

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016, and ending 09-30-2017

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
KNOX COUNTY HOMELESS COALITION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 1696

City or town, state or province, country, and ZIP or foreign postal code
ROCKLAND, ME 04841

D Employer identification number
46-3136785

E Telephone number
(207) 593-8151

G Gross receipts \$ 1,695,448

F Name and address of principal officer
STEPHANIE PRIMM
PO BOX 1696
ROCKLAND, ME 04841

H(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)

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

H(c) Group exemption number ▶

J Website: ▶ WWW.HOMEHELPHOPE.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 2013

M State of legal domicile ME

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDE WRAPAROUND SUPPORT, SHELTER WHEN POSSIBLE AND LIFE CHANGING SERVICES TO HOMELESS FAMILIES IN MID-COAST MAINE OUR PRIMARY GOAL HELPING CLIENTS GET BACK TO SUSTAINABLE, PRODUCTIVE INDEPENDENCE, STRENGTHENING THE FUTURE OF OUR CHILDREN AND THE COMMUNITIES WE SERVE WE STRIVE TO ALWAYS BE A CENTER OF EXCELLENCE IN BREAKING CYCLES OF POVERTY AND HOMELESSNESS FOR CLIENTS AS WELL AS BEING A CATALYST FOR HIGH LEVEL CHANGE IN ROOT CAUSES

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	7
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	34
6 Total number of volunteers (estimate if necessary)	300
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	753,256	1,160,714
9 Program service revenue (Part VIII, line 2g)	408,430	330,825
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,123	166
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,805	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,163,368	1,491,705
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
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)	1,110,689	1,198,525
16a Professional fundraising fees (Part IX, column (A), line 11e)	8,500	8,489
b Total fundraising expenses (Part IX, column (D), line 25) ▶147,773		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	376,444	329,299
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,495,633	1,536,313
19 Revenue less expenses Subtract line 18 from line 12	-332,265	-44,608

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	530,834	558,505
21 Total liabilities (Part X, line 26)	378,738	483,717
22 Net assets or fund balances Subtract line 21 from line 20	152,096	74,788

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2018-08-10
STEPHANIE PRIMM EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: PETER J HALL CPA
Preparer's signature: PETER J HALL CPA
Date: 2018-08-14
Check if self-employed
PTIN: P00444048
Firm's name: SMITH & ASSOCIATES CPAS
Firm's EIN: 01-0522395
Firm's address: 500 US ROUTE 1 STE 102
YARMOUTH, ME 040966817
Phone no: (207) 846-8881

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

KNOX COUNTY'S HOMELESS COALITION'S(KCHC) MISSION IS TO BE THE CENTER OF EXCELLENCE IN BREAKING CYCLES OF POVERTY AND HOMELESSNESS IN MID-COAST MAINE KCHC OFFERS A COMPREHENSIVE APPROACH TO HELPING VULNERABLE PEOPLE BUILD PRODUCTIVE AND SELF-SUSTAINING LIVES BY PROVIDING INTENSIVE WRAPAROUND CLIENT CARE AS WELL AS SHELTER WHEN POSSIBLE EVERYTHING KCHC DOES IS DELIVERED WITH RESPECT, DIGNITY AND GENUINE CARING, DELIVERING ON A PROMISE OF HOME, HELP AND HOPE PROGRAMS INCLUDE HOSPITALITY HOUSE FAMILY SHELTER, THE LANDING PLACE - COMPREHENSIVE YOUTH PROGRAM, COMPREHENSIVE CASE MANAGEMENT, 'AFTERCARE', EMERGENCY SERVICES AND SUPPLIES, OUTBOUND FOOD PANTRY, TRANSPORTATION AND LOVE WHO WE ARE WE ARE A NON-PROFIT HOMELESS ORGANIZATION DEDICATED TO BRINGING OUR HOMELESS FAMILIES BACK TO SUSTAINABLE PRODUCTIVE INDEPENDENCE WE DO THIS BY KEEPING THE CLIENT AT THE CENTER OF EVERYTHING WE DO, AND WRAPPING EACH HUMAN BEING IN COMPREHENSIVE, CAREFULLY PLANNED RELATIONALLY BASED PROGRAMMING WE EA

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 [X] 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 program services? [] Yes [X] 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 \$ 496,979 including grants of \$) (Revenue \$ 330,825)
See Additional Data

4b (Code) (Expenses \$ 470,086 including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 300,388 including grants of \$) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 54,813 including grants of \$) (Revenue \$)

