

A Limited Liability Company Certified Public Accountants

November 12, 2019

COALITION FOR HOMELESSNESS INTERVENTION AND PREVENTION OF GREATER INDPLS., INC. 1100 W. 42ND STREET No. 350 INDIANAPOLIS, IN 46208

COALITION FOR HOMELESSNESS INTERVENTION:

Enclosed are the organization's 2018 Exempt Organization returns. The state Exempt Organization Annual Report is also enclosed. These should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before November 15, 2019.

Mail to:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

FORM 4720 RETURN:

Form 4720, Return of Certain Excise Taxes on Charities and Other Persons, should be signed, dated and mailed to the address shown above on or before November 15, 2019. No amount is due.

INDIANA FORM NP-20:

The Indiana Form NP-20 should be mailed as soon as possible to:

Indiana Department of Revenue Tax Administration P.O. Box 6481 Indianapolis, Indiana 46206-6481

No payment is required.

The report should be signed and dated by the authorized individual(s).

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

ELLEN WILDE

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2018

Prepared For:
COALITION FOR HOMEL ECONECO INTERVENTION
COALITION FOR HOMELESSNESS INTERVENTION AND PREVENTION OF GREATER INDPLS., INC. 1100 W. 42ND STREET No. 350 INDIANAPOLIS, IN 46208
Prepared By:
DAUBY O'CONNOR & ZALESKI, LLC 501 CONGRESSIONAL BLVD #300 CARMEL, IN 46032
Amount Due or Refund:
Not applicable
Make Check Payable To:
Not applicable
Mail Tax Return and Check (if applicable) To:
Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

Return Must be Mailed On or Before:

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

FORM 4720

FOR THE YEAR ENDING

December 31, 2018

Prepared For:

COALITION FOR HOMELESSNESS INTERVENTION AND PREVENTION OF GREATER INDPLS., INC. 1100 W. 42ND STREET No. 350 INDIANAPOLIS, IN 46208

Prepared By:

DAUBY O'CONNOR & ZALESKI, LLC 501 CONGRESSIONAL BLVD #300 CARMEL, IN 46032

Amount Due or Refund:

No payment required.

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

Return Must be Mailed On or Before:

November 15, 2019

Special Instructions:

The return should be signed and dated.

** PUBLIC DISCLOSURE COPY **

Department of the Treasury

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

A For the 2018 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number COALITION FOR HOMELESSNESS INTERVENTION Address change AND PREVENTION OF GREATER INDPLS., INC. Name change 31-1254018 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1100 W. 42ND STREET 350 317-630-0853 1,895,563. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return INDIANAPOLIS, IN 46208 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: KATHERINE TAVITIAN for subordinates? Yes X No 1100 W. 42ND STREET, INDIANAPOLIS, IN 46208 H(b) Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.CHIPINDY.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1988 M State of legal domicile: IN Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO MOBILIZE THE COMMUNITY **Activities & Governance** WORK TOGETHER TOWARD ENDING HOMELESSNESS if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 22 3 22 Number of independent voting members of the governing body (Part VI, line 1b) 4 16 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 38 7b 0. **Prior Year Current Year** 1,989,277. 1,845,858. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 9.216. 16,203. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 1,998,493. 1,862,061 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 835,176. 665,936. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,169,415. 988,110. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,823,286. 1,835,351. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 163,142. 38,775. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 877,138. 1,100,584. 20 Total assets (Part X, line 16) 104,774. 289,445. 21 Total liabilities (Part X, line 26) 三年 772,364. 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign KATHERINE TAVITIAN, CHAIR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P01254265 ELLEN WILDE Paid self-employed Firm's name DAUBY O'CONNOR & ZALESKI, LLC 35-1750664 Firm's EIN ▶ Preparer Firm's address 501 CONGRESSIONAL BLVD #300 Use Only Phone no. (317) 848-5700 CARMEL, IN 46032 X Yes

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

Par	t 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: CHIP IS A NONPROFIT AGENCY CREATED IN 1996 TO ADVOCATE FOR PEOPLE
	EXPERIENCING AND AT RISK FOR HOMELESSNESS IN INDIANAPOLIS AND TO HELP
	ORGANIZATIONS WORK TOGETHER TO FOSTER AN EFFECTIVE, COORDINATED,
	COMMUNITY-WIDE APPROACH TOWARD ENDING AND PREVENTING HOMELESSNESS.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	
	prior Form 990 or 990-EZ? If "Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	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.
4	
	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
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 170,213. including grants of \$) (Revenue \$)
4a	(Code:) (Expenses \$170,213. including grants of \$) (Revenue \$) TEMPORARY FINANCIAL ASSISTANCE (TFA): STREET REACH INDY PROVIDES
	TEMPORARY FINANCIAL ASSISTANCE TO INDIVIDUALS EXPERIENCING HOMELESSNESS
	TO OVERCOME BARRIERS TO OBTAINING PERMANENT HOUSING.
	10 OVERCOME BARRIERS TO OBTAINING PERMANENT HOUSING.
	0.001
4b	(Code:) (Expenses \$ 273,281. including grants of \$) (Revenue \$)
	HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS): CHIP ADMINISTERS THIS
	WEB-BASED DATA COLLECTION SYSTEM ON BEHALF OF THE INDIANAPOLIS
	CONTINUUM OF CARE USING THE SOFTWARE CLIENTTRACK.NET. THE DATA
	COLLECTION PROCESS CAPTURES SYSTEM-WIDE INFORMATION ABOUT THE
	CHARACTERISTICS AND SERVICE NEEDS OF INDIVIDUALS EXPERIENCING
	HOMELESSNESS. THE DATA IS USED TO INFORM COMMUNITY PLANNING, IMPROVE
	COORDINATION OF SERVICES, SUPPORT ADVOCACY EFFORTS, AND ENHANCE FUNDING
	REQUESTS. THE HMIS IS AN INTEGRAL PART OF TRACKING SERVICE DELIVERY TO
	OUR NEIGHBORS EXPERIENCING HOMELESSNESS.
4c	(Code:) (Expenses \$222including grants of \$) (Revenue \$)
	CONTINUUM OF CARE (COC): CHIP'S ROLE IN THE CONTINUUM OF CARE (COC) IS
	TO WORK TO IMPROVE SYSTEM COORDINATION, DEVELOP POLICIES AND PROCEDURES
	TO ASSIST IN EVALUATING PERFORMANCE AND DELIVER CONSISTENCY ACROSS
	PROGRAMS. WE PROVIDE TECHNICAL ASSISTANCE TO THE COC, REVIEW HUD AND
	LOCAL PRIORITIES AND ENSURE THEY ARE IMPLEMENTED INTO THE PLANNING
	PROCESS. WE WORK TO UPDATE AND FINALIZE THE PLAN TO END HOMELESSNESS.
4d	Other program services (Describe in Schedule O.)
-	(Expenses \$ 899,559 • including grants of \$) (Revenue \$
4e	Total program service expenses \(\) 1,565,275.
	Form 990 (2018)

