

Memorandum

To: Housing and Homelessness Commissioners
From: Sarah Flax, Housing and Grants Manager
Subject: August 1, 2019 HHC Meeting Cover Memo
Date: July 29, 2019

Attached please find:

- The meeting agenda
- Item 3: Draft minutes of the June 6, 2019 meeting for approval
- Item 4: Application for Tenant-Based Rental Assistance funding – Connections for the Homeless
- Item 5: *A One-Stop Shop for Affordable Backyard Homes Advances in L.A.* about offering public financing to homeowners to construct ADUs that will have affordability requirements

A presentation by the Evanston Development Cooperative will follow. The slides for the presentation may be found on the Commission's webpage immediately to the right of the meeting packet.

We look forward to seeing you on August 1st.



HOUSING AND HOMELESSNESS COMMISSION

Thursday, August 1, 2019

7:00 PM

Lorraine H. Morton Civic Center, 2100 Ridge, Room 2402

- 1. CALL TO ORDER / DECLARATION OF QUORUM**
- 2. APPROVAL OF MEETING MINUTES June 6, 2019**
- 3. PUBLIC COMMENT**
- 4. CONNECTIONS FOR THE HOMELESS TENANT-BASED RENTAL ASSISTANCE FUNDING RENEWAL APPLICATION**
- 5. PRESENTATION FROM EVANSTON DEVELOPMENT COOPERATIVE**
- 6. STAFF REPORTS**
- 7. CHAIR'S REPORT**
- 8. NEW/OTHER BUSINESS**
- 8. ADJOURNMENT**

Next Meeting: September 5, 2019 at 7:00 p.m. in room 2402

Order & Agenda Items are subject to change. Information about the Housing and Homelessness Commission is available at: www.cityofevanston.org/government/agendas-minutes. Questions may be directed to Savannah Clement at 847.448.8679.

The City of Evanston is committed to making all public meetings accessible to persons with disabilities. Any citizen needing mobility or communications access assistance should contact Savannah Clement at 847.448.8679.

La ciudad de Evanston está obligada a hacer accesibles todas las reuniones públicas a las personas minusválidas o las quines no hablan inglés. Si usted necesita ayuda, favor de ponerse en contacto con la Oficina de Administración del Centro a 847/866-2916 (voz) o 847/448-8052 (TDD).



DRAFT

MEETING MINUTES

HOUSING AND HOMELESSNESS COMMISSION

Thursday, June 6, 2019, 7:00 P.M.

Lorraine H. Morton Civic Center, Room 2402

Present: Chair Larry Donoghue, Ellen Cushing, Alderman Eleanor Revelle, Monika Bobo, Moika Long, Renee Phillips

Absent: Noelle Gilbreath

Staff: Sarah Flax, Housing and Grants Manager

Call to order

Chair Donoghue called the meeting to order at 7:27 PM with a quorum present.

Approve minutes for May 2, 2019 meeting

Ald. Revelle moved approval, Ellen Cushing seconded the motion; it was approved unanimously.

Public comment

- Tina Paden spoke against allocating ESG funding to Connections for the Homeless until after a meeting with Ald. Rainey, Braithwaite and staff about a disagreement over payments
- Ray Friedman spoke against the housing development at 1305 Pitner Ave
- Betty Ester spoke in favor of permanent supportive housing and taking residents from the RHI list
- Darlene Cannon spoke about the impact of 1305 Pitner on property values, about concerns with the tenant selection process, and location of affordable housing in minority neighborhoods

Housing Opportunities for Women Services Overlay Funding Proposal for 1305 Pitner

Commissioner Bobo explained that as an employee of the Illinois Housing Development Authority, a funder of the project, she is required to recuse herself from discussion and voting on this item and left the room.

Staff provided a brief overview of the request by Housing Opportunities for Women (HOW) for \$210,000 from the Affordable Housing Fund (AHF) for case management and other services that would establish a local preference for four units for 15 years in the 16-unit permanent supportive housing development being completed at 1305 Pitner Avenue. The units would be prioritized for households with children in Evanston School Districts 65 and 202 that are homeless under the McKinney-Vento Act. Britt Shawver, HOW Executive Director, explained that the services funding would be the first priority in the Tenant Selection Plan for those four units and provided additional information on the Regional Housing Initiative and State Referral Network waitlists. Discussion included

whether all units should be 2-bedrooms, whether units would be fixed or floating, whether a long-term plan to develop self-sufficiency would be provided, who would provide the services, and how tenants for the four units would be selected. The differences between how McKinney-Vento families are served through the Tenant-Based Rental Assistance program and these units were also discussed. Questions posed by members of the audience were also addressed.

There being no further discussion, Alderman Revelle moved that the Commission recommend approval of the request for \$210,000 from the AHF to establish a preference for residency by Evanston McKinney-Vento families for four housing units for 15 years in the new development at 1305 Pitner Avenue; Renee Phillips seconded the motion and it was approved unanimously. The Commission's recommendation will go to Planning and Development Committee at either its June 24 or July 8, 2019 meeting. Monika Bobo rejoined the meeting.

Emergency Solutions Grant Funding Allocations

Chair Donoghue summarized the staff recommendation to allocate 2019 Emergency Solutions Grant funds totaling \$151,738. The City would retain \$11,380 for grant administration; Connections for the Homeless would receive \$125,351 for street outreach, shelter, homeless prevention and rapid re-housing and the YWCA Evanston-North Shore would receive \$15,000 for its shelter. Funding for rapid-rehousing would be increased to 40% of grant total based on 2018 actual expenditures; prevention funding would be reduced accordingly; street outreach and emergency shelter would remain at 10% and 32.5% of total grant, respectively. Staff explained that the committee comprising staff from Connections, Family Promise, HOW and the City that reviews and approves households for prevention and re-housing funds facilitated provision of assistance to clients of those agencies that are not direct recipients of ESG funds.

Ellen Cushing moved approval of the ESG funding recommendation, Monika Bobo seconded the motion and it was approved unanimously. The Commission's recommendation will go to the Human Services Committee on July 1 and to City Council on July 22, 2019 for approval.

Staff Reports

Staff provided information about the summaries of the City's HOME and Affordable Housing Fund revenues and expenses for 2012 – 2018 and answered questions from the Commission. The report will be updated annually for the Commission. Renee Phillips provided some details about the additional reports from the Alliance to End Homelessness in Suburban Cook County that were included in the packet and reinforced the value of HMIS for tracking and evaluation of the homeless population and services to address their needs.

Chair's Report

Chair Donoghue outlined the priorities for the Housing and Homelessness Commission based on his discussions with individual members. He noted that he and Monika Bobo would be unavailable for the July 11 meeting. He will work with staff to either reschedule

DRAFT

the meeting to another date or cancel if there are no items requiring action by the Commission.

New/Other Business

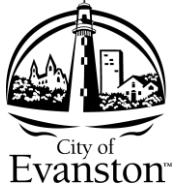
Staff reported on work with the Mayor's office to finalize appointments to vacant HHC and Affordable Housing Plan Steering Committee vacancies.

Adjournment

Alderman Revelle moved to adjourn at 9 PM, Moika Long seconded the motion and it was approved unanimously.

The next scheduled meeting of the Commission is Thursday, July 11, at 7:00 PM. in room 2404.

Respectfully submitted,
Sarah K. Flax, Housing and Grants Manager



Memorandum

To: Housing and Homelessness Commission

From: Johanna Leonard, Community Development Director
Sarah Flax, Housing and Grants Manager
Savannah Clement, Housing Policy & Planning Analyst

Subject: Tenant-Based Rental Assistance Program Renewal Funding

Date: July 23, 2019

Recommendation Action:

Staff recommends approval of a funding renewal of \$300,000 in HOME funds to continue the current Tenant-Based Rental Assistance (TBRA) program, administered by Connections for the Homeless. The funding will provide stable housing for two years to up to ten at-risk Evanston families with children under the age of 18 in Evanston that are underemployed, and break the cycle of poverty and instability by developing the capacity to earn a living wage to support their families and afford market rate rental housing.

Funding Source:

Funding is from the HOME Investment Partnerships Program, 240.21.5430.65535. Currently, the City has a total of \$464,317 in available uncommitted HOME funds (this amount does not include the HUD-required set-aside amounts for CHDO projects and administration).

Livability Benefits:

Built Environment: Support housing affordability;

Equity & Empowerment: Ensure equitable access to community benefits, and support poverty prevention and alleviation.

Discussion:

Continuation of TBRA is based on the need and the current program's success. In addition, the need for housing and other supports for at-risk families has grown due to state budgeting issues and recent cuts to federal programs including the Housing Choice Voucher program. That program has lost \$228 million nationally from 2010 to 2016 causing tens of thousands of families to lose rental assistance. Furthermore, rents have continued to increase both nationally and locally, while incomes have remained stagnant. As a result, there is a considerable need for rental assistance programs in order to help households achieve housing stability, self-sufficiency, and break the cycle of poverty.

The City allocated \$500,000 to the program in 2013, and \$250,000 to the program in 2016 and 2017, and \$300,000 in 2018. In the past year, Connections served 26 families through the TBRA program, including 30 adults and 72 children. Since July 1, 2018, Connections achieved the following outcomes:

- 10 families exited the program, and 100% exited to a permanent home they were able to sustain
- 85% of families either started a job or maintained a job that pays a living wage throughout the year (22 of 26 families)
- 46% of families served last year increased their income (12 of 26 families)
- 98% of children served achieved strong academic outcomes and advanced to the next grade

More information about the program and Connections' outcomes can be found in their application and program outcomes document (both attached).

No additional families can be enrolled in TBRA unless more funds are allocated. If the City allocates \$300,000 to the program in 2019, it will allow Connections for the Homeless to provide two years of rental subsidies to an additional eight to ten families, even with the rising housing costs.