EMERGENCY SERVICES OPENED IN 2017, OUR WELCOME CENTER ALLOWS US TO QUICKLY EXTEND CARE SERVICES AND RESOURCES TO THE HOMELESS IN CRISIS WE ALSO PROVIDE FOOD, CLOTHING AND GENERAL HOUSEHOLD GOODS, AND OFFER SHOWER AND LAUNDRY FACILITIES TRANSPORTATION OUR DEDICATED VANS THAT SUPPORT YOUTH AND ADULT PROGRAMS, SHUTTLE CLIENTS TO THEIR JOBS OR EMPLOYMENT INTERVIEWS, CHILDCARE FACILITIES, AND HEALTHCARE & SERVICE PROVIDERS A SECOND VEHICLE WILL BE AVAILABLE SHORTLY, TO ACCOMMODATE OVERFLOW AND OFF-HOUR TRANSPORTATION NEEDS SUCH AS CONTINUING EDUCATION WHICH IS OFTEN ONLY OFFERED IN EVENING HOURS THE LANDING PLACE TO ADDRESS THE NEEDS OF ONE OF THE FASTEST GROWING SEGMENTS OF THE HOMELESS POPULATION - UNACCOMPANIED ADOLESCENTS AND TEENS - IN 2017 WE OPENED THE LANDING PLACE, A COMPREHENSIVE YOUTH PROGRAM FOR "AT RISK- AND HOMELESS TEENS THE LANDING PLACE IS PRIVATELY FUNDED FOR 5 YEARS, WHICH ALLOWS US A RUNWAY TO DISCOVER THE MOST EFFECTIVE PROGRAMMING POSSIBLE FOR OUR YOUTH OUR PROGRAM IS LOW BARRIER AND HIGHLY RELATIONAL- NUANCED TO CULTURAL IDENTITIES, NEEDS AND INTERESTS, AND ADAPTIVE TO CHANGE AS REQUIRED THE FIVE YEAR UNRESTRICTED FUNDING ALSO AFFORDS US THE LIBERTY TO INVESTIGATE NEW PROTOCOLS AND MODELS OF CARE THAT WILL BE GERMANE TO THE WIDE RANGE OF AGE-GROUPS WE ARE SEEING SO FAR IN OUR TEEN CENTER THE LANDING PLACE DROP-IN CENTER OFFERS A SAFE SPACE SUPERVISED BY A NON- JUDGMENTAL RELATIONAL TEAM WE OFFER HEALTHY ACTIVITIES, HOT MEALS, SUPPLIES, SCHOOL & COMMUNITY OUTREACH AND TRANSPORTATION BY A DEDICATED VAN EMERGENCY SHELTER FOR UNACCOMPANIED YOUTH IS PLANNED FOR 2019 AS IS A 'MOBILE' OUTREACH UNIT OFFERING SUPPORT TO BOTH PARENTS AND THEIR CHILDREN SEVERAL OF THE MOST CRITICAL BARRIERS FACED BY THE HOMELESS - SHELTER AND AVAILABLE & AFFORDABLE HOUSING - ARE BECOMING MORE CHALLENGING THEREFORE, WE MUST ASSUME A PRO-ACTIVE, ENTERPRISING ROLE AND WHERE SOLUTIONS ARE NOT AVAILABLE, EXPLORE POTENTIAL WAYS TO DEVELOP THEM WITH OUR COLLABORATIVE PARTNER, MID-COAST HABITAT FOR HUMANITY, IN 2017 WE CONSTRUCTED A 192 SQ FT PROTOTYPE "TINY HOME" WE ARE WORKING WITH THE TOWN OF ROCKPORT TOWARD RECEIVING APPROVAL FOR 8-12 ADDITIONAL STRUCTURES ON OUR CAMPUS, WHICH WOULD PROVIDE US WITH MUCH-NEEDED EXPANDED SHELTER CAPACITY WE ARE GRATIFIED THAT OUR "TINY HOME" INITIATIVE ATTRACTED THE ATTENTION OF THE MAINE STATE HOUSING AUTHORITY, WHICH HAS ALLOCATED 500,000 IN FUNDING TO KNOX COUNTY FOR A PILOT PROGRAM - WHICH WE WILL BE COORDINATING WITH MID-COAST HABITAT FOR HUMANITY - TO DEVELOP A PERMANENT, SUPPORTED AND BALANCED "SMALL FOOTPRINT" AFFORDABLE HOUSING COMMUNITY

4d Other program services (Describe in Schedule O)
(Expenses \$ 54,813 including grants of \$) (Revenue \$)

4e Total program service expenses 1,322,266

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
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? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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	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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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 The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply; 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.

Part VII 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

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.

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	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD NORMAN BOARD CHAIRM	5 00	X		X				0	0	0
(2) SUSAN BARNARD VICE CHAIRMA	3 00	X		X				0	0	0
(3) KAREN PIER TREASURER	5 00	X		X				0	0	0
(4) PASTOR SETH JONES SECRETARY	3 00	X		X				0	0	0
(5) MICKI COLQUHOUN DIRECTOR	1 00	X						0	0	0
(6) JOHN CLAUSSEN DIRECTOR	1 00	X						0	0	0
(7) DOUG WINTERICH DIRECTOR	1 00	X						0	0	0
(8) STEPHANIE PRIMM EXECUTIVE DI	40 00			X				72,932	0	5,499

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (with sub-columns for Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c) with values 72,932 and 5,499.

Section 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. Includes questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

Section B.1: Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Table with columns (A) Name and business address, (B) Description of services, (C) Compensation.

Section B.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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	173,703				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	987,011				
	g Noncash contributions included in lines 1a-1f \$ _____		227,726				
	h Total. Add lines 1a-1f		1,160,714				
Program Service Revenue			Business Code				
	2a CLIENT SERVICES			330,825	330,825		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		330,825					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		53			53	
	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		203,856			
		c Gain or (loss)		203,743			
		d Net gain or (loss)		113			113
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
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			1,491,705	330,825		166	

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.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	82,710	55,416	13,647	13,647
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	918,993	828,667	9,396	80,930
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	118,646	106,227	6,664	5,755
10 Payroll taxes	78,176	69,320	1,666	7,190
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	17,330		17,330	
d Lobbying				
e Professional fundraising services. See Part IV, line 17.	8,489			8,489
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)	40,554	28,613	1,776	10,165
12 Advertising and promotion	12,617	918	390	11,309
13 Office expenses	31,622	28,145	885	2,592
14 Information technology				
15 Royalties				
16 Occupancy	104,776	100,164	2,304	2,308
17 Travel	4,016	3,528	351	137
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,179	15,524	4,434	2,221
23 Insurance	11,546	9,272	1,759	515
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 CLIENT SUPPORT	42,716	42,716		
b ALL OTHER	12,596	7,550	4,054	992
c SUPPLIES	11,845	10,751	592	502
d RECRUITMENT & ORIENTATION	11,085	9,038	1,026	1,021
e All other expenses	6,417	6,417		
25 Total functional expenses. Add lines 1 through 24e	1,536,313	1,322,266	66,274	147,773
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	53,262	1	52,508	
	2 Savings and temporary cash investments	65,325	2	67,228	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 485,422			
	b Less accumulated depreciation	10b 46,653	412,247	10c 438,769	
	11 Investments—publicly traded securities		11		
	12 Investments—other securities See Part IV, line 11		12		
	13 Investments—program-related See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)		530,834	16	558,505	
Liabilities	17 Accounts payable and accrued expenses	31,892	17	92,444	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21		
	22 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	346,846	23	391,273	
	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		378,738	26	483,717
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	152,096	27	-42,227	
	28 Temporarily restricted net assets		28	117,015	
	29 Permanently restricted net assets		29		
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances		152,096	33	74,788
	34 Total liabilities and net assets/fund balances		530,834	34	558,505