Form 990 (2018)

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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			3,7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	22	_
ь	- · · · · · · · · · · · · · · · · · · ·	12h		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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? If "Yes," complete Schedule I. Parts I and II	21		X

Form Pai	COALITION FOR HOMELESSNESS INTERVENTION 990 (2018) AND PREVENTION OF GREATER INDPLS., INC. 31-1254 TIV Checklist of Required Schedules (continued)	4018	P	age 4
	i (conunacty		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			٠,,
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			٠.,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			77
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			_V
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1 00		X
0.4	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	, · · ·	20		X
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
33		33		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		 ^ `
34		34		X
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Dia the organization have a controlled ontry within the meaning of section of z by (10):		1	

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

35b

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

36 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? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

38 X

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response or note to any line in this Part v					X
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	35			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	portab	le gaming			
	(gambling) winnings to prize winners?			10	X	

832004 12-31-18

COALITION FOR HOMELESSNESS INTERVENTION AND PREVENTION OF GREATER INDPLS., INC. 31-1254018 Page 5 Form 990 (2018) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 16 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **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)? X 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х 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 Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b

а	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:				
а	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			
I2a	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.							
а	a Is the organization licensed to issue qualified health plans in more than one state?							
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	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						
С	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		
_								

	Bid the organization receive any paymente for indeer tarning convices daring the tax year.		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		l
	excess parachute payment(s) during the year?	15	X
	If "Yes," see instructions and file Form 4720, Schedule N.		
40	le the consciention on advectional institution achieves to the continue 4000 acries to consect incomes a	40	v

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Form **990** (2018)

10

Section 501(c)(7) organizations. Enter:

AND PREVENTION OF GREATER INDPLS., INC.

Page 6 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			X
Sec	tion 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 22			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Х
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion 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		Х
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	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶IN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website X 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	financ	ial	
	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			
	KATHERINE TAVITIAN - 317-630-0853			
	1100 W. 42ND STREET, INDIANAPOLIS, IN 46208			

Form **990** (2018)

AND PREVENTION OF GREATER INDPLS. INC.

31-1254018 Form 990 (2018) 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.

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

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

(A) Name and Title	(B) Average hours per	(do box	not cl	Pos heck	c) ition more rson is		one n an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARYBETH WOTT	0.30									_
CHAIR		Х		Х				0.	0.	0.
(2) SCOTT BUDLONG	0.30									_
TREASURER		Х		Х				0.	0.	0.
(3) KARIN THORNBURG	0.30									
SECRETARY		Х		Х				0.	0.	0.
(4) CALEB SUTTON	40.00									_
INTERIM EXEC DIRECTOR				Х				57,561.	0.	0.
(4) KATHERINE TAVITIAN	0.30									
VICE CHAIR		Х		Х				0.	0.	0.
(5) STEVEN KARN	0.30									_
OFFICER AT-LARGE		Х		Х				0.	0.	0.
(6) ANGELA CARR KLITZSCH	0.30									_
OFFICER AT-LARGE		Х		Х				0.	0.	0.
(7) MARK BUCKINGHAM	0.30								_	_
DIRECTOR		Х						0.	0.	0.
(8) JEFF BENNETT	0.30								_	_
DIRECTOR		Х						0.	0.	0.
(9) KIM BORGES	0.30									
DIRECTOR		Х						0.	0.	0.
(10) COLLEEN B. GORE	0.30									
DIRECTOR		Х						0.	0.	0.
(11) VALERIE HOGSTON	0.30									
DIRECTOR		Х						0.	0.	0.
(12) D. WILLIAM MOREAU, JR.	0.30									
DIRECTOR		Х						0.	0.	0.
(13) TRAVIS SANDIFUR	0.30									
DIRECTOR		Х						0.	0.	0.
(14) SHERRY SEIWERT	0.30									
DIRECTOR		Х						0.	0.	0.
(15) KAY WILES	0.30									
DIRECTOR		Х						0.	0.	0.
(16) KEITH BROADNAX	0.30									
DIRECTOR		Х						0.	0.	0. Form 990 (2018)