Attachments:

- Connections for the Homeless application for renewal funding for the Tenant-Based Rental Assistance Program
- Connections' TBRA Family Housing Program – Program Outcomes: July 1, 2018 – July 1, 2019
- Connections' FY2020 Operating Budget



**Community Development Dept.
Housing & Grants**

2100 Ridge Avenue
Evanston, Illinois 60201
T: 847.448.8679

HOME Tenant Based Rental Assistance (TBRA) Program Application

Application Date: _____

SECTION A General Information

Applicant Name: _____

Telephone #: _____

Contact: _____

Fax #: _____

Address: _____

E-mail Address: _____

City / State / Zip: _____

Federal Tax ID #: _____

SECTION B Activity/Funding

Assistance Type: (check all that apply)

Monthly Rental Assistance Security Deposits Utility Deposits

Funding: Total **HOME** funds requested: _____

Units: Estimated **HOME** units to be assisted: _____

SECTION C Geographic Location

Location of Program:

County: _____

Census Tract: _____

Congressional District: _____

State House District: _____

State Senate District: _____

SECTION D Special Needs Populations

If you are proposing to target any special needs populations, check **ALL** that apply and number to be served:

Mentally Disabled _____ Homeless _____ Chemical Dependencies _____
 Physically Disabled _____ Elderly _____ Other: _____
 Migrant/Agriculture Workers _____ HIV/AIDS _____

SECTION E Program Summary

Program Summary: Describe the proposed rental assistance program and how it will be carried out by your agency. Applicants should address the process and procedures for each of these components (rent standard, program design, groups served, method of payment) and how they will be addressed within a two year program.

With HOME funds from the City of Evanston, Connections provides permanent housing and comprehensive services to 20 Evanston families through its TBRA Family Housing program. Families receive rental assistance for 24-months as they work to increase their income and sustain market-rate rent.

Connections' TBRA program serves families with children in District 65 or 202 who are homeless or housing insecure. District 65 and 202 social workers refer families to the TBRA program, families could be living in shelters, doubled up with family or friends, or have lost housing to eviction or foreclosure.

Families enrolled in the TBRA program are supported by a Case Manager. Connections supports the family in locating and moving into an affordable home and navigating landlord relationships. Each family works with our Case Manager to develop a step-by-step plan to strengthen, stabilize, and secure their family. Families are connected to comprehensive services including: education support, financial assistance for tuition and fees, employment search assistance, resume development, transportation assistance, counseling services, benefits application support, financial literacy, and connections to community providers to meet the families' needs.

Families pay 30% of their adjusted gross income toward rent each month and their payment increases over time as they connect to living wage jobs. Connections provides the balance, and the City of Evanston reimburses the agency with HOME funds. The ultimate goal is that within two years, the family is economically stable, sustaining a living wage job, and maintaining permanent housing.

SECTION F Selection Procedure

Provide a description of the selection procedure or process that will be used to qualify potential tenants. Be certain to include how applicants will be selected for participation (to include preferences).

Connections' TBRA Family Housing program was founded 6 years ago in response to a community crisis. Homeless students in Evanston's public schools were on the rise and there was a lack of resources to meet the needs of unstably housed families. District 65 and 202, the City of Evanston, and Connections partnered to deliver the TBRA program to stabilize, strengthen, and secure Evanston families.

Families are referred to the program from District 65 and 202 social workers, through our outreach efforts and from other community partners (Family Promise, the Alliance to End Homelessness in Suburban Cook County, etc.).

Families interested in the program are assessed for eligibility and informed of the program rules. The family must be able to:

- Establish a lease and utilities in their own name
- Follow lease requirements
- Agree to have employability assessed for each adult in the household
- Agree to have all children's medical, education, and psychosocial needs assessed
- Agree to have the household assessed for benefits and work with staff to enroll (if eligible)
- Participate in service planning and identify their goals to lead to a successful completion of the program
- Meet at least monthly with the Case Manager, provide verification of income, pay 30% of the household income toward rent

Additionally, families must engage with District 65 and 202 social workers to ensure their children continue to have access to the support and services they are eligible for in the school.

SECTION G Self Sufficiency

If applicant is proposing to target assistance to tenants who are a part of an existing self sufficiency program, provide a brief description of the current program and how the HOME TBRA would be used.

None of the tenants in this program will have been enrolled previously in a self-sufficiency program.





SECTION H Administrative Team

Please complete for each individual administrative team member to include: name, address, and telephone number.

Type	Name	Address, City, State, Zip	Telephone Number
Project Administrator			
Financial Administrator			
Intake Specialist			
Property/Maintenance Inspector			

SECTION I Administrative Management Plan

The applicant **must** address the following items in the administrative management plan:

-  Tenant Selection Process
-  Affirmative Marketing
-  Equal Opportunity and Fair Housing
-  Assistance Contract

Provide the Administrative Management Plan:

The referral process described in Section F is how people are connected to our program. We assess people for eligibility on a first come, first served basis. If eligible, families are offered a spot in program with agreement that they will follow all program rules. If the program is full, but families are eligible, Connections will maintain a wait-list and refer to other community resources and options to meet the families immediate needs.

Connections works with nonprofits, businesses, faith communities, municipal staff, volunteers, and school districts to bring greater awareness to our work. We also operate street-based outreach to connect with people least likely to engage in our services. We are committed to the mission and work of the office of Fair Housing & Equal Opportunity. All of our programs and services are open to all, regardless of gender, religion, race, ethnicity, sexual orientation, national origin, familial status, or ability.

Monthly Utility Allowance Calculations (Round to nearest dollar amount)

Utilities	Type of Utility (Gas, Electric, etc.)	Utilities Paid By		Enter Allowances by Bedroom Size				
		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	0 Bdrm	1 Bdrm	2 Bdrm	3 Bdrm	4 Bdrm
Heating		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
AC		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Cooking		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Lighting, etc.		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Hot Water		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Water		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Sewer		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Trash		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Total Utility Allowance for Units:								

Source of utility allowance calculation:

Local PHA: _____ Utility Company Other: _____

Note: Documentation to support utility allowance claims must be submitted with this application

Assistance payments will be paid to: Owner/Landlord Tenant

Method used to calculate subsidy:

- Section 8 Certificate Model
- Section 8 Voucher Model
- Other (describe method):

Families will pay 30% of their monthly adjusted gross income toward rent, and this payment amount will increase over time as the family becomes more economically stable. Families will also pay all of their utilities that are not covered by the landlord as a part of the lease. Thus, there are no utility allowances. Connections will regularly assess income to determine the rent payment. Families will pay their portion directly to the landlord. Connections will pay the balance, and submit the balance directly to the landlord.

SECTION J Marketing Plan

Affirmative Fair Housing Marketing Plan

Applicant's Name, Address (including city, state & zip code) & Phone Number:	Approximate Starting Dates Advertising: Occupancy: September 1, 2019	Price or Rental Range From: \$ _____ To: \$ 2,045
	Targeting Units: <input type="checkbox"/> Homeless <input type="checkbox"/> Elderly <input type="checkbox"/> Large Family <input type="checkbox"/> Special Needs <input type="checkbox"/> Handicapped	Number of Units:
Project's Name, Location (including city, state and zip code):	County:	Census Tract
	Managing/Sales Agent's Name & Address (including city, state and zip code):	
Type of Affirmative Marketing Plan (check only one): <input type="checkbox"/> Project Plan <input type="checkbox"/> Minority Area <input type="checkbox"/> White (non-minority) Area <input type="checkbox"/> Mixed Area (with _____ % minority residents) <input type="checkbox"/> Annual Plan (for single-family scattered site units)		
Direction of Marketing Activity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander		

Marketing Program: Commercial Media (Check the type of media to be used to advertise the availability of this housing):

Newspaper/Publications Radio TV Billboards Other (specify) _____

Name of Newspaper, Radio or TV Station	Group Identification of Readers/Audience	Size/Duration of Advertising

Marketing Program: Brochures, Signs, and HUD's Fair Housing Poster:

- a) Will brochures, letters, or handouts be used to advertise? Yes No If "Yes", attach a copy or submit when available.
- b) For project site sign, indicate sign size _____ Logo type size _____ Attach a photograph of project sign and submit if available.
- c) HUD's Fair Housing Poster must be conspicuously displayed wherever sales/rentals and showings take place. Fair Housing Posters will be displayed in the Sales/Rental Office Real Estate Office Model Unit Other (specify) _____

Community Contacts. To further inform the group(s) least likely to apply about the availability of the housing, the applicant agrees to establish and maintain contact with the groups/organizations listed below that are located in the housing market area. If more space is needed, attach an additional sheet. Notify HUD- Housing of any changes in this list. Attach a copy of correspondence to be mailed to these groups/organizations. (Provide all requested information.)

Name of Group/Organization:	Group Identification:	Approximate Date (mm/dd/yyyy):	Person Contacted or to be Contacted:
Address & Phone Number:	Method of Contact:	Indicate the specific function the Group/Organization will undertake in implementing the marketing program:	

Future Marketing Activities (Rental Units Only) Mark the box(s) that best describe marketing activities to fill vacancies as they occur after the project has been initially occupied: <input type="checkbox"/> Radio <input type="checkbox"/> Community Contacts <input type="checkbox"/> Billboards <input type="checkbox"/> Newspaper/Publications <input type="checkbox"/> Brochures/Leaflets/Handouts <input type="checkbox"/> TV <input type="checkbox"/> Site Signs <input type="checkbox"/> Other (specify) _____	Staff has experience. <input type="checkbox"/> Yes <input type="checkbox"/> No On separate sheets, indicate training to be provided to staff on federal, State and local fair housing laws and regulations, as well as this AFHM Plan. Attach a copy of the instructions to staff regarding fair housing.
--	--

DECLARATION

All attachments to this application are identified in the appropriate exhibits checklist. All attachments are clearly labeled and provided in the order requested.

The undersigned agrees that the City of Evanston may substitute its own figures, which it deems reasonable, for any or all figures provided herein by the undersigned. The City of Evanston reserves the right to request additional information, documents, plans, specifications, or other materials as needed or require changes to the information submitted herewith. The undersigned agrees to provide any and all such information, documents, plans, specifications, or other materials, at its own cost, whenever the same are requested to be provided.