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,491,705
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,536,313
3	Revenue less expenses Subtract line 2 from line 1	3	-44,608
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	152,096
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	-32,700
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	74,788

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>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</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a	Yes	
<p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b		No
<p>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</p>	2c		
<p>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?</p>	3a		No
<p>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</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 46-3136785

Name: KNOX COUNTY HOMELESS COALITION

Form 990 (2016)

Form 990, Part III, Line 4a:

COMPREHENSIVE CASE MANAGEMENT A RELATIONALLY FOCUSED TEAM OF PROFESSIONAL, EXPERIENCED CASE MANAGERS, IN CONCERT WITH OUR MENTAL HEALTH SPECIALIST ASSIST HOMELESS INDIVIDUALS AND FAMILIES THROUGH THE DEVELOPMENT OF A FULLY INTEGRATED, INCLUSIVE PLAN OF CARE, SPECIFIC TO EACH CLIENT FOLLOWING AN EXTENSIVE CLIENT INTAKE AND PSYCHOSOCIAL ASSESSMENT, THE CARE PLAN GUIDES OUR CLIENTS IN EVALUATING AND ADDRESSING THEIR MOST URGENT NEEDS ON AN ECONOMIC, PHYSICAL, EMOTIONAL AND PSYCHOLOGICAL LEVEL THEY MAY INCLUDE SHELTER & HOUSING, FOOD INSECURITY, CLOTHING & HYGIENE, CHILDCARE, PHYSICAL & MENTAL HEALTHCARE, TRANSPORTATION, EDUCATION, JOB SKILLS TRAINING, FINANCIAL LITERACY AND LIFE-SKILLS LEARNING SINCE THERE IS NO PUBLIC TRANSPORTATION IN THE MID-COAST, AND 70% OF OUR CLIENTS DO NOT HAVE ACCESS TO A VEHICLE, THEY TRADITIONALLY HAVE BEEN UNABLE TO ACCESS GEOGRAPHICALLY CHALLENGING AND DISCONNECTED SERVICE PROVIDERS OUR PROGRAM IS UNIQUE BECAUSE IT ALLOWS OUR CLIENTS TO BEGIN REBUILDING THEIR LIVES WITH A PLAN OF CARE ESTABLISHED, COORDINATED AND ACCOUNTABLE THROUGH ONE CENTRALIZED "HUB" THIS ALSO MINIMIZES REDUNDANT OR INCOMPLETE EFFORTS WE SEEK COLLABORATION WITH VIRTUALLY ALL AGENCIES AND SOCIAL SERVICE ORGANIZATIONS IN OUR AREA TO IDENTIFY ANY AND ALL SUPPORT FOR WHICH OUR CLIENTS MIGHT BE ELIGIBLE, AND GUIDE THEM THROUGH THE PROCESS OF SECURING BENEFITS TO ROUND OUT THEIR PLAN GOALS

Form 990, Part III, Line 4b:

SHELTER PROGRAM OUR HOSPITALITY HOUSE FAMILY SHELTER IS AN EXTENDED-STAY FACILITY FOR UP TO 23 INDIVIDUALS AT A TIME, VERY OFTEN ABOUT HALF OF THE RESIDENTS ARE CHILDREN OF SCHOOL AGE OR YOUNGER HOSPITALITY HOUSE RESIDENTS (WHO REPRESENT 5%-10% OF OUR ACTIVE CLIENT CASELOAD), ARE ENGAGED IN THE FULL SPECTRUM OF OUR PROGRAMS AN AVERAGE STAY IS 6-9 MONTHS HOSPITALITY HOUSE IS 'HOME' TO THE FAMILIES WHO LIVE THERE UNTIL THEY HAVE SECURED PERMANENT HOUSING IT IS NOT AN 'OVERNIGHT' SHELTER, BUT A SUPPORTIVE CARING ENVIRONMENT WHERE THE SUPPORT OF STAFF AND PEERS TRANSFORMS LIVES OFTEN WHEN CLIENTS LEAVE OUR SHELTER, THE CHILDREN ARE VERY SAD TO LEAVE 'THEIR HOME' THIS SPEAKS VOLUMES TO THE POWER OF THE 'WAY WE DELIVER OUR PROGRAMMING'

Form 990, Part III, Line 4c:

AFTERCARE AFTER A CLIENT IS HOUSED, WE REMAIN FULLY ENGAGED IN THEIR LIVES THROUGH OUR AFTERCARE PROGRAM, WHICH AFFORDS ON-GOING CASE MANAGER AND PROGRAM SUPPORT WITHOUT TIME CONSTRAINTS THIS CONTINUED GUIDANCE IS VITAL BECAUSE WHILE CLIENTS ARE NO LONGER HOMELESS, THEY MAY NOT YET HAVE THE ABILITIES OR RESOURCES NECESSARY TO ENSURE SELF-SUFFICIENCY FOR THE LONG TERM ONCE STABLE AND NO LONGER IN A CRISIS MODE, THEY BECOME MORE RECEPTIVE TO ADDRESSING UNDERLYING ISSUES AND OBTAINING THE EDUCATION OR SKILLS NEEDED CASE MANAGERS REMAIN ACTIVELY INVOLVED IN THEIR CLIENTS' LIVES, MONITORING THEIR CARE PLAN TO ENSURE THAT KEY OBJECTIVES ARE ATTAINED OR IF NECESSARY, REDEFINED A CLIENT DOES NOT "GRADUATE" UNTIL THEY HAVE THE NECESSARY SKILLS AND RESOURCES TO (CONTINUED AT SCHEDULE O) MAINTAIN THEIR INDEPENDENCE LONG TERM AFTERCARE IS A CRITICAL COMPONENT OF OUR HIGH RATE OF SUCCESSFUL OUTCOMES OUR PHILOSOPHY INCLUDES A DEEP COMMITMENT TO BRINGING A CLIENT TO THEIR ABSOLUTE BEST SELF PART OF SELF-DISCOVERY IS HELPING UNCOVER WHAT REIGNITES THE PILOT LIGHT OF 'HOPE', THUS RECHARGING MOTIVATION TO TRY, TO CHANGE BEHAVIORS AS NEEDED AND TO IMPROVE EARNING POTENTIAL FOR A HOPEFUL FUTURE

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
KNOX COUNTY HOMELESS COALITION

Employer identification number

46-3136785

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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	56,627	253,456	1,131,095	763,139	1,136,732	3,341,049
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	56,627	253,456	1,131,095	763,139	1,136,732	3,341,049
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)						689,508
6 Public support. Subtract line 5 from line 4						2,651,541

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	56,627	253,456	1,131,095	763,139	1,136,732	3,341,049
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5	26	289	165	53	538
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
11 Total support. Add lines 7 through 10						3,341,587
12 Gross receipts from related activities, etc. (see instructions)					12	1,399,443
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 checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14
15 Public support percentage for 2015 Schedule A, Part II, line 14	15

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2015. 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—2016. 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 ▶

b 10%-facts-and-circumstances test—2015. 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 ▶

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

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

(Complete only if you checked the box on line 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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—2015. 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)

		Yes	No
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? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
		11a	
		11b	
		11c	

Section B. Type I Supporting Organizations

		Yes	No
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? <i>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.</i>		
		1	
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? <i>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.</i>		
		2	

Section C. Type II Supporting Organizations

		Yes	No
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)? <i>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).</i>		
		1	

Section D. All Type III Supporting Organizations

		Yes	No
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?		
		1	
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		2	
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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? <i>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.</i>		
		2a	
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? <i>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.</i>		
		2b	
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? <i>Provide details in Part VI.</i>		
		3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		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. **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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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)

Supplemental Financial Statements

OMB No 1545-0047
2016
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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
KNOX COUNTY HOMELESS COALITION

Employer identification number
46-3136785

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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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 No

6 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
- | | Amount |
|--|--------|
| 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 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 | 3a(i) | Yes | No |
| (ii) related organizations | 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

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		50,113		50,113
b Buildings		334,220	19,697	314,523
c Leasehold improvements				
d Equipment		101,089	26,956	74,133
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				438,769

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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	
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	
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	

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	
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	
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	

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
------------------	-------------

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
KNOX COUNTY HOMELESS COALITION

Employer identification number
46-3136785

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	23,983	BLUE BOOK VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	6	203,743	QUOTED PRICES PER MARKETS
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29	
----	--

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard 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

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		No
31		No
32a		No

Part II**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.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
KNOX COUNTY HOMELESS COALITION