Form 990 (2018) 832007 12-31-18

								NTERVENTION	24 46	4	010		
B . 1/11								DPLS., INC.	31-12	154	018	F	Page
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghe	st Co		,	—			
(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson i	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	- 1	am	(F) timat ount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	s	comp fro orga	oensa om th aniza I rela	ation ne tion ted
(17) RAY LAY	0.30							_					
DIRECTOR		Х	_			_		0.		0.			0
(18) JR RICHARDS	0.30	ļ											_
DIRECTOR	0 20	Х	├			_		0.		0.			0
(19) RJ PASQUESI	0.30	3,5											^
DIRECTOR	0.20	Х	┢			\vdash		0.		0.			0
(20) DEEPALI JANI DIRECTOR	0.30	х						0.		0.			0
(21) MATTHEW BARR	0.30	Δ				-		0.		 			0
DIRECTOR	0.50	Х						0.		0.			0
(22) RACHEL LANE	0.30							•		- 			
DIRECTOR		х						0.		0.			0
(23) ALAN WITCHEY	40.00							<u> </u>					
EXECUTIVE DIRECTOR		Ī		X				48,600.		0.			0
(24) CHELSEA HARING-COZZI	40.00												
EXECUTIVE DIRECTOR				Х				7,692.		0.			0 .
1b Sub-total							▶	113,853.		0.			0
c Total from continuation sheets to Part VI							•	0.		0.			0 .
d Total (add lines 1b and 1c)								113,853.		0.			0 .
2 Total number of individuals (including but no							o re	ceived more than \$100,	000 of reportable				
compensation from the organization													(
										ſ	\longrightarrow	Yes	No
3 Did the organization list any former officer,	•			•	•	•		•					
line 1a? If "Yes," complete Schedule J for si	uch individual										3		X
4 For any individual listed on line 1a, is the su			-					•	-				37
and related organizations greater than \$150										·····	4		X
5 Did any person listed on line 1a receive or a											_		₩.
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedul	e J f	or si	ıch į	oers	on					5		X
Complete this table for your five highest contractors	mnoncated inc	lono	ndo	nt co	ntr	acto	rc th	at received more than [©]	100 000 of comp	oncai	tion fro	m	
the organization. Report compensation for t										Ciisai	.1011 110	111	
(A)					1011	<u> </u>		(B)			(C		
Name and business	address	N(INC	<u> </u>			\dashv	Description of s	er vices		ompen	isatio	חכ
							\dashv						

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Total number of independent contractors (including but not limited to those listed above) who received more than

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a resnonse	or note to any lir	ne in this Part VIII			
		Cricer ii Correduie C Corre	ans a response	or riote to arry iii	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè excluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
(0, (0	1.0	Federated campaigns	1a			Tovolido	10101140	312 - 314
ants					-			
Sign of		Membership dues	·····	141,631.	-			
ts, Ar		Fundraising events		141,031.	-			
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations		644,022.	-			
ns, Sim		Government grants (contributi		044,022.	-			
ıtio er (t	All other contributions, gifts, grant		060 205				
ξĖ		similar amounts not included abov		060,205.				
ont od (Noncash contributions included in lines 1			1 045 050			
<u>o</u> <u>e</u>	h	Total. Add lines 1a-1f			1,845,858.			
				Business Code				
Ce	2 a							
ervi Ie	b							
am Ser	С							
ran ?ev	d							
Program Service Revenue	е							
Б		All other program service reve		•				
	g	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			16,203.	16,203.		
	4	Income from investment of tax	exempt bond p	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<u></u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		. <u></u>				
ø	8 a	Gross income from fundraising	g events (not					
ű		including \$141,6	31. of					
eve		contributions reported on line	1c). See					
Other Revenu		Part IV, line 18	а	33,502.				
the	b	Less: direct expenses		33,502.				
0	С	Net income or (loss) from fund	raising events		0.			
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	a					
	b	Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less i	returns					
		and allowances	а					
	b	Less: cost of goods sold						
		Net income or (loss) from sales		•				
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	c							
	d							
	12				1,862,061.	16,203.	0.	0.
		Total. Add lines 11a-11d Total revenue . See instructions			1,862,061.	16,203.	0.	0.

Pai	t IX Statement of Functional Expense	98	K INDFUS., I	NC. 31-12.	74010 Page 10				
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).					
Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b. (A) (B) (C) (D)									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees								
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	660 500	F10 700	00 550	76 150				
7	Other salaries and wages	669,508.	512,799.	80,559.	76,150.				
8	Pension plan accruals and contributions (include	F 220	4 004	600	F0F				
	section 401(k) and 403(b) employer contributions)	5,228.	4,004.	629.	595.				
9	Other employee benefits	113,532. 46,908.	86,958.	13,661.	12,913. 5,335.				
10	Payroll taxes	46,908.	35,929.	5,644.	5,335.				
11	Fees for services (non-employees):								
а	Management								
b	Legal	8,255.		0 255					
_	Accounting	30,000.		8,255.					
d	Lobbying	30,000.		30,000.					
	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25,	457,283.	457,788.	-543.	38.				
40	column (A) amount, list line 11g expenses on Sch O.)	17,587.	15,718.	1,443.	426.				
12	Advertising and promotion	36,355.	32,188.	1,754.	2,413.				
13	Office expenses	14,719.	11,722.	1,487.	1,510.				
14	Information technology	14,/10.	11,122•	1,407•	1,510.				
15	Royalties	50,014.	41,184.	4,238.	4,592.				
16 17	Occupancy	4,863.	4,022.	257.	584.				
18	Payments of travel or entertainment expenses	4,003.	4,022.	231•	304.				
10	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	115,017.	112,254.	2,728.	35.				
20	Interest	223 / 02 / 0		27.200					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	12,724.	10,126.	1,247.	1,351.				
23	Insurance	4,022.	3,312.	341.	369.				
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 0.)	,							
а	DIRECT COMMUNITY SUPPOR	155,986.	155,986.						
b	HMIS ACCESS FEES AND TA	81,285.	81,285.						
С									
d									
е	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	1,823,286.	1,565,275.	151,700.	106,311.				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Chook hard if fallowing COD on a (ACC 050, 700)								

Form **990** (2018)

if following SOP 98-2 (ASC 958-720)

Form 990 (2018)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments	451,231.	2	808,520		
	3	Pledges and grants receivable, net	376,562.	3	253,542		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	-	· ·			
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instr).		· ·		6	
Assets	7	Notes and loans receivable, net				7	
Asi	8	Inventories for sale or use				8	
	9	5			9,871.	9	7,426
		Land buildings and equipment cost or other			- , -		
		basis, Complete Part VI of Schedule D	10a	93,184.			
	Ь	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	62,088.	39,474.	10c	31,096
	11	Investments - publicly traded securities			•	11	•
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	877,138.	16	1,100,584		
	17	Accounts payable and accrued expenses	104,774.	17	1,100,584 98,545		
	18	Grants payable		I	-	18	-
	19	Deferred revenue			0.	19	190,900
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		I		21	
w	22	Loans and other payables to current and former					
Ē		key employees, highest compensated employee					
Liabilities		0 1 0 0 1 1 1 1 1				22	
Ĕ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines		I			
		0 1 1 1 5				25	
	26	Total liabilities. Add lines 17 through 25			104,774.	26	289,445
		Organizations that follow SFAS 117 (ASC 958), chec	k here 🕨 🗓 and			
ģ		complete lines 27 through 29, and lines 33 an	d 34.				
a S	27	Unrestricted net assets			507,364.	27	551,139
<u>a</u>	28	Temporarily restricted net assets			265,000.	28	260,000
<u>0</u>	29	Permanently restricted net assets				29	
Ş		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🗌			
<u>_</u>		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or ed	quipmer	nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, d	or other funds		32	
Ž	33	Total net assets or fund balances			772,364.	33	811,139
	34	Total liabilities and net assets/fund balances .	<u>.</u>		877,138.	34	1,100,584