Applicant Certification:

The undersigned certifies that the statements made in this application and all attachments are true, correct and complete. Verification may be obtained from any source necessary. Falsification of any of the statements made in this application will, result in the cancellation of any award resulting from the submission of this application.

ORIGINAL SIGNATURE REQUIRED: _____

Title: _____

Date: _____

Connections' TBRA Family Housing Program
Program Outcomes: July 1, 2018 – July 1, 2019

During the past year, Connections served 26 Evanston families through the TBRA program, including 30 adults and 72 children.

The people we serve have accomplished many goals to stabilize, strengthen, and secure their family. Connections has provided a range of support from paying for school tuition and fees, to providing counseling services in partnership with the Josselyn Center, to sending children to sleep-away camp. We provide comprehensive services and support to help people move forward with dignity and confidence and maintain housing for good.

During the year we achieved the following outcomes:

- 10 families exited the program, and 100% exited to a permanent home they were able to sustain
- 85% of families either started a job or maintained a job that pays a living wage throughout the year (22 of 26 families)
- 46% of families served last year increased their income (12 of 26 families)
- 98% of children served achieved strong academic outcomes and advanced to the next grade
 - There was one child in the program who did not advance into the next grade because of severe mental illness that frequently kept the child out of school. Our Case Manager is working closely with the family to support them in connecting to all the services they need to support the child.

4 of the families we served during the year received extensions beyond the 24-months of assistance. 2 families were extended for 90-days, and 2 families were extended for 3-months. All 4 families have exited the program, and almost one year later, 100% have maintained permanent housing.

In addition to the outcomes above, we have several individual successes achieved by recent graduates of the TBRA program. Some of these successes include a TBRA graduate in the final stages of completing an internship to be a surgical tech, another graduate finishing nursing school, and another graduate who recently completed a real estate training program. With the City of Evanston's partnership, we are helping Evanston families break the cycle of poverty and housing instability. Together, we are ending homelessness, one person at a time.



connections
FOR THE HOMELESS

Fiscal Year 2020 Operating Budget

(July 2019 - June 2020)

		Agency Total FY20
Revenue		
	Private Funding	1,911,703
	Events	641,000
	Public Funding	2,857,521
	Client, Contracted and Other Income	86,000
Total Revenue		5,496,224
Expenses		
	Personnel	2,826,571
	Staff recruitment, Training and Development	41,167
	Occupancy	231,981
	Vehicles	20,121
	Direct Support to Individuals	1,754,089
	Professional and Contractual Services	343,859
	Equipment and Supplies	74,275
	Office Management	92,913
	Insurance	44,652
	Interest Expense	2,400
	Depreciation and Amortization	64,196
	Other Non-Cash Expenses	
	Miscellaneous Expense	
Total Expenses		5,496,224
Net Income (Loss)		0

CONNECTIONS FOR THE HOMELESS, INC.

**FINANCIAL STATEMENTS
AS OF JUNE 30, 2018 AND 2017**

TOGETHER WITH AUDITOR'S REPORT



Certified Public Accountants
4320 WINFIELD ROAD, SUITE 450
WARRENVILLE, IL 60555
630 665 4440
duganlopatka.com

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Connections for the Homeless, Inc.:

We have audited the accompanying financial statements of Connections for the Homeless, Inc. (the Organization) (a non-profit organization), which comprise the statement of financial position as of June 30, 2018, and the related statements of activities, cash flows and functional expenses for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluation of the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we obtained is sufficient and appropriate to provide a basis for our audit opinion.

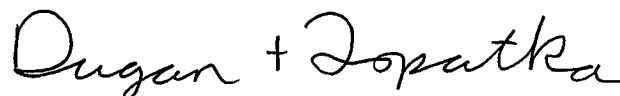
To the Board of Directors of
Connections for the Homeless, Inc.
Page two

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Connections for the Homeless, Inc. as of June 30, 2018, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited the Organization's 2017 consolidated financial statements, and in our reported dated October 26, 2017, we expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2017, is consistent, in all material respects, with the audited financial statements from which it has been derived.



DUGAN & LOPATKA

Warrenville, Illinois
December 14, 2018

CONNECTIONS FOR THE HOMELESS, INC.
STATEMENT OF FINANCIAL POSITION
JUNE 30, 2018 AND 2017

ASSETS

	2018	2017
CURRENT ASSETS:		
Cash and cash equivalents - Operations	\$ 160,245	\$ 193,474
- HUD replacement reserve	42,495	53,204
- Held for others	7,071	-
Receivables - Government	454,806	325,744
- Clients and others	4,210	4,989
Prepaid expenses	22,296	45,632
Total current assets	691,123	623,043
PROPERTY AND EQUIPMENT:		
Land	71,155	71,155
Buildings	687,052	687,052
Leasehold improvements	205,386	178,899
Furniture and fixtures	3,168	3,168
Office equipment	274,535	285,664
Vehicles	86,848	86,848
Total property and equipment	1,328,144	1,312,786
Less - Accumulated depreciation	(572,374)	(528,906)
Net property and equipment	755,770	783,880
OTHER ASSETS:		
Deposits	81,539	69,169
	\$ 1,528,432	\$ 1,476,092

The accompanying notes are an integral part of this statement.

LIABILITIES AND NET ASSETS

	<u>2018</u>	<u>2017</u>
CURRENT LIABILITIES:		
Notes payable, current maturities	\$ 9,460	\$ 8,957
Accounts payable and accrued expenses	18,589	84,697
Accrued payroll and related expenses	96,418	45,795
Government advances	-	6,727
Agency funds	7,071	-
Client security deposits	7,308	7,307
Deferred revenue	43,100	2,500
	<hr/>	<hr/>
Total current liabilities	181,946	155,983
LONG-TERM LIABILITIES:		
Notes payable, net of current maturities	31,620	41,043
	<hr/>	<hr/>
Total liabilities	213,566	197,026
	<hr/>	<hr/>
COMMITMENTS		
NET ASSETS:		
Unrestricted - Undesignated	536,659	225,338
- Board designated	-	74,460
Temporarily restricted	778,207	979,268
	<hr/>	<hr/>
Total net assets	1,314,866	1,279,066
	<hr/>	<hr/>
	\$ 1,528,432	\$ 1,476,092
	<hr/> <hr/>	<hr/> <hr/>

CONNECTIONS FOR THE HOMELESS, INC.
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2018
(with comparative totals for 2017)

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>2018 Total</u>	<u>2017 Total</u>
PUBLIC SUPPORT AND REVENUE:				
Contributions	\$ 1,315,377	\$ 20,000	\$ 1,335,377	\$ 1,104,041
Emergency Food and Shelter National Board Program	53,497	-	53,497	34,297
U.S. Department of Housing and Urban Development	898,062	-	898,062	909,729
Department of Health and Human Services	113,989	-	113,989	-
Illinois Department of Human Services	718,161	-	718,161	558,755
City of Evanston	486,764	-	486,764	282,500
Northfield Township	9,325	-	9,325	4,014
City of Des Plaines	5,102	-	5,102	3,716
Cook County Department of Planning and Development	49,400	-	49,400	18,632
United Way	30,000	-	30,000	50,000
Client rental payments	78,750	-	78,750	69,802
Investment income (loss)	67	-	67	(203)
Special events, net expenses of \$85,578 and \$74,080 for 2018 and 2017, respectively	385,016	-	385,016	313,103
Other income	13,454	-	13,454	7,216
Donated services	-	-	-	2,310
	<u>4,156,964</u>	<u>20,000</u>	<u>4,176,964</u>	<u>3,357,912</u>
RECLASSIFICATIONS:				
Net assets released upon satisfaction of purpose restrictions	221,061	(221,061)	-	-

The accompanying notes are an integral part of this statement.

CONNECTIONS FOR THE HOMELESS, INC.
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2018
(with comparative totals for 2017)

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>2018 Total</u>	<u>2017 Total</u>
FUNCTIONAL EXPENSES:				
Program services	\$ 3,118,576	\$ -	\$ 3,118,576	\$ 2,534,095
Management and general	513,064	-	513,064	301,922
Fundraising	509,524	-	509,524	351,172
	<u>4,141,164</u>	<u>-</u>	<u>4,141,164</u>	<u>3,187,189</u>
Total functional expenses				
CHANGE IN NET ASSETS	236,861	(201,061)	35,800	170,723
NET ASSETS, Beginning of year	<u>299,798</u>	<u>979,268</u>	<u>1,279,066</u>	<u>1,108,343</u>
NET ASSETS, End of year	<u>\$ 536,659</u>	<u>\$ 778,207</u>	<u>\$ 1,314,866</u>	<u>\$ 1,279,066</u>

The accompanying notes are an integral part of this statement.

CONNECTIONS FOR THE HOMELESS, INC.
STATEMENT OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

	<u>2018</u>	<u>2017</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in total net assets	\$ 35,800	\$ 170,723
Adjustments to reconcile change in total net assets to net cash provided by (used in) operating activities:		
Depreciation	57,454	62,241
Loss on disposal of fixed assets	502	480
(Increase) decrease in receivables	(128,283)	220,798
(Increase) decrease in prepaid expenses	23,336	(25,792)
(Increase) in deposits	(12,370)	(13,215)
Increase (decrease) in accounts payable	(66,108)	37,863
Increase (decrease) in accrued payroll and related expenses	50,623	(12,751)
Increase (decrease) in government advances	(6,727)	2,520
Increase in client security deposits	1	9
Increase in deferred revenue	40,600	2,500
	<u>(5,172)</u>	<u>445,376</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of property and equipment	<u>(29,846)</u>	<u>(49,925)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Principal payments on notes payable	(8,920)	(25,000)
Payments on line of credit, net	<u>-</u>	<u>(250,000)</u>
	<u>(8,920)</u>	<u>(275,000)</u>
NET CHANGE IN CASH AND CASH EQUIVALENTS	(43,938)	120,451
CASH AND CASH EQUIVALENTS, Beginning of year	<u>246,678</u>	<u>126,227</u>
CASH AND CASH EQUIVALENTS, End of year	<u>\$ 202,740</u>	<u>\$ 246,678</u>
SUPPLEMENTAL CASH FLOW INFORMATION:		
Interest paid	<u>\$ 4,547</u>	<u>\$ 8,340</u>

The accompanying notes are an integral part of this statement.