Employer identification number

46-3136785

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	<p>KNOX COUNTY'S HOMELESS COALITION'S(KCHC) MISSION IS TO BE THE CENTER OF EXCELLENCE IN BREAKING CYCLES OF POVERTY AND HOMELESSNESS IN MID-COAST MAINE. KCHC OFFERS A COMPREHENSIVE APPROACH TO HELPING VULNERABLE PEOPLE BUILD PRODUCTIVE AND SELF-SUSTAINING LIVES BY PROVIDING INTENSIVE WRAPAROUND CLIENT CARE AS WELL AS SHELTER WHEN POSSIBLE. EVERYTHING KCHC DOES IS DELIVERED WITH RESPECT, DIGNITY AND GENUINE CARING, DELIVERING ON A PROMISE OF HOME, HELP AND HOPE. PROGRAMS INCLUDE HOSPITALITY HOUSE FAMILY SHELTER, THE LANDING PLACE - COMPREHENSIVE YOUTH PROGRAM, COMPREHENSIVE CASE MANAGEMENT, 'AFTERCARE', EMERGENCY SERVICES AND SUPPLIES, OUTBOUND FOOD PANTRY, TRANSPORTATION AND LOVE. WHO WE ARE: WE ARE A NON-PROFIT HOMELESS ORGANIZATION DEDICATED TO BRINGING OUR HOMELESS FAMILIES BACK TO SUSTAINABLE PRODUCTIVE INDEPENDENCE. WE DO THIS BY KEEPING THE CLIENT AT THE CENTER OF EVERYTHING WE DO, AND WRAPPING EACH HUMAN BEING IN COMPREHENSIVE, CAREFULLY PLANNED RELATIONALLY BASED PROGRAMMING. WE EARN TRUST, THEN GRADUALLY-TOGETHER WITH OUR HARD-WORKING CLIENTS-- REMOVE BARRIERS TO INDEPENDENCE OVER A SUSTAINED PERIOD OF TIME UNTIL A FAMILY IS READY TO FLY. EVERYTHING WE DO IS DELIVERED WITH RESPECT, DIGNITY AND GENUINE CARING. OUR EFFORTS ARE DRIVEN BY WHAT IS BEST FOR EACH -AND NOT BY A RANDOM FUNDING REQUIREMENT THAT DOESN'T FIT OUR COMMITMENT TO COMPREHENSIVE SUSTAINED SUPPORT. OUR CUSTOMIZED PLANS OF CARE ARE STEEPED IN A COMMITMENT TO ADDRESSING EMOTIONAL, PHYSICAL, SOCIAL AND VOCATIONAL NEEDS FOR THE BEST POSSIBLE OUTCOMES. THE KNOX COUNTY HOMELESS COALITION WAS ESTABLISHED IN 2014 TO FILL THE UNMET NEEDS OF THE HOMELESS IN THE MID-COAST, SERVING KNOX AND WALDO COUNTIES (INCLUDING BELFAST), AND PARTS OF LINCOLN. WE ARE THE ONLY DEDICATED HOMELESS-SERVICES ORGANIZATION IN THE AREA, PROVIDING COMPREHENSIVE SOLUTIONS TO ENABLE HOMELESS INDIVIDUALS AND FAMILIES TO ACHIEVE OUR GOAL OF SUSTAINED INDEPENDENCE. OUR MISSION IS TO BREAK THE CYCLES OF POVERTY AND HOMELESSNESS, EMPOWERING CLIENTS TO REALIZE AND MAINTAIN PRODUCTIVE, SELF-RELIANT AND INDEPENDENT LIVES, CONTRIBUTING TO THE COMMUNITIES WE SERVE. IN LESS THAN 4 YEARS, WE HAVE TRANSITIONED NEARLY 700 PEOPLE FROM HOMELESSNESS INTO STABLE HOUSING. FOR THOSE WHO REMAIN ACTIVE IN OUR COMPLETE PROGRAM, OUR SUCCESS RATE FOR SUSTAINED INDEPENDENT LIVING IS REMARKABLE 90%-95%. THE COALITION HAS A PASSIONATE, DEDICATED 30+ MEMBER STAFF INCLUDING MASTERS' TRAINED SOCIAL WORKERS AND A MENTAL HEALTH SPECIALIST. EACH YEAR, APPROXIMATELY 300 VOLUNTEERS FROM THE COMMUNITY PROVIDE 3,000+ HOURS OF THEIR TIME ON BEHALF OF OUR CLIENTS. OUR BOARD AND LEADERSHIP IS VISIONARY, AND WE HAVE DEVELOPED BROAD COMMUNITY, PRIVATE DONOR AND FOUNDATION SUPPORT. WHY WE ARE IN MAINE, MORE THAN 162,000 PEOPLE LIVE IN POVERTY, AND RECENT REPORTS ESTIMATE THAT IN 2017, APPROXIMATELY 6,300 - 7,000 OF THEM WERE HOMELESS. WHILE THE NATIONAL AVERAGE OF HOMELESS PEOPLE WHO ARE MEMBERS OF FAMILIES IS 38%, FAMILIES AND CHILDREN CONSTITUTE NEARLY 50% OF THE HOMELESS POPULATION IN MAINE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990 - ORGANIZATION'S MISSION</p>	<p>RLY 80% OF OUR CURRENT CLIENT CASELOAD THE HOMELESS OFTEN ARE VICTIMS OF "GENERATIONAL POVERTY", THEIR LIVES FREQUENTLY ROOTED IN A HISTORY OF PHYSICAL ABUSE OR DOMESTIC VIOLENCE, UNRESOLVED PHYSICAL OR MENTAL HEALTH ISSUES, LEARNING DISABILITIES, INCOMPLETE EDUCATION, LIMITED