	ments With	Revenue per	Retu	
	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	1,004,671
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a	10,718		
b	Donated services and use of facilities	2b	1,860		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	12,578
3	Subtract line 2e from line 1			_3 _	992,093
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	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	<u>992,093</u>
P	Reconciliation of Expenses per Audited Financial Stat			er Re	turn.
	Complete if the organization answered "Yes" on Form 990), Part IV, line	12a.		<u>.</u>
1	Total expenses and losses per audited financial statements		L	_1	1,375,565
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	1,860		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d		Ĺ	2e	1,860
3	Subtract line 2e from line 1		Ĺ	3	1,373,705
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	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	1,373,705
Pa	TXIII 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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE ENDOWMENT FUND'S SPENDING POLICY IS USED TO SUPPORT PROGRAM COSTS

Schedule D (Form 990) 2018 HOMELESS CONNECTIONS, INC. 39-1447152

RantXIII Supplemental Information (continued)

Page 5

SCHEDULE G (Form 990 or 990-EZ

Department of the Treasury

Internal Revenue Service

Total

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Name of the organization	ova Tva			39 - 1447 1	
HOMELESS CONNECTI Part Fundraising Activities. Complete	if the organiza	ation answ	vered "Yes" on Fo		
Form 990-EZ filers are not required					
1 Indicate whether the organization raised funds through		-		y.	
a Mail solicitations		_	ernment grants		
b Internet and email solicitations	f Solicitation	of governm	nent grants		
c Phone solicitations	g Special fui	ndraising eve	ents		
d In-person solicitations					
2a Did the organization have a written or oral agreemen or key employees listed in Form 990, Part VII) or enti	t with any individu ty in connection w	al (including ith professio	officers, directors, truenal fundraising services	stees, es?	Yes No
b If "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization	(fundraisers) purs		eements under which	the fundraiser is to I	oe
/// None and address of industrial		(iii) Did fund- raiser have	(IV) Gross receipts	(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or control of	from activity	(or retained by) fundraiser listed in	(or retained by) organization
	Ļ	contributions?		col (i)	
4		Yes No			
1	ĺ				
2					
3	 	+++			
3					
]				
4				-	
			i		
5					
	1				
	<u> </u>				
6					
7					
8			1		
]]]			
9					
			1		
		 			
· •					
	1	1 1 1	1		

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

	ule G (Form 990 or 990-Ez	z) 2018 HOMELESS Converse Complete if the org	ONNECTIONS, INC. panization answered "Yes"	39 - 14 on Form 990, Part IV	<u>47152</u> Page 2 , line 18, or reported i
	than \$15,000 c	of fundraising event contrib			
Τ	gross receipts	greater than \$5,000. (a) Event #1	(b) Event #2	(c) Other events	
		.,		, ,	(d) Total events
ł		GALA BENEFIT	GARDEN WALK	NONE	(add col (a) through
		(event type)	(event type)	(total number)	col (c))
١.	I Gross receipts	22,000	5,588		27,588
l	Oloss receipts	22,000	3,300		27,300
:	Less Contributions	22,000			22,000
;	Gross income (line 1 minus				
 	line 2)		5,588	· · · · · · · · · · · · · · · · · · ·	5,588
Ι,	Cash prizes				
	Cash phizes		:		
, ا	Noncash prizes				
İ					
۱	Rent/facility costs	<u> </u>			
,	Food and beverages				1
'	. Jou and Develages				
8	B Entertainment				
9	Other direct expenses	107	2,145	 	2,252
10) Direct evnense summan	/ Add lines 4 through 9 in column	n (d)	•	2.252
	-	ubtract line 10 from line 3, column		•	2,252 3,336
är	Gaming. Com	plete if the organization an	swered "Yes" on Form 990), Part IV, line 19, or i	reported more
		on Form 990-EZ, line 6a.			
		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
		(1) 590	bingo/progressive bingo	(0) Other gaming	col (a) through col (c))
١.	0				
H	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
Ι.					
۱٩	Rent/facility costs			· 	
ا (Other direct expenses				
	•	Yes %	Yes %	Yes %	
6	Volunteer labor	No	No	No	
_					
7	Direct expense summary	Add lines 2 through 5 in column	ı (d)	•	
8	Net gaming income sumi	mary Subtract line 7 from line 1,	column (d)	•	
	<u>gg</u>	, , , , , , , , , , , , , , , , , , , ,			L
Er	nter the state(s) in which th	e organization conducts gaming a	activities		
		o conduct gaming activities in eac			Yes No
lf	"No," explain				
14	are any of the area	la gamina ligangas revelendi succ	anded or terminated during the t	-24 H225	Yes No
	ere any of the organization "Yes," explain	's gaming licenses revoked, susp	bended, or terminated during the t	ax year /	res No
"	. co, explain				
				Schedule G (Fo	orm 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018	HOMELES	CONNECTIONS,	INC.	39-144	7152	Page 3
11	Does the organization conduct gamir	ng activities with n	onmembers?				Yes No
12	Is the organization a grantor, benefic	ary or trustee of	a trust, or a member of a pa	rtnership or other entity	y		_
	formed to administer charitable gami	-					Yes 📙 No
13	Indicate the percentage of gaming ac	ctivity conducted i	n		ı		
а	The organization's facility					13a	
b	An outside facility				l l	13b	%_
14	Enter the name and address of the p	erson who prepar	es the organization's gamin	g/special events books	s and		
	records						
	Name ▶						
	Address ►						
15a	Does the organization have a contract	ct with a third part	y from whom the organizati	on receives gaming		_	
	revenue?					□ '	Yes 💹 No
b	If "Yes," enter the amount of gaming		-		and the		
	amount of gaming revenue retained t		>\$				
C	If "Yes," enter name and address of t	ne third party					
	Name ▶						
	Address ►						
16	Gaming manager information						
	Name N						
	Name ▶						
	Gaming manager compensation ▶\$						
	- Commission of the Companies of the Commission						
	Description of services provided ▶						
		,	_				
	Director/officer Em	ployee [Independent contractor				
47	An adaha daka kata						
17	Mandatory distributions	sta lass ta maka ah	varitable dietributions from t	an gaming proceeds to			
a	Is the organization required under staretain the state gaming license?	ite iaw to make ci	iantable distributions from t	ie gaming proceeds to		\Box ,	Yes 🗌 No
b	Enter the amount of distributions requ	ured under state l	aw to be distributed to othe	r exempt organizations	or	لسا	163 110
	spent in the organization's own exem						
Pa	rtilv Supplemental Inform						
	Part III, lines 9, 9b, 10	b, 15b, 15c, 1	6, and 17b, as applica	ble. Also provide a	any additional i	nformatio	n.
	See instructions			···			
		 -			Schedule G (Form	990 05 996)_E7) 2019
				•	somedule G (FOIII)	1 220 01 220	,-L2, 2010