CONNECTIONS FOR THE HOMELESS, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2018
(with comparative totals for 2017)

	Program Services			Supporting Services		2018 Total	2017 Total	
	Prevention and Rapid Rehousing Services	Community and Shelter Services	Housing Services	Total Program Services	Management and General			Fundraising
FUNCTIONAL EXPENSES:								
Salaries and benefits	\$ 171,144	\$ 504,432	\$ 588,629	\$ 1,264,205	\$ 355,368	\$ 414,903	\$ 2,034,476	\$ 1,494,995
Professional fees	14,164	53,055	44,830	112,049	77,888	15,256	205,193	225,988
Dues, subscriptions and training	478	1,817	3,631	5,926	9,114	10,412	25,452	16,076
Occupancy	22,695	68,103	93,623	184,421	21,313	23,272	229,006	224,251
Repairs and maintenance	271	6,340	11,033	17,644	585	657	18,886	16,736
Insurance	3,751	15,880	19,168	38,799	14,815	10,302	63,916	25,506
Specific assistance to individuals	344,365	34,858	996,029	1,375,252	1,280	-	1,376,532	1,030,607
Transportation	1,043	3,705	15,030	19,778	1,106	388	21,272	14,557
Small equipment and supplies	3,414	25,883	16,271	45,568	13,251	20,207	79,026	53,188
Recruiting	276	1,080	806	2,162	1,809	588	4,559	2,194
Depreciation	529	5,794	43,476	49,799	6,627	1,028	57,454	62,241
Interest expense	-	-	2,563	2,563	1,984	-	4,547	8,340
Bank and credit card fees	95	-	-	95	900	3,950	4,945	5,761
In-kind donations expense	-	-	-	-	-	-	-	2,310
Miscellaneous	-	-	315	315	7,024	8,561	15,900	4,439
Total functional expenses	\$ 562,225	\$ 720,947	\$ 1,835,404	\$ 3,118,576	\$ 513,064	\$ 509,524	\$ 4,141,164	\$ 3,187,189

The accompanying notes are an integral part of this statement.

CONNECTIONS FOR THE HOMELESS, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2018 AND 2017

(1) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Connections for the Homeless, Inc. (the Organization) is a not-for-profit Illinois corporation exempt from federal income tax under Section 501(c)(3) of the U.S. Internal Revenue Code. The Organization was formed in 1984 to work with communities in northern Cook County to prevent and eliminate homelessness. The Organization provides housing, shelter and supportive services including food, clothing, health and mental health care, employment and education. The Organization also does community outreach and education about homelessness, and provides volunteer opportunities for those concerned about homelessness. The Organization's programs are as follows:

Prevention and Rapid Rehousing Services are deployed when individuals and families face an immediate threat of homelessness or have recently become homeless. Typical financial aid such as payments for rent and utilities in arrears, security deposit, and move-in fees are provided, along with short-term case management to assist clients in budgeting and other planning to ensure they are able to maintain their housing.

Community and Shelter Services - Street and community outreach, drop-in services, and shelter for homeless individuals are provided through Community and Shelter Services. Along with case management, individuals are assessed for various housing programs, and are provided with basic needs such as food, hygiene products, showers, clothing, and laundry facilities. Hilda's Place, a shelter for men, is an 18-bed overnight shelter that provides a safe and healing environment for homeless individuals for up to one year. Case managers, a nurse practitioner, a psychiatrist, and volunteer physicians work with participants to address physical and mental health issues that may impact them and partner with them to work toward more permanent housing solutions.

Housing Services - The Agency runs several permanent and transitional housing programs for youth, individuals, and families. Youth programming takes place through congregate living in a home-like environment that is staffed 24 hours per day. The agency also operates a tenant-based rental assistance program which provides financial support for rent and utilities for families in the Evanston/Skokie school districts. The goal of these transitional programs is to prepare participants for independent living after graduation. For families and chronically homeless individuals impacted by a disability, the agency provides permanent supportive housing through scattered-site apartments rented in various communities. Comprehensive case management services are provided to address the complex needs of these populations, with a goal of keeping participants safely and stably housed.

The financial statements were available to be issued on December 14, 2018, with subsequent events being evaluated through this date.

Accounting Method -

The financial statements are maintained on the accrual basis of accounting which recognizes revenue as it is earned and expenses as they are incurred.

(1) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Basis of Presentation -

Financial statement presentation follows the recommendations of the Accounting Standards Codification for Financial Statements of Not-for-Profit Organizations. Under this codification, the Organization is required to report information regarding its financial position and activities according to three classes of net assets, which are unrestricted, temporarily restricted and permanently restricted net assets.

Unrestricted Net Assets are net assets that are not subject to donor-imposed stipulations or that the Board has designated for program expansion and reserves. The Board has designated \$-0- and \$74,460 as of June 30, 2018 and 2017, respectively, for the Supportive Housing Program, which consists of rent collected from clients as part of the program.

Temporarily Restricted Net Assets are net assets subject to donor-imposed stipulations that may or will be met, whether by actions of the Organization and/or the passage of time. When a restriction expires, temporarily restricted net assets are reported in the statement of activities as net assets released from restrictions.

Permanently Restricted Net Assets are net assets subject to donor-imposed stipulations that they be maintained permanently by the Organization. Generally, the donors of these assets permit the Organization to use all or part of the income earned on any related investments for general or specific purposes. The Organization did not receive any permanently restricted funds during the years ended June 30, 2018 and 2017.

Use of Estimates -

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts and disclosures. Actual results could differ from those estimates.

Cash and Cash Equivalents -

For purposes of the statement of cash flows, the Organization considers all liquid investments with an original maturity of three months or less to be cash equivalents.

Concentration of Risk -

Financial instruments which potentially subject the Organization to concentrations of credit risk consist principally of cash. The Organization places its cash and deposits with high credit quality financial institutions; however, deposits may exceed the federally insured limits in various banks from time to time.

(1) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Receivables -

Receivables represent grants due to the Organization from governmental agencies or from clients. The Organization has elected to record bad debts using the direct write-off method. Generally accepted accounting principles require that the allowance method be used to reflect bad debts. However, the effect of the use of the direct write-off method is not materially different from the results that would have been obtained had the allowance method been followed.

Property and Equipment -

Expenditures for property and equipment are capitalized at cost or at fair market value if donated. The Organization capitalizes all capital expenditures of \$2,500 or more, unless it is paid by State funds, then it is \$500 or more. Depreciation is computed on the straight-line method over estimated useful lives of the assets as follows:

Buildings	27.5 years
Leasehold improvements	5 - 27 years
Furniture and fixtures	3 - 10 years
Office equipment	2 - 10 years
Vehicles	4 - 5 years

Donated Property and Equipment -

Donations of property and equipment are recorded as contributions at fair value at the date of donation. Such donations are reported as increases in unrestricted net assets unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted contributions. Absent donor stipulations regarding how long those donated assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The Organization reclassifies temporarily restricted net assets to unrestricted net assets at that time.

Restricted and Unrestricted Public Support and Revenue -

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions. In 2018, there was a change in accounting policy in which any restricted contributions whose restrictions are met in the same reporting period are shown as unrestricted in the statement of activities.

Public support that is restricted by the donor is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. Federal grant awards are classified as government advances until expended for the purposes of the grants because they are conditional promises to give.

(1) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Donated Services -

The Organization has conformed with the Accounting Standards Codification for *Accounting for Contributions Received and Contributions Made* in regards to donated services. This provision prohibits the recording of donated services unless they create or enhance a nonfinancial asset or are specialized skills that would have been purchased if they were not donated. For the years ended June 30, 2018 and 2017, the Organization received donated services valued at \$-0- and \$2,310, respectively, for Hilda's Place Homeless Shelter.

Functional Allocation of Expenses -

The costs of providing various programs and other activities have been summarized on a functional basis in the statements of activities and functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Income Taxes -

The Organization has been determined by the Internal Revenue Service to be exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income tax has been established.

The Organization files income tax returns in the U.S. federal jurisdiction and Illinois. With few exceptions, the Organization is no longer subject to U.S. federal, state and local, or non-U.S. income tax examinations by tax authorities for fiscal years before 2015. The Organization does not expect a material net change in unrecognized tax benefits in the next twelve months.

Comparative Financial Information -

The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with Organization's financial statements for the year ended June 30, 2017, from which the summarized information was derived.

(2) LINE OF CREDIT:

The Organization has a \$400,000 line of credit from a bank for periodic working capital requirements. The credit line is secured by all business assets. Amounts borrowed on the line of credit bear interest at prime (5.00% prime rate as of June 30, 2018) with a minimum interest rate of 4%. The credit agreement expires in December, 2018. At June 30, 2018 and 2017, there were no outstanding borrowings against the line of credit.

(3) NOTES PAYABLE:

	<u>2018</u>	<u>2017</u>
Payable to a bank - Bearing interest at 5.5%, with monthly payments of \$478, principal and interest, secured by a building and due in June, 2022.	\$ 20,540	\$ 25,000
Bearing interest at 5.5%, with monthly payments of \$478, principal and interest, secured by a building and due in June, 2022.	<u>20,540</u>	<u>25,000</u>
Total notes payable	41,080	50,000
Less - current portion long-term debt	<u>9,460</u>	<u>8,957</u>
Long-term debt	<u>\$ 31,620</u>	<u>\$ 41,043</u>

Future minimum principal payments are as follow -

2019	\$ 9,460
2020	9,993
2021	10,557
2022	<u>11,070</u>
	<u>\$ 41,080</u>

(4) COMMITMENTS:

Operating Leases -

The Organization has an operating lease for office space which expires in July, 2022. Under the lease agreement, the Organization is responsible for the incremental increase of real estate taxes and utilities.