Form 990 (2018)

Pa	t 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)		1,86		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,82	3,2	<u>86.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		8,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	77	2,3	<u>64.</u>
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	81	1,1	39.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?	-	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
			Form	990	(2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

COALITION FOR HOMELESSNESS INTERVENTION

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

AND PREVENTION OF GREATER INDPLS. 31-1254018 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

Total

Schedule A (Form 990 or 990-EZ) 2018 AND PREVENTION OF GREATER INDPLS., INC. 31-1254018 Page 2

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

_	talls to qualify under the tests	s listed below, plea	se complete Fart i	11.)			
Sec	ction A. Public Support	T		Г	T	·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	969,577.	943,864.	1151184.	1989277.	1845858.	6899760.
2	Tax revenues levied for the organ-						
	ization'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	969,577.	943,864.	1151184.	1989277.	1845858.	6899760.
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)						1161168.
	Public support. Subtract line 5 from line 4.						5738592.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	969,577.	943,864.	1151184.	1989277.	1845858.	6899760.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	519.	4,614.	10,805.	9,716.	16,204.	41,858.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						6941618.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	82.67 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	80.12 %
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization				> X
b	33 1/3% support test - 2017. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the)
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	· >
					0.1	dula A /Farm 000	000 57) 0040

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 AND PREVENTION OF GREATER INDPLS., INC. 31-1254018 Page 3

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						4
calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	(4) 2011	(2) 2010	(6) 2010	(4) 2317	(0) 2010	(1) 10141
IOa 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	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here	•			•	. , . ,	
Section C. Computation of Public	Support Per	centage				
15 Public support percentage for 2018 (lin	ne 8, column (f), d	livided by line 13, o	column (f))		15	
6 Public support percentage from 2017	Schedule A, Part	III, line 15			16	
ection D. Computation of Invest	tment Income	Percentage				
17 Investment income percentage for 20	18 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	
18 Investment income percentage from 2	:017 Schedule A,	Part III, line 17			18	
19a 33 1/3% support tests - 2018. If the	organization did r				33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and						▶□
b 33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, chec	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	
20 Private foundation. If the organization						
	. GIG HOL OHOUR A	~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	a, or 100, or 1000 ti	no box and bot like	J. 40110110	🔽 🗀

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

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

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
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Pa	Tt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
С	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.	11c		
	tion 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		<u> </u>
Sec	tion 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	_		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		Ь—
000	tion 5.7th Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	INC
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
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.	3		<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		1

Schedule A (Form 990 or 990-EZ) 2018 AND PREVENTION OF GREATER INDPLS., INC. 31-1254018 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	ctions A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	Ily integrate	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Schedule A (Form 990 or 990-EZ) 2018 AND PREVENTION OF GREATER INDPLS., INC. 31-1254018 Page 7

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	J
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
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 th	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
_ с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A			PREVENTION					31-1254018	Page 8
Part VI	Part IV, Section A, line 1; Part IV, Sec	, lines 1, 2, 3b, 3 ction D, lines 2 a	3c, 4b, 4c, 5a, 6, 9a, 9 and 3; Part IV, Section	9b, 9c, 1 i E, lines	l1a, 11b, and 11 s 1c, 2a, 2b, 3a,	c; Part IV, Section and 3b; Part V, lir	n B, lines 1 ne 1; Part V	17b; Part III, line 12; and 2; Part IV, Sectior , Section B, line 1e; Pa	n C, urt V,
	Section D, lines 5, (See instructions.)	6, and 8; and F	art V, Section E, line	s 2, 5, a	nd 6. Also comp	olete this part for a	any additior	nal information.	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

COALITION FOR HOMELESSNESS INTERVENTION AND PREVENTION OF GREATER INDPLS., INC.

Employer identification number

31-1254018

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

COALITION FOR HOMELESSNESS INTERVENTION

AND PREVENTION OF GREATER INDPLS., INC.

Employer identification number

31-1254018

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 260,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 406,641.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 644,022.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$120,482.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

COALITION FOR HOMELESSNESS INTERVENTION

AND PREVENTION OF GREATER INDPLS., INC.

Employer identification number

31-1254018

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	\$				
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
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(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
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(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
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(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
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	(b) Description of noncash property given (b) Description of noncash property given	(b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (h) FMV (or estimate) (See instructions.)			

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization **Employer identification number** COALITION FOR HOMELESSNESS INTERVENTION AND PREVENTION OF GREATER INDPLS., INC. 31-1254018 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. Open to Public

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

 Section 501(c)(4), (5), or (6) organizat 	ione: Complete Port III			
111111111	ON FOR HOMELESSN	ESS INTERVEN	JTTON Emp	loyer identification number
	VENTION OF GREAT			31-1254018
	anization is exempt und			
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campain 	ures		>	.
Part I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
 Enter the amount of any excise tax Enter the amount of any excise tax 	incurred by the organization und	der section 4955	<u> </u>	
3 If the organization incurred a section				
4a Was a correction made?				
b If "Yes." describe in Part IV.				
Part I-C Complete if the org	anization is exempt und	er section 501(c),	except section 501(c	c)(3).
Enter the amount directly expended	by the filing organization for se	ction 527 exempt funct	tion activities	\$
2 Enter the amount of the filing organ exempt function activities	ization's funds contributed to ot	her organizations for se	ection 527	
3 Total exempt function expenditures				
line 17b			> 5	\$
4 Did the filing organization file Form				
5 Enter the names, addresses and en made payments. For each organizar contributions received that were pro- political action committee (PAC). If a	ion listed, enter the amount pai omptly and directly delivered to	d from the filing organized a separate political organized	zation's funds. Also enter th anization, such as a separat	e amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