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

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.

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

2018
Opento Public

OMB No 1545-0047

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 ŝ × (h) Purpose of grant or assistance Employer identification number Yes 39-1447152 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed noncash assistance (g) Description of Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) General Information on Grants and Assistance INC. (p) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? HOMELESS CONNECTIONS, (a) Name and address of organization or government Partil Parti ~ 3 <u>3</u> 9 6 8 6 € 3 3

Schedule I (Form 990) (2018)

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

Page 2

39-1447152

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. Schedule I (Form 990) (2018) HOMELESS CONNECTIONS, INC.

(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)	(e) Method of valuation (book, (f) Description of noncash assistance FMV, appraisal, other)
1 MEDICAL AND MENTAL HEALTH	1		192		MEDICAL SERVICE
2 RENT ASSISTANCE	19		16,348		RENT ASSISTANCE
3 TRANSPORATION ASSISTANCE	367		11,803		TAX/BUS RIDES
4 LAUNDRY/BATH SUPPLIES	657		20,048		LAUNDRY SUPPLY
5 FOOD	657		68,573		FOOD
6 PERSONAL CARE AND CLOTHES 499	499		16,745		CLOTHING
7					
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ovide the information	required in Part I,	line 2, Part III, coluir	in (b), and any other add	Itional information.

PART IV - ADDITIONAL INFORMATION

GRANTS ARE MONITORED BY PERIODIC REPORTING AS WELL AS OUTCOME REPORTS TO

FUNDERS. FEDERAL, STATE, AND LOCAL GRANTS ARE SUBJECT TO AUDIT BY THE

APPROPRIATE GOVERNMENT AGENCY. THE NUMBER OF RECIPIENTS IS ESTIMATED BASED

ON THESE REPORTS.

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

HOMELESS CONNECTIONS, INC.