The Organization also leases facilities for its program and some office space that currently expires on December 31, 2019.

Total rent expense for these leases for the years ended June 30, 2018 and 2017 was \$145,305 and \$105,259, respectively.

The future minimum rental commitments for operations are as follows:

2019	\$ 152,129
2020	124,691
2021	99,010
2022	99,466
2023	8,323

(4) COMMITMENTS: (Continued)

The Organization also leases various space on behalf of tenants. The leases expire at various dates through April, 2020. Rental assistance provided on these properties was \$560,313 and \$476,932 for the years ended June 30, 2018 and 2017, respectively. Future minimum rental commitments for rental assistance consist of \$289,405 for 2019 and \$18,800 for 2020.

(5) TEMPORARILY RESTRICTED NET ASSETS:

On September 30, 2011, the Organization received two properties located in Skokie, Illinois from the Illinois Housing Development Authority. The fair value of the two properties totaled \$758,207. As part of the agreement, for a period of 15 years, the Organization will provide affordable rentals for the benefit of low income persons which have less or equal to 50% of the area median income on these two properties.

Temporarily restricted net assets are comprised of the following:

	<u>2018</u>	<u>2017</u>
Program restricted funds -		
Family Supportive Housing Services	\$ -	\$ 11,646
Hilda's Place Homeless Shelter	-	14,380
Entry Point Outreach	-	1,376
Permanent Supportive Housing	-	6,071
Youth Our House	-	40,661
Development	-	995
Administrative	-	16,463
Health services	-	39,732
Education and Employment	-	41,878
Prevention	20,000	-
Other	-	47,859
	<u>20,000</u>	<u>221,061</u>
Land and buildings	<u>758,207</u>	<u>758,207</u>
	<u>\$ 778,207</u>	<u>\$ 979,268</u>

(6) FUTURE COMMITTED REVENUE:

The Organization has received the following future commitments from granting agencies as of June 30, 2018:

	<u>Term</u>	<u>Grant Amount</u>	<u>Advanced or Earned as of June 30, 2018</u>	<u>Funding Available</u>
<u>U.S. Department of Housing and Urban Development</u>				
<u>Continuum of Care Grants -</u>				
Permanent Housing #4	12/01/17-11/30/18	\$ 126,598	\$ 73,754	\$ 52,844
Permanent Housing #4	12/01/18-11/30/19	131,423	-	131,423
Permanent Housing Merged	02/01/18-01/31/19	222,269	92,493	129,776
Permanent Housing Ex #3	02/01/18-01/31/19	109,739	42,267	67,472
Family Merged	05/01/18-04/30/19	475,634	88,796	386,838
<u>Department of Health and Human Services -</u>				
Cook County	09/30/17-09/29/18	167,000	113,989	53,011
<u>City of Evanston -</u>				
Evanston MHB	01/01/18-12/31/18	55,000	8,500	46,500
Evanston HOME	06/01/17-12/31/20	250,000	167,643	82,357
Evanston HOME	09/01/18-12/31/20	300,000	-	300,000
McKinney ESG	07/11/17-10/19/19	118,509	90,978	27,531
<u>Housing Forward -</u>				
Continuum of Care	11/01/17-10/31/18	<u>52,500</u>	<u>31,553</u>	<u>20,947</u>
		<u>\$ 2,008,672</u>	<u>\$ 709,973</u>	<u>\$ 1,298,699</u>

(7) RETIREMENT PLAN:

The Organization has a 403(b) retirement plan, which allows all employees to defer payment of taxes on a portion of their salary by making contributions to the plan through payroll deductions. The Organization makes contributions based on a percentage of participant's eligible compensation. For the years ended June 30, 2018 and 2017, the Organization made contributions of \$12,860 and \$4,297, respectively.

(8) CONCENTRATIONS:

For the years ended June 30, 2018 and 2017, the Organization had approximately 39% and 44%, respectively, of its total support and revenue from a combination of funding from the U.S. Department of Housing and Urban Development and the Illinois Department of Human Services.

For the year ended June 30, 2017, approximately 12%, of the contribution revenue was received from one donor.

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

OMB No. 1545-0047

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CONNECTIONS FOR THE HOMELESS, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2121 DEWEY AVENUE City or town, state or province, country, and ZIP or foreign postal code EVANSTON, IL 60201 F Name and address of principal officer: JIM PEPA SAME AS C ABOVE	D Employer identification number 36-3346917 E Telephone number (847) 475-7070 G Gross receipts \$ 4,301,849. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CFTHINC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1985		M State of legal domicile: IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE HOUSING, EMPLOYMENT AND SUPPORTIVE SERVICES TO MOVE INDIVIDUALS AND FAMILIES OUT OF THE 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 43 6 Total number of volunteers (estimate if necessary) 6 1288 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 3,310,910. Prior Year 4,087,883. Current Year 9 Program service revenue (Part VIII, line 2g) 69,802. 78,750. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -203. 67. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -24,907. 10,264. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,355,602. 4,176,964.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,030,594. 1,375,252. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,494,995. 2,034,477. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 509,524. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 659,290. 731,435. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,184,879. 4,141,164. 19 Revenue less expenses. Subtract line 18 from line 12 170,723. 35,800.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 1,476,092. Beginning of Current Year 1,528,432. End of Year 21 Total liabilities (Part X, line 26) 197,026. 213,566. 22 Net assets or fund balances. Subtract line 21 from line 20 1,279,066. 1,314,866.	

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 JIM PEPA, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name RON MARKLUND	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01985511
	Firm's name ▶ DUGAN & LOPATKA, CPA'S PC Firm's address ▶ 4320 WINFIELD ROAD SUITE 450 WARRENVILLE, IL 60555-4036	Firm's EIN ▶ 36-2886485 Phone no. 630-665-4440

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

Public Inspection Copy

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
CONNECTIONS FOR THE HOMELESS SERVES AND CATALYZES OUR COMMUNITY TO END HOMELESSNESS, ONE PERSON AT A TIME. WE PROVIDE FAMILIES WITH FINANCIAL ASSISTANCE TO PREVENT HOMELESSNESS, SHELTER PEOPLE IN CRISIS, HOUSE INDIVIDUALS AND FAMILIES, AND ORGANIZE OUR COMMUNITY THROUGH OUR

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 562,225. including grants of \$ 344,365.) (Revenue \$)
PREVENTION AND RAPID REHOUSING SERVICES - PREVENTION AND RAPID REHOUSING SERVICES ARE DEPLOYED WHEN INDIVIDUALS AND FAMILIES FACE AN IMMEDIATE THREAT OF HOMELESSNESS OR HAVE RECENTLY BECOME HOMELESS. TYPICAL FINANCIAL AID SUCH AS PAYMENTS FOR RENT AND UTILITIES IN ARREARS, SECURITY DEPOSIT AND MOVE-IN FEES ARE PROVIDED, ALONG WITH SHORT-TERM CASE MANAGEMENT TO ASSIST CLIENTS IN BUDGETING AND OTHER PLANNING TO ENSURE THEY ARE ABLE TO MAINTAIN THEIR HOUSING.

4b (Code:) (Expenses \$ 720,947. including grants of \$ 34,858.) (Revenue \$)
COMMUNITY AND SHELTER SERVICES - STREET AND COMMUNITY OUTREACH, DROP IN SERVICES AND SHELTER FOR HOMELESS INDIVIDUALS ARE PROVIDED THROUGH COMMUNITY AND SHELTER SERVICES. ALONG WITH CASE MANAGEMENT, INDIVIDUALS ARE ASSESSED FOR VARIOUS HOUSING PROGRAMS, AND ARE PROVIDED WITH BASIC NEEDS SUCH AS FOOD, HYGIENE PRODUCTS, SHOWERS, CLOTHING AND LAUNDRY FACILITIES.
HILDA'S PLACE, A SHELTER FOR MEN, IS AN 18-BED OVERNIGHT SHELTER THAT PROVIDES A SAFE AND HEALING ENVIRONMENT FOR HOMELESS INDIVIDUALS FOR UP TO ONE YEAR. IN ADDITION, CASE MANAGERS, A NURSE PRACTITIONER, A PSYCHIATRIST AND VOLUNTEER PHYSICIANS WORK WITH PARTICIPANTS TO ADDRESS PHYSICAL AND MENTAL HEALTH ISSUES THAT MAY IMPACT THEM AND PARTNER WITH THEM TO WORK TOWARD MORE PERMANENT HOUSING SOLUTIONS.

4c (Code:) (Expenses \$ 1,835,404. including grants of \$ 996,029.) (Revenue \$ 92,204.)
HOUSING SERVICES - THE AGENCY RUNS SEVERAL PERMANENT AND TRANSITIONAL HOUSING PROGRAMS FOR YOUTH, INDIVIDUALS AND FAMILIES. YOUTH PROGRAMMING TAKES PLACE THROUGH CONGREGATE LIVING IN A HOMELIKE ENVIRONMENT THAT IS STAFFED 24 HOURS PER DAY. THE AGENCY ALSO OPERATES A TENANT-BASED RENTAL ASSISTANCE PROGRAM WHICH PROVIDES FINANCIAL SUPPORT FOR RENT AND UTILITIES FOR FAMILIES IN THE EVANSTON/SKOKIE SCHOOL DISTRICTS. THE GOAL OF THESE TRANSITIONAL PROGRAMS IS TO PREPARE PARTICIPANTS FOR INDEPENDENT LIVING AFTER GRADUATION. FOR FAMILIES AND CHRONICALLY HOMELESS INDIVIDUALS IMPACTED BY A DISABILITY, THE AGENCY PROVIDES PERMANENT SUPPORTIVE HOUSING THROUGH SCATTERED-SITE APARTMENTS RENTED IN VARIOUS COMMUNITIES. COMPREHENSIVE CASE MANAGEMENT SERVICES ARE PROVIDED TO ADDRESS THE COMPLEX NEEDS OF THESE POPULATIONS, WITH A GOAL