COALITION FOR HOMELESSNESS INTERVENTION Schedule C (Form 990 or 990-EZ) 2018 AND PREVENTION OF GREATER INDPLS., INC. 31-1254018 Page 2 Part II-A | Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals **1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) 30,000. **b** Total lobbying expenditures to influence a legislative body (direct lobbying) 30,000. c Total lobbying expenditures (add lines 1a and 1b) 1,565,275. d Other exempt purpose expenditures 1,595,275. e Total exempt purpose expenditures (add lines 1c and 1d) 229,764. Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,500,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 \$1,000,000. 57,441. g Grassroots nontaxable amount (enter 25% of line 1f) 0. h Subtract line 1g from line 1a. If zero or less, enter -0-Subtract line 1f from line 1c. If zero or less, enter -0i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total		
2a Lobbying nontaxable amount			227,514.	229,764.	457,278.		
b Lobbying ceiling amount (150% of line 2a, column(e))					685,917.		
c Total lobbying expenditures			30,000.	30,000.	60,000.		
d Grassroots nontaxable amount			56,879.	57,441.	114,320.		
e Grassroots ceiling amount (150% of line 2d, column (e))					171,480.		
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2018

31-1254018 Page 3

Schedule C (Form 990 or 990-EZ) 2018 AND PREVENTION OF GREATER INDPLS., INC. 31-12540 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

r each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description (a)		1)	(b	(b)	
of the lobbying activity.	Yes	No	Amo	unt	
 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? 					
 e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 					
Part III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(5	ō), or sec	tion Yes	No	
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 	e prior year n 501(c)(5	2 3 5), or sec		3, is	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and prexpenditure next year?	ess	2a 2b 2c 3			
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information. SCHEDULE C, PART II-A	list); Part II-	5 A, lines 1 a	nd 2 (see		
CHIP HAS TWO LOBBYISTS, ONE REPUBLICAN AND ONE DEMOCRAREPRESENTATIVE BEFORE THE INDIANA GENERAL ASSEMBLY AND	THE I	NDIAN.	A		
GOVERNOR'S OFFICE. THEY STUDY AND CONSIDER LEGISLATI IMPACTING CHIP; PROVIDE ASSISTANCE ON ISSUES OF INTERE				•	
WORKING WITH AFFILIATES, OTHER LOBBYISTS, ALLIES, AND	TRADE	ASSOC			

Schedule C (Form 990 or 990-EZ) 2018 AND PREVENTION OF GREATER INDPLS., INC. 31-1254018 Page 4 Part IV Supplemental Information (continued)
CONTACTS; AND PROVIDE ASSISTANCE IN COALITION BUILDING, GRASSROOTS ISSUES
DEVELOPMENT AND OVERALL STRATEGY, GRASS-TOPS COMMUNICATIONS AND OTHER
ADVOCACY TACTICS ON ISSUES OF INTEREST TO CHIP.

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

COALITION FOR HOMELESSNESS INTERVENTION AND PREVENTION OF GREATER INDPLS., INC.

Employer identification number 31-1254018

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? Purpose(s) of conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space Preservation of open space Preservation of perservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Total acreage restricted by conservation easements 2b Total acreage restricted by conservation easements 2c Description 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Purpose Purpo	Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of prants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are 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 impermisable 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). Perservation of and for public use (e.g., recreation or education) Preservation of a forestrain and area Protection of natural habitat Preservation of open space 2 Complete insee 2 artivorgl 2 off if the organization held a qualified conservation contribution in the form of a conservation easement on the last display of the tax year. 2 Total number of conservation easements 2a Total number of conservation 2a Total number of 2a Total n		organization answered "Yes" on Form 990, Part IV, line	6.	
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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 is 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 impermissable private benefit? 7 Purpose(s) of conservation Easements. Complete if the organization (check all that apply). 8 Preservation of land for public use (e.g., recreation or education) 9 Preservation of an attraction of land for public use (e.g., recreation or education) 9 Preservation of a natural habitat 9 Preservation of natural habitat 9 Preservation of a conservation easement held a qualified conservation contribution in the form of a conservation easement on the last. 10 Preservation of conservation easements 11 Purpose(s) of conservation easements 12 Preservation of conservation easements 13 Preservation of conservation easements 14 Preservation of conservation easements 15 Total acreage restricted by conservation easements 16 Total acreage restricted by conservation easements 17 Purpose(s) of conservation easements on a certified historic structure included in (a) 18 Preservation of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 19 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 20 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 21 Preservation have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year organization have a written polic	1	Total number at end of year		
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5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is 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.) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation or perservation experience of a conservation easement on the last day of the tax year. 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 Total number of conservation easements 2a Held at the End of the Tax Year 2a Total acreage restricted by conservation easements. 4 Total acreage restricted by conservation easements 2a Post acreage restricted by conservation easements included in (a) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2 Number of states where property subject to conservation easement is located 3 Number of states where property subject to conservation easements in the state of the National Register 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 3 Number of states where property subject to conservation easements that describes the organization's accounting f	3	Aggregate value of grants from (during year)		
are the organization's property, subject to the organization's exclusive legal control?				
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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). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of perservation of perservation of open space Preservation of open space Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 2a Held at the End of the Tax Year 2d Total number of conservation easements 2b Total acreage restricted by conservation easements 2b Total number of conservation easements 2d Total number of conservation easements on a certified historic structure included in (a) 2c Total number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2d Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of stat				
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Protection of natural habitat	1			
□ Preservation of open space 2 Complete lines 2 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. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (a) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the 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 enforcement of the conservation easements during the year ▶ ↑ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcement of the conservation easements during the year ↑ ↑ S and enforcement of the conservation easements 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 Organization Balantaining 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 fur				
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. 1 Total number of conservation easements 2			Preservation of a cer	rtified historic structure
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 ▶ \$	6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing con	servation easements during the year
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(ii) Assets included in Form 990, Part X		•		• •
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide				
	2			
	2	- · · · · · · · · · · · · · · · · · · ·		ai gaiii, provide
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	_			• \$
 a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \$ 				