JOB TRAINING AND INADEQUATE LIFE-COPING SKILLS THE COMMON THREAD THAT WEAVES THROUGHOUT THE LIVES OF ALL OUR CLIENTS IS TRAUMA - EMOTIONAL OR PSYCHOLOGICAL - OFTEN STEMMING FROM CHILDHOOD WHILE MANY HUMAN SERVICES ORGANIZATIONS ADDRESS THE CONSEQUENCES OF POVERTY, THE CAUSES ARE NOT REMEDIED, LEAVING A SIGNIFICANT PORTION OF THE POPULATION INCAPABLE OF ACHIEVING SELF-SUFFICIENCY OUR METHODOLOGY DIVERGES FROM THE CONVENTIONAL APPROACH BECAUSE NOT ONLY DO WE PROVIDE FOR THE IMMEDIATE, BASIC NEEDS OF HOMELESS INDIVIDUALS AND FAMILIES IN CRISIS, WE THEN HELP CLIENTS IDENTIFY AND UNRAVEL THE HISTORICAL, COMPLEX AND MULTIFACETED ORIGINS OF THEIR CIRCUMSTANCE THROUGH AN INDIVIDUALIZED, COMPREHENSIVE TRAUMA-INFORMED PLAN OF CARE - SPECIFIC TO OUR CLIENTS' NEEDS, GOALS AND ABILITIES - WE HELP THEM SYSTEMATICALLY ADDRESS AND REMOVE THE BARRIERS THAT INHIBIT THEM FROM ACHIEVING MEANINGFUL IMPROVEMENT IN THEIR LIVES OUR OUTCOMES AS PREVIOUSLY MENTIONED, OUR MOST NOTEWORTHY OUTCOME IS A SUCCESS RATE OF 90%-95% OF SUSTAINED INDEPENDENCE FOR CLIENTS WHO REMAIN ACTIVE THROUGHOUT THE COURSE OF OUR PROGRAMS AND THE BENEFIT OF THESE SUCCESSFUL OUTCOMES EXTENDS TO THE COMMUNITY THE SOCIETAL COST OF HOMELESSNESS, OFTEN BORNE BY THE TAXPAYERS, FREQUENTLY IS OVERLOOKED INADEQUATE, UNSAFE LIVING CONDITIONS COUPLED WITH PROTRACTED HUNGER AND POOR PHYSICAL/MENTAL HEALTH CARE FREQUENTLY FORCES THE HOMELESS TO RELY ON HOSPITAL EMERGENCY ROOM ONE ER VISIT CAN COST THOUSANDS OF DOLLARS FOR DOCTORS' FEES, DIAGNOSTICS & LABORATORY EXPENSES, AND THE EMERGENCY RESPONSE SYSTEM DESPITE THE FACT THAT THE NATIONAL AVERAGE ANNUAL COST TO A MUNICIPALITY FOR DEDICATED HOMELESS ASSISTANCE IS MORE THAN 4 0,000 PER PERSON PER YEAR, ERADICATING THE CAUSES OF HOMELESSNESS REMAINS LARGELY UNADDRESSED IN SHARP CONTRAST, OVER THE PAST 4 YEARS, THE AVERAGE COST TO THE COALITION TO MOVE A HOMELESS PERSON INTO STABLE HOUSING IS LESS THAN 9,000 PER PERSON, AND WE HAVE TRANSITIONED NEARLY 700 OF THEM FOR A RELATIVELY MODEST AMOUNT OF MONEY, WE ARE ABLE TO A) TRANSITION A FORMERLY HOMELESS PERSON INTO HOUSING AND A TRAJECTORY TOWARD A SELF-RELIANT, PRODUCTIVE LIFE AND B) REDUCE THE BURDEN FOR TAXPAYERS, ALLOWING RESOURCES TO BE DIRECTED TO OTHER ESSENTIAL AREAS EFFECTIVELY, AS WE TRANSITION THE HOMELESS FROM THE CORROSIVE CYCLE OF HOMELESSNESS AND POVERTY INTO SUSTAINED INDEPENDENCE, WE ARE BEGINNING TO SEE A VERY DIFFERENT, DYNAMIC AND TRANSFORMATIVE CYCLE EVOLVE, ONE IN WHICH FORMERLY HOMELESS INDIVIDUALS, FAMILIES AND CHILDREN CAN ASSUME A PLACE AS ACTIVE AND PRODUCTIVE MEMBERS OF A ROBUST, THRIVING COMMUNITY 4 5 YEARS AFTER OPENING OUR FAMILY SHELTER, WE ARE PROUD TO SEE A NEW LAYER OF OUR COMMUNITY FRIENDS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990 - ORGANIZATION'S MISSION</p>	<p>WHO MET IN OUR PROGRAM ARE REMAINING POSITIVE SUPPORTS FOR ONE ANOTHER, HELPING ONE ANOTHER WITH RIDES, CHILD WATCHING AND FRIENDSHIP, AND VOLUNTEERING FOR OUR ORGANIZATION. OUR FUTURE WE CONTINUE TO SEEK TO HELP AS MANY AS POSSIBLE OF THE HOMELESS INDIVIDUALS AND FAMILIES IN OUR COMMUNITY OVERCOME THE OBSTACLES THAT HAVE PREVENTED THEM FROM ACHIEVING INDEPENDENT, FULFILLING LIVES, AND TO ADVOCATE - AND WHERE NECESSARY - BECOME A CATALYST FOR THE DEVELOPMENT OF SOLUTIONS TO THOSE OBSTACLES. IN ORDER TO CONTINUE DELIVERING OUR EXCEPTIONAL QUALITY AND RANGE OF CARE TO OUR PRESENT CASELOAD AND EXPAND CAPACITY WHILE SUSTAINING THE CURRENT LEVEL OF SUCCESSFUL OUTCOMES FOR OUR CLIENTS, WE HAVE BEGUN TO INCREASE