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

4e Total program service expenses **3,118,576.**

Public Inspection Copy

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>	1	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2	<input checked="" type="checkbox"/>	
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>	3		<input checked="" type="checkbox"/>
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>	4		<input checked="" type="checkbox"/>
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>	5		<input checked="" type="checkbox"/>
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>	6		<input checked="" type="checkbox"/>
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>	7		<input checked="" type="checkbox"/>
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>	8		<input checked="" type="checkbox"/>
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>	9		<input checked="" type="checkbox"/>
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>	10		<input checked="" type="checkbox"/>
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>	11a	<input checked="" type="checkbox"/>	
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>	11b		<input checked="" type="checkbox"/>
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>	11c		<input checked="" type="checkbox"/>
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>	11d	<input checked="" type="checkbox"/>	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	<input checked="" type="checkbox"/>	
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>	11f	<input checked="" type="checkbox"/>	
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>	12a	<input checked="" type="checkbox"/>	
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>	12b		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<input checked="" type="checkbox"/>
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>	14b		<input checked="" type="checkbox"/>
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>	15		<input checked="" type="checkbox"/>
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>	16		<input checked="" type="checkbox"/>
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>	17		<input checked="" type="checkbox"/>
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>	18	<input checked="" type="checkbox"/>	
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>	19		<input checked="" type="checkbox"/>

Public Inspection Copy

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>	20a		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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>	21		X
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>	22	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3), 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>	25a		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
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>	28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
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>	30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
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>	32		X
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>	33		X
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>	34		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
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>	36		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X	

Note. All Form 990 filers are required to complete Schedule O

Public Inspection Copy

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

			Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	62		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	43		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

Public Inspection Copy

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	17		
b Enter the number of voting members included in line 1a, above, who are independent	1b	17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b			X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **YOTL RAMIREZ - (847) 475-7070**
2121 DEWEY AVENUE, EVANSTON, IL 60201

Public Inspection Copy

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) DAVID GREER PRESIDENT	2.00	X		X				0.	0.	0.
(2) JAMES PEPA VICE PRESIDENT	2.00	X		X				0.	0.	0.
(3) MICHAEL WILLMAN TREASURER	2.00	X		X				0.	0.	0.
(4) SHERYL BARTOL SECRETARY	2.00	X		X				0.	0.	0.
(5) LARRY DONOGHUE IMMEDIATE PAST PRESIDENT	2.00	X		X				0.	0.	0.
(6) ERIC HAAB DIRECTOR	1.00	X						0.	0.	0.
(7) KAREN HUNT DIRECTOR	1.00	X						0.	0.	0.
(8) KEVIN KANE DIRECTOR	1.00	X						0.	0.	0.
(9) NATE BLACKBURN DIRECTOR	1.00	X						0.	0.	0.
(10) KATHY SHAW DIRECTOR	1.00	X						0.	0.	0.
(11) SIDNEY CASELBERRY DIRECTOR	1.00	X						0.	0.	0.
(12) SUZANNE CALDER DIRECTOR	1.00	X						0.	0.	0.
(13) THERESA CHIP DIRECTOR	1.00	X						0.	0.	0.
(14) MARK TENDAM DIRECTOR	1.00	X						0.	0.	0.
(15) PAUL KALIL DIRECTOR	1.00	X						0.	0.	0.
(16) DENNIS LEAKS DIRECTOR	1.00	X						0.	0.	0.
(17) JEFFERY WHITTEMORE DIRECTOR	1.00	X						0.	0.	0.

Public Inspection Copy

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) BETTY BOGG EXECUTIVE DIRECTOR	40.00			X				115,836.	0.	17,670.
1b Sub-total								115,836.	0.	17,670.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								115,836.	0.	17,670.

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 **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 **0**

Public Inspection Copy

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	1 a Federated campaigns	1a 30,000.					
	b Membership dues	1b					
	c Fundraising events	1c 349,401.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 2,334,300.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,374,182.					
	g Noncash contributions included in lines 1a-1f: \$	38,805.					
	h Total. Add lines 1a-1f	▶ 4,087,883.					
	Program Service Revenue	2 a CLIENT RENT PAYMENTS	Business Code 624200	78,750.	78,750.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		▶ 78,750.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 569.				569.	
	4 Income from investment of tax-exempt bond proceeds	▶					
	5 Royalties	▶					
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses		502.			
		c Gain or (loss)		-502.			
		d Net gain or (loss)	▶	-502.			-502.
	8 a Gross income from fundraising events (not including \$ 349,401. of contributions reported on line 1c). See Part IV, line 18	a 121,193.					
		b Less: direct expenses	b 124,383.				
		c Net income or (loss) from fundraising events	▶	-3,190.			-3,190.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities		▶					
10 a 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					
11 a MISCELLANEOUS	900099	13,454.	13,454.				
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	▶	13,454.				
12 Total revenue. See instructions.	▶	4,176,964.	92,204.	0.	-3,123.		

Public Inspection Copy

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 X

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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	1,375,252.	1,375,252.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	133,506.	73,427.	13,351.	46,728.
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	1,557,780.	976,260.	280,752.	300,768.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,740.	7,375.	2,134.	2,231.
9 Other employee benefits	190,918.	119,818.	34,584.	36,516.
10 Payroll taxes	140,533.	87,326.	24,547.	28,660.
11 Fees for services (non-employees):				
a Management				
b Legal	12,753.	6,686.	5,073.	994.
c Accounting	17,600.	9,228.	7,001.	1,371.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	174,839.	96,134.	65,814.	12,891.
12 Advertising and promotion				
13 Office expenses	109,423.	51,589.	23,265.	34,569.
14 Information technology				
15 Royalties				
16 Occupancy	247,892.	202,065.	21,898.	23,929.
17 Travel	21,272.	19,778.	1,106.	388.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,547.	2,563.	1,984.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57,454.	49,799.	6,627.	1,028.
23 Insurance	63,916.	38,799.	14,815.	10,302.
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 MISCELLANEOUS	21,739.	2,477.	10,113.	9,149.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,141,164.	3,118,576.	513,064.	509,524.
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 if following SOP 98-2 (ASC 958-720)

Public Inspection Copy

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	48,855.	1	101,744.	
	2 Savings and temporary cash investments	197,823.	2	108,067.	
	3 Pledges and grants receivable, net	325,744.	3	454,806.	
	4 Accounts receivable, net	4,989.	4	4,210.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	45,632.	9		22,296.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,328,144.			
	b Less: accumulated depreciation	572,374.	783,880.	10c	755,770.
	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	69,169.	15		81,539.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,476,092.	16		1,528,432.	
Liabilities	17 Accounts payable and accrued expenses	130,492.	17	115,007.	
	18 Grants payable		18		
	19 Deferred revenue	9,227.	19	43,100.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	7,071.	
	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	50,000.	23		41,080.
	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	7,307.	25		7,308.
	26 Total liabilities. Add lines 17 through 25	197,026.	26		213,566.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	299,798.	27	536,659.	
	28 Temporarily restricted net assets	979,268.	28	778,207.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 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	1,279,066.	33		1,314,866.	
34 Total liabilities and net assets/fund balances	1,476,092.	34		1,528,432.	

Public Inspection Copy

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	4,176,964.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,141,164.
3	Revenue less expenses. Subtract line 2 from line 1	3	35,800.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,279,066.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,314,866.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <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.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

Public Inspection Copy

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization CONNECTIONS FOR THE HOMELESS, INC.	Employer identification number 36-3346917
---	---

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 **section 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						

Public Inspection Copy

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,085,390.	3,861,158.	2,812,317.	3,310,910.	4,087,883.	17,157,658.
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	3,085,390.	3,861,158.	2,812,317.	3,310,910.	4,087,883.	17,157,658.
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)						257,414.
6 Public support. Subtract line 5 from line 4.						16,900,244.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	3,085,390.	3,861,158.	2,812,317.	3,310,910.	4,087,883.	17,157,658.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,703.	1,119.	671.	276.	569.	5,338.
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.)	227,341.	10,822.	7,489.	7,216.	13,454.	266,322.
11 Total support. Add lines 7 through 10						17,429,318.
12 Gross receipts from related activities, etc. (see instructions)					12	688,933.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	96.96 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	96.46 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Public Inspection Copy

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests - 2017. 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

b 33 1/3% support tests - 2016. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Public Inspection Copy

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<input type="checkbox"/>	<input type="checkbox"/>
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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)? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<input type="checkbox"/>	<input type="checkbox"/>
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<input type="checkbox"/>	<input type="checkbox"/>
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))? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," answer 10b below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Public Inspection Copy

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? If "Yes" to a, b, or c, provide detail in Part VI .		

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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

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)? 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).		

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.	Yes	No
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Public Inspection Copy

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
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		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
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).		

Public Inspection Copy

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: CONNECTIONS FOR THE HOMELESS, INC. Employer identification number: 36-3346917

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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).
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.
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?
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)?
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.
1b 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:
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:

Public Inspection Copy

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):
- | | |
|---|---|
| <p>a <input type="checkbox"/> Public exhibition</p> <p>b <input type="checkbox"/> Scholarly research</p> <p>c <input type="checkbox"/> Preservation for future generations</p> | <p>d <input type="checkbox"/> Loan or exchange programs</p> <p>e <input type="checkbox"/> Other _____</p> |
|---|---|
- 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 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		71,155.		71,155.
b Buildings		687,052.	166,559.	520,493.
c Leasehold improvements		205,386.	106,173.	99,213.
d Equipment		361,383.	297,150.	64,233.
e Other		3,168.	2,492.	676.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				755,770.

Public Inspection Copy

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. (Col. (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. (Col. (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) DEPOSITS	81,539.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	81,539.

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.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) CLIENT SECURITY DEPOSITS	7,308.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	7,308.	

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

Public Inspection Copy

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	4,176,964.
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		0.
3 Subtract line 2e from line 1		3	4,176,964.
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		0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,176,964.

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	4,141,164.
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		0.
3 Subtract line 2e from line 1		3	4,141,164.
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		0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,141,164.