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

Open To Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

PInspection Employer identification number

39-1447152

産品	artile Types of Property								
		(a)	(b)	(c) Noncash contribution		(d)		
		Check if	Number of contributions or	amounts reported on		Method of	determining		
		applicable	items contributed	Form 990, Part VIII, line 1g		noncash contr	ibution amounts		
1	Art — Works of art						·		
2	Art — Historical treasures	<u> </u>							
3	Art — Fractional interests			L	_				_
4	Books and publications								
5	Clothing and household								
	goods	X		14,657	FAIR	MARKET	VALUE_		
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities — Publicly traded								
10	Securities — Closely held stock	<u></u>							
11	Securities — Partnership, LLC,								
	or trust interests								
12	Securities — Miscellaneous								
13	Qualified conservation		}						
	contribution — Historic								
	structures								
14	Qualified conservation								
	contribution — Other								
15	Real estate — Residential								
16	Real estate — Commercial								
17	Real estate — Other								
18	Collectibles								
19	Food inventory	X	1	67,527	FAIR	MARKET	VALUE		
20	Drugs and medical supplies								
21	Taxıdermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ►(LAUNDRY/BATH)	X	1	14,504		MARKET			
26	Other ► (OFFICE SUPPLIE\$		1	673		MARKET			
27	Other ►(CONSTRUCTION)	X	1	54,414	FAIR	MARKET	VALUE		
28_	Other ►()								
29	Number of Forms 8283 received by	the orga	nization during the tax y	ear for contributions for					
	which the organization completed F	Form 8283	3, Part IV, Donee Ackno	wledgement [29				, .
							leves in	Yes	No
30a	During the year, did the organization	n receive	by contribution any proj	perty reported in Part I, lin	າes 1 throuç	j h			
	28, that it must hold for at least three	e years fi	rom the date of the initia	I contribution, and which	ısn't require	:d			
	to be used for exempt purposes for	the entire	holding period?				30a	nimuzar	X
b	If "Yes," describe the arrangement	ın Part II							
24	Describe accessment as back a side							a nama ang	THE RESIDENCE OF

- Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II
- If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

		Yes	No
	明治科性		
	30a		X
	Sua		4
	INVESTMENT OF		
	31		X
	32a		х
	神器		
ا ماریا	M /Ear	- 000	1 2019

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Schedule M (Form 990) 2018 HOMELESS CONNECTIONS, INC.

39-1447152

Page 2

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M - SUPPLEMENTAL INFORMATION

COLUMN B INDICATES THE NUMBER OF TIMES DONATIONS WERE RECEIVED.

SCHEDULE 0 (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

QMB No 1545-0047 2018 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HOMELESS CONNECTIONS, INC.

Employer identification number 39-1447152

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT THE PREVENTION PROGRAM, OPERATED IN COLLABORATION WITH PARTNER AGENCY LEAVEN, INC., PROVIDES FINANCIAL ASSISTANCE, CONNECTION TO COMMUNITY RESOURCES, AND FOLLOW-UP SERVICES TO INDIVIDUALS AND FAMILIES WHO ARE AT HIGH-RISK OF LOSING THEIR COMMUNITY HOUSING. MOST PEOPLE WHO ARE HELPED BY PREVENTION MAINTAIN THEIR COMMUNITY HOUSING AND DO NOT RETURN WITHIN ONE YEAR FOR ADDITIONAL FINANCIAL ASSISTANCE.

THE OUTREACH PROGRAM CONNECTS INDIVIDUALS WHO ARE ACUTELY HOMELESS WITH MENTAL ILLNESS AND/OR ADDICTION CHALLENGES TO COMMUNITY RESOURCES AND HOUSING. OUTREACH ALSO ASSISTS THOSE WHO ARE ELIGIBLE FOR SOCIAL SECURITY INCOME WITH THE APPLICATION PROCESS. THE OUTREACH PROGRAM IS OPERATED IN COLLABORATION WITH THE FOX VALLEY WARMING SHELTER.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FINANCE COMMITTEE REVIEWS THE DOCUMENT AND IT IS THEN DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW AND DISCUSSION. THIS WILL BE COMPLETED BEFORE THE FEDERAL RETURN IS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE BOARD OF DIRECTORS AND ALL EMPLOYEES ARE REQUIRED TO COMPLETE THE CONFLICT OF INTEREST FORM ANNUALLY. CONFLICTS NOTES ARE REVIEWED TO DETERMINE IF ANY ACTION NEEDS TO BE TAKEN. MANAGEMENT STAFF CONTINUALLY REVIEWS EXPENDITURES FOR POSSIBLE CONFLICTS.

Name of the organization

Employer identification number

39-1447152

HOMELESS CONNECTIONS, INC.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

A SALARY SURVEY FROM THE UNITED WAY FOX CITIES AND OTHER SOURCES ARE
REVIEWED ANNUALLY OR BIANNUALLY AS RECEIVED. THE RESULTS, ALONG WITH THE
EMPLOYEE PERFORMANCE REVIEW IS USED BY THE EXECUTIVE COMMITTEE OF THE BOARD
OF DIRECTORS WHEN DETERMINING COMPENSATION FOR THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

A SALARY SURVEY FROM THE UNITED WAY FOX CITIES AND OTHER SOURCES ARE

REVIEWED ANNUALLY OR BIANNUALLY AS RECEIVED. THE RESULTS, ALONG WITH THE

EMPLOYEE PERFORMANCE REVIEW IS USED BY THE EXECUTIVE COMMITTEE OF THE BOARD

OF DIRECTORS WHEN DETERMINING COMPENSATION FOR KEY POSITIONS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION HOMELESS CONNECTIONS, INC. MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND FORM 990 AVAILABLE UPON REQUEST. CERTAIN DOCUMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.