832051 10-29-18

Schedule D (Form 990) 2018

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

	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other S	imilar Asse	ets (contin	ued)
3	Using the organization's acquisition, accession							
	(check all that apply):	,	,	3	3			
а	Public exhibition	d	I	change progra	ms			
b	Scholarly research	e		onango progra				
c	Preservation for future generations	·						
4	Provide a description of the organization's co	Illections and explain	n how they further	the organizatio	n's evemnt	nurnose in P	art XIII	
5	During the year, did the organization solicit or						art Am.	
3	to be sold to raise funds rather than to be ma						Yes	☐ No
Pai	t IV Escrow and Custodial Arrang							140
	reported an amount on Form 990, Par		ete ii tile organizat	ion answered	163 OIIIC	iiii 330, i ait i	v, iii ie 3, 0i	
	Is the organization an agent, trustee, custodia		iary for contributio	ns or other ass	ets not inc	luded		
	on Form 990, Part X?						Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII a						100	110
	ii roo, explain the arrangement iii arr xiii e	and complete the for	nowing table.				Amount	
С	Beginning balance					1c	7 (11100111	
d						1d		
u 0						1e		
f	Distributions during the year					1f		
	Ending balance Did the organization include an amount on Fo						Yes	No
	· ·		·		•	اا	162	
Pai	If "Yes," explain the arrangement in Part XIII. To V Endowment Funds. Complete in							
	Complete I	(a) Current year	(b) Prior year	(c) Two year		Three years ba	ok (a) Four	voore back
4.	Paginning of year halance	(a) Current year	(b) Phor year	(C) TWO years	S Dack (u)	Tillee years ba	ck (e) roui	years back
1a	Beginning of year balance							
b	Contributions							
С.	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
_	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr			a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
С	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c shou							
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	and administere	ed for the c	organization	Г	
	by:							Yes No
	(i) unrelated organizations							
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization			?			3b	
4 Do:	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answered							
	Description of property	(a) Cost or o	` '	st or other		umulated	(d) Book	c value
		basis (investr	nent) basi:	s (other)	depre	ciation		
1a	Land							
b	Buildings			14 805		C 105		
С	Leasehold improvements			14,795.		6,196.		3,599.
d	Equipment			75,908.	5	4,374.	21	L,534.
	Other			2,481.		1,518.	~ ~	963.
<u>Tota</u>	I. Add lines 1a through 1e. (Column (d) must ee	gual Form 990. Part	X. column (B). line	10c.)			31	L,096.

Schedule D (Form 990) 2018

			NESS INTERVEI		04 4054040
		ION OF GREA	TER INDPLS.,	INC.	31-1254018 Page
Part VII					
	Complete if the organization answered "Yes"				
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or	r end-of-year market value
(1) Financ	ial derivatives				
(2) Closely	y-held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
<u>(H)</u>					
	(b) must equal Form 990, Part X, col. (B) line 12.)				
Part VII	III Investments - Program Related.				
-	Complete if the organization answered "Yes"				
-	(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or	r end-of-year market value
<u>(1)</u>					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX					
-	Complete if the organization answered "Yes"		line 11d. See Form 990,	Part X, line 15.	
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Coll	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	e 15.)			>
	Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11e or 11f. See Form	n 990, Part X, line	e 25.
1.	(a) Description of liability	İ	(b) Book value		
	deral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)				1	

▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

Schedule D (Form 990) 2018

(8) (9)

	COALITION FOR HOMELESSNESS INTERVENTI	ON		
Sche	edule D (Form 990) 2018 AND PREVENTION OF GREATER INDPLS., IN		1254018	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenu	e per Return	•	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	1,862	061.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities 2b			

2c

2e

4c

1,862,061

1.862.061

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

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

c Recoveries of prior year grants

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,823,286. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a Prior year adjustments 2b 2c Other losses Other (Describe in Part XIII.) Add lines 2a through 2d 1,823,286. Subtract line 2e from line 1 3 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 Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Part XIII | Supplemental Information.

Other (Describe in Part XIII.)
Add lines **2a** through **2d**

Other (Describe in Part XIII.)

c Add lines 4a and 4b

Subtract line 2e from line 1

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 X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE AND STATE INCOME TAX AND HAS BEEN CLASSIFIED

AS AN OTHER THAN PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR FEDERAL

AND STATE TAXES ON REVENUE AND INCOME HAS BEEN RECOGNIZED IN THE

ACCOMPANYING FINANCIAL STATEMENTS. GENERALLY, THE FEDERAL AND STATE TAX

RETURNS WERE SUBJECT TO EXAMINATIONS FROM THE THREE YEARS AFTER THE LATER

OF THE ORIGINAL OR EXTENDED DUE DATE OR THE DATE FILED BY THE APPLICABLE

TAX AUTHORITY.

Schedule D (Form 990) 2018

COALITION FOR HOMELESSNESS INTERVENTION AND PREVENTION OF GREATER INDPLS., INC. 31-1254018 Page 5 Schedule D (Form 990) 2018 Part XIII Supplemental Information (continued)

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization COALITION FOR HOMELESSNESS INTERVENTION **Employer identification number** 31-1254018 AND PREVENTION OF GREATER INDPLS. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

832081 10-03-18

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

Schedule G (Form 990 or 990-EZ) 2018

COALITION FOR HOMELESSNESS INTERVENTION

Schedule G (Form 990 or 990-EZ) 2018 AND PREVENTION OF GREATER INDPLS., INC. 31-1254018 Page 2