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.

PART IV, LINE 2B:

THE ORGANIZATION COLLECTS MONEY FROM THEIR CLIENTS TO HELP THEM SAVE FOR THE FUTURE.

PART X, LINE 2:

THE ORGANIZATION FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND ILLINOIS. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2015. THE ORGANIZATION DOES NOT EXPECT A MATERIAL NET CHANGE IN UNRECOGNIZED TAX BENEFITS IN THE NEXT TWELVE MONTHS.

Public Inspection Copy

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	LUNCHEON (event type)	(total number)	
Revenue	1 Gross receipts	402,639.	67,955.		470,594.
	2 Less: Contributions	294,646.	54,755.		349,401.
	3 Gross income (line 1 minus line 2)	107,993.	13,200.		121,193.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	38,805.			38,805.
	6 Rent/facility costs	19,102.	1,523.		20,625.
	7 Food and beverages	4,190.	2,767.		6,957.
	8 Entertainment	2,400.	5,247.		7,647.
	9 Other direct expenses	46,901.	3,448.		50,349.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				124,383.
11 Net income summary. Subtract line 10 from line 3, column (d)				-3,190.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

Public Inspection Copy

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **CONNECTIONS FOR THE HOMELESS, INC.** Employer identification number **36-3346917**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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

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

Schedule I (Form 990) (2017)

Public Inspection Copy

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOOD, CLOTHING, SHELTER	1171	0.	1,375,252.	BOOK	FOOD, CLOTHING, SHELTER

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

PART I, LINE 2:

CFTH PAYS THIRD PARTIES DIRECTLY FOR THE SERVICES THEY ARE GOING TO PROVIDE TO THE CLIENTS. CFTH'S CASE MANAGER WILL VERIFY THE EXPENSES BY OBTAINING INVOICES DIRECTLY FROM THE THIRD PARTIES AND WILL PREPARE THE CHECK REQUESTS. CFTH ONLY PAYS THE THIRD PARTIES FOR THE SERVICES THEY HAVE PROVIDED FOR CLIENTS, AND DOES NOT PAY IN ADVANCE.

Public Inspection Copy

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization CONNECTIONS FOR THE HOMELESS, INC.	Employer identification number 36-3346917
---	---

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				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	65	38,805.FMV	
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
---	-----------

		Yes	No
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 isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** Schedule M (Form 990) 2017

Public Inspection Copy

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

CONNECTIONS FOR THE HOMELESS, INC.

Employer identification number

36-3346917

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SHADOW OF HOMELESSNESS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DIRECT ADVOCACY EFFORTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

OF KEEPING PARTICIPANTS SAFELY AND STABLY HOUSED.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE AND ADMINISTRATION BEFORE IT IS DISTRIBUTED TO AND APPROVED BY THE BOARD OF DIRECTORS. THE PROCESS TAKES PLACE BEFORE THE FORM 990 IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST STATEMENTS ARE DISTRIBUTED TO AND SIGNED BY ALL EMPLOYEES AND BOARD MEMBERS UPON ENGAGEMENT AS PART OF THEIR ORIENTATION. BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO SIGN CONFLICT OF INTEREST STATEMENTS ANNUALLY THEREAFTER. IF A CONFLICT EXISTS, IT MUST BE DISCLOSED TO AND RATIFIED BY THE BOARD, AND ANY BOARD MEMBER INVOLVED MUST RECUSE THEMSELVES FROM VOTING ON MATTERS RELATED TO THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PRESIDENT OF THE BOARD WILL DESIGNATE A COMMITTEE OR SUBCOMMITTEE OF THE BOARD TO REVIEW THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THEY WILL COLLECT 990S OF AT LEAST THREE AGENCIES COMPARABLE IN SIZE AND MISSION TO

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Public Inspection Copy

Name of the organization CONNECTIONS FOR THE HOMELESS, INC.	Employer identification number 36-3346917
--	--

COMPARE SALARY LEVELS TO ENSURE THAT THE SALARIES REMAIN WITHIN A RANGE APPROPRIATE TO SUCH AGENCIES. THIS PROCESS WAS COMPLETED IN OCTOBER 2015.

LINE 15B WAS ANSWERED NO BECAUSE THERE ARE NO OTHER OFFICERS ASIDE FROM THE EXECUTIVE DIRECTOR THAT RECEIVE COMPENSATION AND THERE ARE NO OTHER EMPLOYEES WHO MEET THE DEFINITION OF A "KEY EMPLOYEE".

FORM 990, PART VI, SECTION C, LINE 19:

THE BYLAWS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST, INSPECTION AT AN OFFICE OF THE ORGANIZATION, AND ANNUAL FINANCIAL STATEMENT SUMMARIES ARE ALSO POSTED ON THE WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PSYCHIATRIC PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	9,388.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,388.

PAYROLL SERVICE:

PROGRAM SERVICE EXPENSES	3,974.
MANAGEMENT AND GENERAL EXPENSES	3,015.
FUNDRAISING EXPENSES	591.
TOTAL EXPENSES	7,580.

CONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES	82,772.
--------------------------	---------

Public Inspection Copy

Name of the organization CONNECTIONS FOR THE HOMELESS, INC.	Employer identification number 36-3346917
---	---

MANAGEMENT AND GENERAL EXPENSES	62,799.
FUNDRAISING EXPENSES	12,300.
TOTAL EXPENSES	157,871.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	174,839.

FORM 990, PART XII, LINE 2C, COMMITTEE ASSUMES RESPONSIBILITY:
THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

Public Inspection Copy

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
9	BUILDINGS	VARIOUS	SL	.000		16	687,052.				687,052.	141,575.		24,984.	166,559.
	* 990 PAGE 10 TOTAL BUILDINGS						687,052.				687,052.	141,575.		24,984.	166,559.
	FURNITURE & FIXTURES														
3	FURNITURE AND FIXTURES	VARIOUS	SL	.000		16	3,168.				3,168.	2,492.		0.	2,492.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						3,168.				3,168.	2,492.		0.	2,492.
	MACHINERY & EQUIPMENT														
4	OFFICE EQUIPMENT	VARIOUS	SL	.000		16	274,535.				274,535.	216,812.		16,630.	233,442.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						274,535.				274,535.	216,812.		16,630.	233,442.
	TRANSPORTATION EQUIPMENT														
5	VEHICLES	VARIOUS	SL	.000		16	86,848.				86,848.	53,858.		9,850.	63,708.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						86,848.				86,848.	53,858.		9,850.	63,708.
	LAND														
8	LAND	VARIOUS	L				71,155.				71,155.			0.	
	* 990 PAGE 10 TOTAL LAND						71,155.				71,155.	0.		0.	0.
	OTHER														
1	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	.000		16	114,262.				114,262.	92,067.		1,728.	93,795.
7	BUILDING IMPROVEMENTS	VARIOUS	SL	.000		16	36,619.				36,619.	3,667.		1,646.	5,313.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

A One-Stop Shop for Affordable Backyard Homes Advances in L.A.

A new program in Los Angeles seeks to finance and build accessory dwellings for homeowners who agree to rent them to Section 8 voucher-holders.

[Zach Mortice](#) @zachmortice [Feed Zach Mortice](#) is a Chicago-based design journalist who focuses on landscape architecture and architecture.