THE NUMBER OF OUR CASEWORKERS. OUR DEDICATION ALSO IS DRIVEN BY INCREASINGLY DISTURBING STATISTICS IN MAINE, THE TEEN BIRTH RATE HAS RISEN TO 9TH IN THE US, AND THE INFANT MORTALITY RATE HAS INCREASED BY 20% OVER 5 YEARS. AND WHILE THE POVERTY LEVEL CONTINUES TO HOVER BETWEEN 12.5% -14%, THE POVERTY RATE FOR CHILDREN IS FAST APPROACHING 20%. THIS IS CAUSE FOR ALARM NOT ONLY BECAUSE IT IS A BELLWETHER MEASURE OF THE WELLBEING OF FAMILIES AND THE COMMUNITY, BUT ALSO BECAUSE OF THE CONCOMITANT RISK OF HOUSING INSTABILITY IN CHILDREN'S LIVES. AS NOTED PREVIOUSLY, UNACCOMPANIED YOUTH IS BECOMING ONE OF THE FASTEST GROWING SEGMENTS OF THE HOMELESS POPULATION, SUSCEPTIBLE TO PREDATORY INFLUENCES SUCH AS THE ESCALATING OPIOID EPIDEMIC AND HUMAN TRAFFICKING. AS OUR CAPACITY INCREASES, AND OUR CARE MODELS ARE FURTHER ENHANCED, WE ARE ABLE TO MORE INTENSELY SCRUTINIZE THE PHYSICAL, EMOTIONAL AND PSYCHOLOGICAL NEEDS OF AT-RISK CHILDREN AND YOUTH WITHIN OUR COMMUNITY. WHEN WE OPENED OUR YOUTH CENTER, WE ANTICIPATED THAT MOST OF THOSE WHO WOULD REACH OUT FOR HELP WOULD BE TEENS. HOWEVER, WE HAVE BEGUN TO WITNESS A MUCH LARGER POPULATION OF PRE-TEENS, OFTEN AS YOUNG AS 10 YEARS OF AGE. WE ARE DEVELOPING YOUTH PROGRAMS - ACROSS A BROAD AGE SPECTRUM - THAT INSTEAD NEW RESEARCH AND INNOVATIVE MODES OF THINKING, INCLUDING ADVERSE CHILDHOOD EXPERIENCES STUDY CONCEPTS. WE ARE COLLABORATING WITH LOCAL SCHOOL ADMINISTRATORS AND TEACHERS TO IDENTIFY AND EXTEND OUR OUTREACH TO THOSE ADOLESCENTS WHO MAY BE AT THE GREATEST RISK. NEGATIVE CHILDHOOD INFLUENCES HAVE A TREMENDOUS IMPACT ON FUTURE VICTIMIZATION, OPPORTUNITIES AND LIFELONG HEALTH. WE KNOW THIS TO BE TRUE, BECAUSE THE PERNICIOUS EFFECTS OF THESE EXPERIENCES ARE CLEARLY EVIDENCED IN OUR ADULT CLIENTS. WE WANT TO ENSURE THAT THEY ARE NOT PERPETUATED IN THE LIVES OF FUTURE GENERATIONS AND THAT THIS DESTRUCTIVE, OFTEN INTERGENERATIONAL CYCLE IS BROKEN. TO THE FULLEST EXTENT OF OUR ABILITIES, WE SEEK TO ENSURE THE CHILDREN IN OUR COMMUNITIES ARE PROVIDED SAFE, STABLE, NURTURING ENVIRONMENTS, AND A SOLID FOUNDATION FOR BECOMING STRONG, RESILIENT AND SELF-RELIANT ADULTS. LOOKING TO THE FUTURE, WE RECOGNIZE THAT MAINE - WITH THE OLDEST MEDIAN AGE IN THE NATION AND A DECREASING POPULATION OF YOUNG PEOPLE - MUST DEVELOP</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	SINCE THERE IS NO PUBLIC TRANSPORTATION IN THE MID-COAST, AND 70% OF OUR CLIENTS DO NOT HAVE ACCESS TO A VEHICLE, THEY TRADITIONALLY HAVE BEEN UNABLE TO ACCESS GEOGRAPHICALLY CHALLENGING AND DISCONNECTED SERVICE PROVIDERS OUR PROGRAM IS UNIQUE BECAUSE IT ALLOWS OUR CLIENTS TO BEGIN REBUILDING THEIR LIVES WITH A PLAN OF CARE ESTABLISHED, COORDINATED AND ACCOUNTABLE THROUGH ONE CENTRALIZED "HUB" THIS ALSO MINIMIZES REDUNDANT OR INCOMPLETE EFFORTS WE SEEK COLLABORATION WITH VIRTUALLY ALL AGENCIES AND SOCIAL SERVICE ORGANIZATIONS IN OUR AREA TO IDENTIFY ANY AND ALL SUPPORT FOR WHICH OUR CLIENTS MIGHT BE ELIGIBLE, AND GUIDE THEM THROUGH THE PROCESS OF SECURING BENEFITS TO ROUND OUT THEIR PLAN GOALS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	MAINTAIN THEIR INDEPENDENCE LONG TERM AFTER CARE IS A CRITICAL COMPONENT OF OUR HIGH RATE OF SUCCESSFUL OUTCOMES OUR PHILOSOPHY INCLUDES A DEEP COMMITMENT TO BRINGING A CLIENT TO THEIR ABSOLUTE BEST SELF PART OF SELF-DISCOVERY IS HELPING UNCOVER WHAT REIGNITES THE PILOT LIGHT OF 'HOPE', THUS RECHARGING MOTIVATION TO TRY, TO CHANGE BEHAVIORS AS NEEDED AND TO IMPROVE EARNING POTENTIAL FOR A HOPEFUL FUTURE