Pa	rt I	Fundraising Events. Complete if th	e organization answered	"Yes" on Form 990, Part	t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gro	ss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
				(b) Event #2 YEAR END APPEAL	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	117,637.	52,546.	4,950.	175,133.
	2	Less: Contributions	85,955.	51,725.	3,951.	141,631.
	3	Gross income (line 1 minus line 2)	31,682.	821.	999.	33,502.
	4	Cash prizes				
S	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	21,729.			21,729.
Ω		Entertainment				
	9	Other direct expenses	9,953.	821.	999.	11,773.
	10	,			>	33,502.
Do	11 rt l	Net income summary. Subtract line 10 from li				0.
Pa	ITLI	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$10,000 0111 01111 000 EZ, III10 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
eve						
	1	Gross revenue				
ses	2	Cash prizes				
lirect Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	□ No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
		Not coming income oursesses. Cultural Page 7	from line 1 lines (-1)		.	
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)		·····	<u> </u>
а	ls t	ter the state(s) in which the organization conducted conducted are seen to conduct gaming action," explain:	tivities in each of these s	states?		Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:			rear?	Yes No

Schedule G (Form 990 or 990-EZ) 2018

832082 10-03-18

COALITION FOR HOMELESSNESS INTERVENTION

	edule G (Form 990 or 990-EZ) 2018 AND PREVENTION OF GREATER INDPLS., INC. $31-1$.254018	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
			-
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
	, , , , , , , , , , , , , , , , , , , ,		

COALITION FOR HOMELESSNESS INTERVENTION AND PREVENTION OF GREATER INDPLS., INC. 31-1254018 Page 4 Schedule G (Form 990 or 990-EZ) Part IV Supplemental Information (continued)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

COALITION FOR HOMELESSNESS INTERVENTION AND PREVENTION OF GREATER INDPLS.

Employer identification number 31-1254018

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES INCLUDE THE FOLLOWING: COORDINATED ENTRY ; IHOST PROJECT; POINT-IN-TIME COUNT; MEMORIAL SERVICE; HOMELESS YOUTH NEEDS ASSESSMENT AND PREVENTION; HANDBOOK OF HELP; COMMUNITY STRATEGIC PLANNING; DOMESTIC VIOLENCE ASSESSMENT; CAPACITY BUILDING, TRAINING AND TECHNICAL ASSISTANCE; AND PROGRAM STAFF SUPPORT.

EXPENSES \$ 899,559. 0. REVENUE \$ 0. INCLUDING GRANTS OF \$

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED IN JANUARY 2018 TO 1) ADD AN EMERITUS CHAIR POSITION WHICH ALLOWS A PAST CHAIR TO BECOME A LIFETIME, NON-VOTING MEMBER 2) ALLOW A BOARD CHAIR WHO HAS SERVED TWO CONSECUTIVE 3-YEAR THE BOARD, TERMS TO SERVE AS A DIRECTOR FOR AN ADDITIONAL 1-YEAR TERM TO ASSIST WITH ORGANIZATIONAL TRANSITIONS AND 3) REMOVE ABILITY FOR BOARD MEMBERS TO 4) SPECIFY THAT THE CHAIR MAY DESIGNATE UP TO TWO AT-LARGE APPOINT A PROXY, OFFICERS TO JOIN THE EXECUTIVE COMMITTEE, 5) CONFIRM THAT BOARD TERMS BEGIN IN JANUARY TO REDUCE CONFUSION ABOUT WHEN TERMS START, AND 6) CLARIFY AND ENHANCE LANGUAGE AND MAKE FORMATTING CHANGES.

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

THE 990 IS REVIEWED EXTENSIVELY BY THE ORGANIZATION'S DIRECTOR OF FINANCE. THE 990 IS ALSO REVIEWED BY FINANCE COMMITTEE AND IS DISTRIBUTED TO THE FULL GOVERNING BOARD.

FORM 990, PART V, LINES 1A-1C, 2A-2B:

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization COALITION FOR HOMELESSNESS INTERVENTION **Employer identification number** 31-1254018 AND PREVENTION OF GREATER INDPLS., INC. CHIP CONTRACTS WITH THE UNITED WAY OF CENTRAL INDIANA (UWCI) FOR "HOST AGENCY" SERVICES, WHICH INCLUDES ACCOUNTING AND HUMAN RESOURCES. UWCI FILED FORMS 1099 AND W-2 ON CHIP'S BEHALF FOR CHIP VENDORS AND EMPLOYEES. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY FOR ALL OFFICERS, DIRECTORS, AND EMPLOYEES. FORM 990, PART VI, SECTION B, LINE 15: AN INDEPENDENT CONSULTANT WAS HIRED IN 2013 TO CONDUCT BOARD DEVELOPMENT AND EXECUTIVE COACHING FOR THE ORGANIZATION. INCLUDED IN THIS WAS A SALARY ASSESSMENT OF THE EXECUTIVE DIRECTOR BASED ON CURRENT JOB DESCRIPTIONS AND PERFORMANCE PLANS. FORM 990, PART VI, SECTION C, LINE 19: CHIP'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. ADDITIONALLY, OUR 990, ANNUAL REPORT, AND OTHER DOCUMENTS ARE POSTED WITH OUR PROFILE ON GUIDESTAR.COM. OUR ANNUAL REPORTS ARE POSTED ON OUR WEBSITE, AND SENT VIA EMAIL AND PRINTED UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 455,696. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 0. TOTAL EXPENSES 455,696.

2018.05000 COALITION FOR HOMELESSNES CHIP0011

Name of the organization COALITION FOR HOMELESSNES AND PREVENTION OF GREATER		yer identification number $1-1254018$
MISCELLANEOUS EXPENSE:		
PROGRAM SERVICE EXPENSES		0.
MANAGEMENT AND GENERAL EXPENSES		-682.
FUNDRAISING EXPENSES		-113.
TOTAL EXPENSES		-795.
SERVICE CONTRACTS-EQUIP:		
PROGRAM SERVICE EXPENSES		
MANAGEMENT AND GENERAL EXPENSES		
FUNDRAISING EXPENSES		
TOTAL OTHER FEES ON FORM 990, PART IX,		
FORM 990, PART IX, LINE 11G:		
THE PROFESSIONAL SERVICES LINE INCLUDES	EXPENSES FOR INDEPENDED	NТ
CONTRACTORS TO SUPPORT VARIOUS PROGRAMS	INCLUDING COORDINATED I	ENTRY,
HMIS, TIF PROJECTS, THE ANNUAL POINT-IN	-TIME COUNT, AND MARKET	ING;
SUBSCRIPTIONS FOR OUR DONOR MANAGEMENT	SOFTWARE AND OTHER COMP	JTER
RELATED SUBSCRIPTIONS.		_
FORM 990, PART XII, LINE 2C:		
THE ENTITY RECEIVES A COPY OF THE AUDIT	. PRIOR TO THE FINALIZA	ATION OF
THE AUDIT, A COPY OF THE AUDIT IS GIVEN	TO ALL OF THE BOARD MED	MBERS FOR
THEIR COMMENTS.		