May 1, 2019



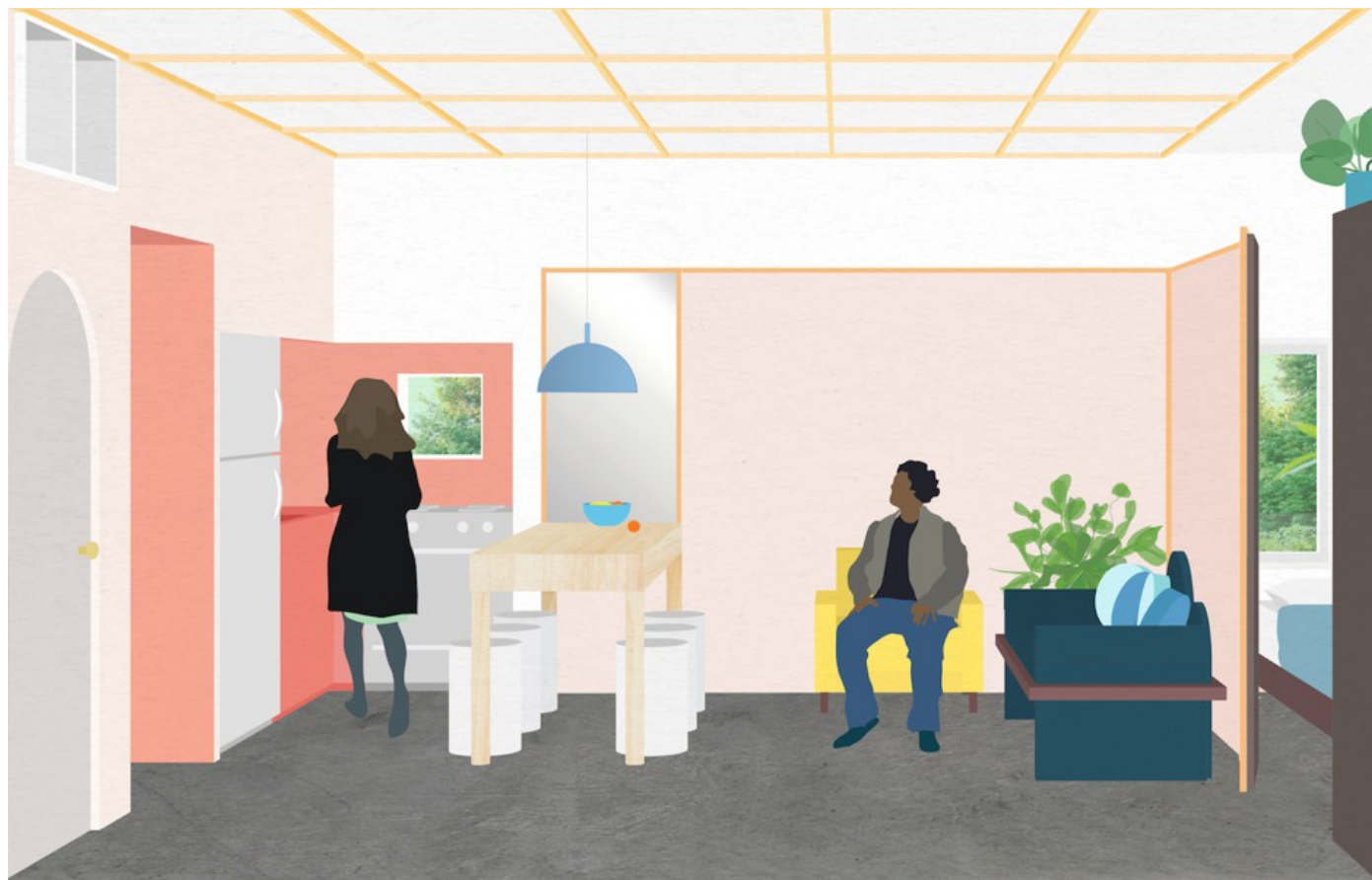
LA-Más

Looking at the pressing shortages of low-income housing [in each and every state](#) in the country, it's hard not to come to the conclusion that [NIMBY](#) homeowners are winning the fight against new housing, and especially against affordable housing. But there's one potential foe that reactionary homeowners are ill-equipped to dominate: their own neighbors. Other homeowners, that is, who have elected to house Section 8 voucher-holders in their backyards.

That's the proposal by LA-Más, an urban-design nonprofit in Los Angeles, and other organizations involved in [The Backyard Homes Project](#). Led by designer Elizabeth Timme and public-policy expert Helen Leung, LA-Más has previously worked on [placemaking](#) projects and convenience-store redesigns that highlight healthy food options. Now, Timme, Leung, and their partners hope to finance and build backyard homes, or accessory dwelling

units (ADUs), for homeowners who agree to rent them initially to Section 8 voucher-holders for a minimum of five years.

The plan would leverage the prerogatives of private homeownership to the public end of increasing the affordable-housing supply. LA-Más is looking to begin with 10 pilot units (some of which would receive financing), and Leung and Timme say they are in the final stages of getting loans underwritten.



The interior of a one-bedroom garage conversion, as imagined by LA-Más. (LA-Más)

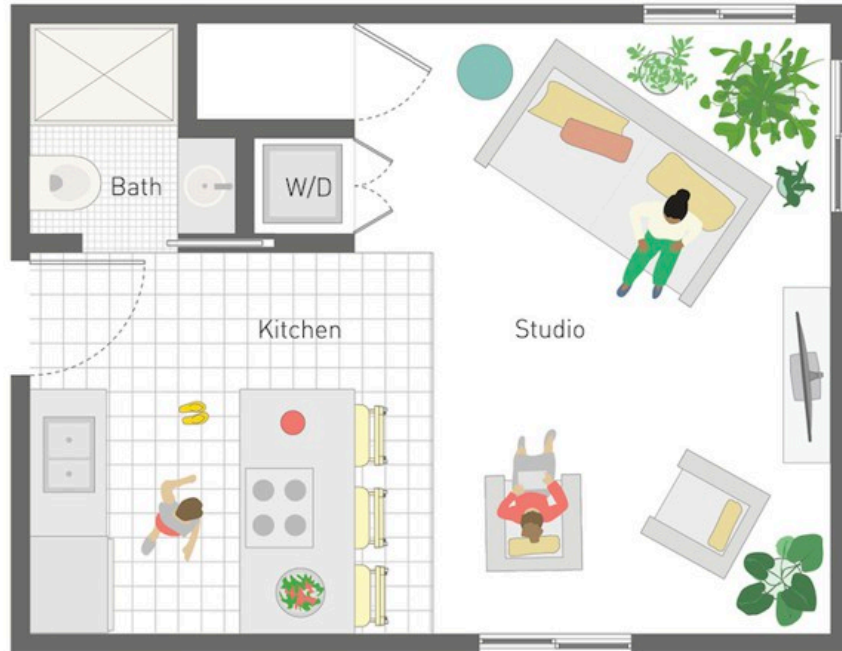
The project is enabled by recent [regulatory changes](#) in Los Angeles. By starting with single-family homes, it meets L.A. where it's at—a sprawling city with nearly half a million single-family lots. "There's just a lot of space in Los Angeles," as Timme says. Homeowners get access to loan capital to finance construction, an opportunity to add significant equity to their home, a potential stream of rental income, and administratively, a single point of contact to help navigate a network of city agencies and nonprofits. (The

first round of applications for the program closes today, and interest [has been high.](#))

The one-stop-shop idea began with the explicit desire to use backyards homes for affordable housing. Two years ago, LA-Más cobbled together some grant money toward this end and began assembling a panel of expert advisors—developers, housing-policy wonks, builders. Timme and Leung also talked to focus groups of homeowners, asking them, “What would it take for a homeowner to house a Section 8 tenant?” according to Leung.

They learned that homeowners didn’t know how to find Section 8 tenants and thought the process of dealing with local housing agencies was too complex. Homeowners said they also needed financing and a better idea of their responsibilities as landlords. Finally, these potential landlords didn’t know how to hire an architect or deal with contractors. LA-Más could certainly help with the last problem, and local housing nonprofits and the [Housing Authority of the City of Los Angeles](#) (HACLA) could guide them through the bureaucratic maze.

For the first few units, Leung and Timme anticipate building in low-to-middle-income neighborhoods in L.A. (but there are no income restrictions for homeowners). The price tag for an ADU is an estimated \$100,000 for a studio apartment garage-conversion, going up to \$220,000 for the most expensive two-bedroom, new-construction units. Per Section 8 rules, housing agencies will pay a certain amount for rent (up to \$1,970 per month for a two-bedroom unit in L.A.) and tenants will be responsible for the remainder—30 percent of their income.



Studio

Conversion or New
374 sqft

A floor plan of a 374-square-foot studio, the smallest backyard home that LA-Más proposes. The largest is 710 square feet. (LA-Más)

HACLA is participating in the program, as are several housing nonprofits ([LA Family Housing](#), [St. Joseph Center](#), and the [Housing Rights Center](#)), which will provide supportive services as well as landlord and tenant education. They'll also help landlords pick tenants. [Genesis LA Economic Growth Corporation](#) and [Self-Help Federal Credit Union](#) will offer financing for a limited number of projects. Very little public money, aside from existing

Section 8 vouchers, is committed to the project.

In terms of design, property owners are invited to select templates in one of three styles: Craftsman, Modern, or Spanish. All prioritize "contextual architectural details, space efficiency, and affordable construction." The renderings of homes are more illustrative than representational, suggesting what Timme calls an "alternative spirit of suburbia that accommodates diversity and context."



A Modern-style one-bedroom garage conversion. (LA-Más)



A two-bedroom dwelling in the Craftsman style. (LA-Más)

LA-Más has focused on cutting “soft” upfront costs, like permitting, that extend the time from when a client makes their investment to when they begin to recoup it with rent. The design process is compressed into just four weeks. “That’s pretty radical,” says Timme. “I think you’d be hard pressed to find another architect establishing their own program that would sign up for that.” Her goal is to fit design, permitting, and construction into 15 months or less. For the first units, that would mean construction beginning this summer, with new tenants moving in next spring.

Which isn’t quite soon enough for L.A.’s housing crisis. HACLA [opened its Section 8 list](#) in October 2017 and saw 200,000 people apply for 20,000 slots to wait for a voucher. (Carlos VanNatter, HACLA’s Section 8 director, says that was only a fraction of the number of people that could have applied; some community members told the agency they stayed away because of fear of retribution based on their immigration status.) Of those who get a voucher, only 53 percent find a unit where they can use it. This situation is helping drive homelessness in the city, as there are currently

[50,000 people](#) living unhoused.

A backyard-homes program won't do much to change this. VanNatter says it's "another tool for the tool box. It's not going to be a magic bullet." Dan Parziale, senior director of housing navigation at LA Family Housing, says ADUs can be a "small component" of a wider public-sector solution.

There are reasons to be skeptical. Beyond the basic resistance that many people (especially homeowners) have against living next to poor people, the ADU plan is content to hope property owners do the right thing, on their own terms. Some of the studio's [messaging](#) goes out of its way to appease homeowners, with pledges to "maintain neighborhood scale" while not "compromising the character of the community."

But by atomizing affordable housing down to a lot-by-lot basis, LA-Más has hit upon something: We've made single-family homeownership so normative that the most resilient course for subsidized housing may be to package it with individual homes. If homeowner rights are sacrosanct and there's no looming public-housing tower to rally against, the wind seeps out of NIMBY sails. "NIMBYism was a response to the idea of someone's neighborhood being developed without their participation and without benefit to them," says Timme. "When they're at the helm of resident-led development, it changes the conversation."

"It literally is 'Yes in my backyard,'" says Parziale, whose nonprofit also develops affordable housing. "This has the power to create conversation in a way that's not an advocate trying to convince a community, but community members saying, 'This is something that I've had experience with and it's been a positive one. And this is my neighbor, who I am now providing housing for.'"

And unlike many Section 8 landlords who operate [largely as slumlords](#), landlords who host affordable housing next to their own homes will have added incentive to keep the units maintained, turning property-value

watchdogging into a more useful and more public service. Furthermore, the dispersal of housing here could mean that voucher-holders are not concentrated in [the poorest and most underserved neighborhoods](#), as they often are.

Parziale hopes the spread of backyard homes eases stigma against larger affordable-housing developments. Los Angeles has already passed a series of [affordable-housing measures](#). "People in our area recognize this is a major problem," says VanNatter. On the LA-Más model, the "institution" of subsidized housing is hidden, tucked into backyards and filed away in bureaucrats' spreadsheets. And like the start-up that tinkers in the garage before transforming a market, these backyard homes could provide a runway for larger-scale affordable housing to take off.