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>EMERGENCY SERVICES OPENED IN 2017, OUR WELCOME CENTER ALLOWS US TO QUICKLY EXTEND CARE SERVICES AND RESOURCES TO THE HOMELESS IN CRISIS WE ALSO PROVIDE FOOD, CLOTHING AND GENERAL HOUSEHOLD GOODS, AND OFFER SHOWER AND LAUNDRY FACILITIES TRANSPORTATION OUR DEDICATED VANS THAT SUPPORT YOUTH AND ADULT PROGRAMS, SHUTTLE CLIENTS TO THEIR JOBS OR EMPLOYMENT INTERVIEWS, CHILDCARE FACILITIES, AND HEALTHCARE & SERVICE PROVIDERS A SECOND VEHICLE WILL BE AVAILABLE SHORTLY, TO ACCOMMODATE OVERFLOW AND OFF-HOUR TRANSPORTATION NEEDS SUCH AS CONTINUING EDUCATION WHICH IS OFTEN ONLY OFFERED IN EVENING HOURS THE LANDING PLACE TO ADDRESS THE NEEDS OF ONE OF THE FASTEST GROWING SEGMENTS OF THE HOMELESS POPULATION - UNACCOMPANIED ADOLESCENTS AND TEENS - IN 2017 WE OPENED THE LANDING PLACE, A COMPREHENSIVE YOUTH PROGRAM FOR "AT RISK- AND HOMELESS TEENS THE LANDING PLACE IS PRIVATELY FUNDED FOR 5 YEARS, WHICH ALLOWS US A RUNWAY TO DISCOVER THE MOST EFFECTIVE PROGRAMMING POSSIBLE FOR OUR YOUTH OUR PROGRAM IS LOW BARRIER AND HIGHLY RELATIONAL- NUANCED TO CULTURAL IDENTITIES, NEEDS AND INTERESTS, AND ADAPTIVE TO CHANGE AS REQUIRED THE FIVE YEAR UNRESTRICTED FUNDING ALSO AFFORDS US THE LIBERTY TO INVESTIGATE NEW PROTOCOLS AND MODELS OF CARE THAT WILL BE GERMANE TO THE WIDE RANGE OF AGE-GROUPS WE ARE SEEING SO FAR IN OUR TEEN CENTER THE LANDING PLACE DROP-IN CENTER OFFERS A SAFE SPACE SUPERVISED BY A NON- JUDGMENTAL RELATIONAL TEAM WE OFFER HEALTHY ACTIVITIES, HOT MEALS, SUPPLIES, SCHOOL & COMMUNITY OUTREACH AND TRANSPORTATION BY A DEDICATED VAN EMERGENCY SHELTER FOR UNACCOMPANIED YOUTH IS PLANNED FOR 2019 AS IS A 'MOBILE' OUTREACH UNIT OFFERING SUPPORT TO BOTH PARENTS AND THEIR CHILDREN SEVERAL OF THE MOST CRITICAL BARRIERS FACED BY THE HOMELESS - SHELTER AND AVAILABLE & AFFORDABLE HOUSING - ARE BECOMING MORE CHALLENGING THEREFORE, WE MUST ASSUME A PRO-ACTIVE, ENTERPRISING ROLE AND WHERE SOLUTIONS ARE NOT AVAILABLE, EXPLORE POTENTIAL WAYS TO DEVELOP THEM WITH OUR COLLABORATIVE PARTNER, MID-COAST HABITAT FOR HUMANITY, IN 2017 WE CONSTRUCTED A 192 SQ FT PROTOTYPE "TINY HOME" WE ARE WORKING WITH THE TOWN OF ROCKPORT TOWARD RECEIVING APPROVAL FOR 8-12 ADDITIONAL STRUCTURES ON OUR CAMPUS, WHICH WOULD PROVIDE US WITH MUCH-NEEDED EXPANDED SHELTER CAPACITY WE ARE GRATIFIED THAT OUR "TINY HOME" INITIATIVE ATTRACTED THE ATTENTION OF THE MAINE STATE HOUSING AUTHORITY, WHICH HAS ALLOCATED 500,000 IN FUNDING TO KNOX COUNTY FOR A PILOT PROGRAM - WHICH WE WILL BE COORDINATING WITH MID- COAST HABITAT FOR HUMANITY - TO DEVELOP A PERMANENT, SUPPORTED AND BALANCED "SMALL FOOTPRINT" AFFORDABLE HOUSING COMMUNITY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 WAS PREPARED BY AN INDEPENDENT OUTSIDE ACCOUNTING FIRM WITH INPUT FROM THE ORGANIZATION'S EXECUTIVE DIRECTOR, OPERATIONS MANAGER, AND OTHER STAFF THE FORM 990 WAS THEN REVIEWED BY THE EXECUTIVE DIRECTOR AND CIRCULATED TO THE BOARD OF DIRECTORS BEFORE IT WAS FILED WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	EACH MEMBER OF THE BOARD OF DIRECTORS IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT BEFORE TAKING A POSITION WITH THE BOARD AND AT LEAST ANNUALLY THEREAFTER THE STATEMENT INCLUDES A LIST OF ALL BUSINESSES AND OTHER ORGANIZATIONS OF WHICH HE OR SHE IS AN OFFICER, DIRECTOR, MEMBER, OWNER, SHAREHOLDER, EMPLOYEE, OR AGENT WITH WHICH KNOX COUNTY HOMELESS COALITION HAS OR MIGHT BE EXPECTED TO HAVE A RELATIONSHIP OR TRANSACTION IN WHICH THE BOARD MEMBER MIGHT HAVE A CONFLICTING INTEREST THE CHAIRPERSON AND BOARD OF DIRECTORS REVIEWS THE STATEMENTS OF ALL DIRECTORS IN ORDER TO GUIDE THE CONDUCT OF THE BOARD SHOULD A CONFLICT ARISE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE PROCESS FOR REVIEWING THE EXECUTIVE DIRECTOR'S COMPENSATION INCLUDES FULL BOARD OF DIRECTORS REVIEW, AND REVIEW OF PUBLISHED COMPENSATION COMPARABILITY DATA FROM REGIONAL REPORTING ORGANIZATIONS REVIEW PROCESS TO BE DOCUMENTED IN BOARD MINUTES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	KNOX COUNTY HOMELESS COALITION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI	THIS YEAR'S FORM 990 REFLECTS A NET PRIOR PERIOD ADJUSTMENT IN THE FORM OF A REDUCTION IN PRIOR YEAR'S TOTAL NET ASSETS IN THE AMOUNT OF 32,700 TO REFLECT THE CORRECTION OF ACCRUED PAYROLL AND RELATED COSTS AS OF SEPTEMBER 30, 2016

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII	KNOX COUNTY HOMELESS COALITION HAS CHANGED ITS FISCAL AND TAX YEAR END FROM SEPTEMBER 30 TO DECEMBER 31, AND IS EFFECTING THIS CHANGE BY WAY OF FILING A SHORT-YEAR FORM 990 FOR THE THREE MONTHS ENDING DECEMBER 31, 2017. ADDITIONALLY, THE COALITION IS IN THE PROCESS OF HAVING A FINANCIAL STATEMENT REVIEW CONDUCTED BY ITS INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS FOR THE FIFTEEN-MONTH PERIOD ENDING DECEMBER 31, 2017.