AND PREVENTION OF GREATER INDPLS., INC.	31-1254018
RELATIONSHIP WITH THE CURRENT AUDITORS AND MAKES A DETERMI	NATION AS TO
WHETHER TO MAINTAIN THIS RELATIONSHIP OR CHANGE TO A NEW A	UDITING FIRM.
FORM 990, PART 1, LINE 6:	
COMMUNITY AND PROFESSIONAL VOLUNTEERS PARTICIPATE IN AWARE	NESS AND
SERVICE EVENTS INCLUDING THE INDIANAPOLIS CONTINUUM OF CAR	E
(APPROXIMATELY 150 VOLUNTEERS), HYGIENE KIT CONSTRUCTION (APPROXIMATELY
150), THE POINT IN TIME COUNT (APPROXIMATELY 109), HOMELES	S PERSONS'
MEMORIAL SERVICE (APPROXIMATELY 85), CHIP'S BOARD OF DIREC	TOR'S AND
SUBCOMMITTEES OF THE BOARD (APPROXIMATELY 22), CHIP'S YOUN	G
PROFESSIONALS GROUP (APPROXIMATELY 20), PRO-BONO CHALLENGE	
(APPROXIMATELY 15). MOST VOLUNTEERS SPEND BETWEEN 1-3 HOUR	S
VOLUNTEERING AT A SINGLE EVNET. MOST VOLUNTEERS PARTICIPAT	E IN MULTIPLE
EVENTS.	

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	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
	OTHER													
1	2 SIX SHELF FILES	05/02/03	200DB	5.00	HY1	900.				900.	900.		0.	900.
2	INSPIRON 8500 AND DELL 2100	06/06/03	SL	5.00	1	3,213.				3,213.	3,213.		0.	3,213.
3	DIGITAL CAMERAS	12/30/05	SL	5.00	1	470.				470.	470.		0.	470.
4	OFFICE FURNITURE	03/23/07	SL	5.00	1	7,103.				7,103.	7,103.		0.	7,103.
5	CONF CHAIRS/TABLES	04/16/07	SL	5.00	1	4,958.				4,958.	4,958.		0.	4,958.
6	MOBILE STORAGE CAB	07/10/07	SL	5.00	1	385.				385.	385.		0.	385.
7	OFFICE FURNITURE	03/20/08	SL	5.00	1	3,326.				3,326.	3,326.		0.	3,326.
8	HP COLOR LASERJET	07/02/09	SL	5.00	1	490.				490.	490.		0.	490.
9	DELL E6400 LAPTOP	08/13/09	SL	5.00	1	1,382.				1,382.	1,382.		0.	1,382.
10	DELL 1209S DLP PROJECTOR	10/29/09	SL	5.00	1	477.				477.	477.		0.	477.
11	DELL M210X PROJECTOR	10/11/11	SL	5.00	1	607.				607.	607.		0.	607.
12	7 DELL VOSTRO 3750 LAPTOPS	06/25/12	SL	5.00	1	4,572.				4,572.	4,572.		0.	4,572.
13	WATCHGUARD XTM 25 FIREWALL	05/01/14	SL	5.00	1	1,195.				1,195.	876.		239.	1,115.
14	18 LAPTOPS AND INSTALLATION	05/01/15	SL	5.00	1	18,332.				18,332.	9,777.		3,666.	13,443.
15	SOFTWARE	05/01/15	SL	3.00	1	680.				680.	605.		76.	681.
16	SERVER/WIFI	07/01/15	SL	5.00	1	1,529.				1,529.	764.		306.	1,070.
17	PHONE SYSTEM	07/30/15	SL	5.00	1	4,322.				4,322.	2,089.		864.	2,953.

828111 04-01-18

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o l	Line No.	Unadjusted Cost Or Basis	Bus %	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated	Current Sec 179	Current Year Deduction	Ending Accumulated
					V			Excl				Depreciation	Expense		Depreciation
18	OFFICE RENOVATION	09/23/15	SL	5.00	1	16	2,511.				2,511.	1,130.		502.	1,632.
	OFFICE EXPANSION/BUILDOUT -														
19	INTERCHURCH CENTER - LEASEHO	12/01/16	SL	5.00	1	16	3,990.				3,990.	865.		798.	1,663.
20	OFFICE PHONE SYSTEM EXPANSION - K&J COMMUNITY -	12/01/16	QT.	5.00	,	16	4,222.				4,222.	915.		844.	1,759.
20	APC SMART - UPS 1500 LCD,	12/01/10	511	3.00		10	4,222.				4,222.	515.		011.	1,733.
21	UPS, 1 KW, 1440 VA	04/01/16	SL	5.00	1	16	527.				527.	185.		105.	290.
22	HP PROBOOK 470 LAPTOP	08/24/16	SL	5.00	1	16	1,056.				1,056.	282.		211.	493.
2.2	HPE PROLIANT ML350 GEN9	00/00/16	GT.	г оо			0.020				0.020	2 210		1 760	2 070
23	SERVER	09/29/16	ΣЦ	5.00		16	8,839.				8,839.	2,210.		1,768.	3,978.
24	MICROSOFT PROJECT SOFTWARE	06/20/16	SL	3.00	1	16	740.				740.	370.		247.	617.
25	OFFICE PHONE SYSTEM	04/11/17	SL	5.00	1	16	1,722.				1,722.	244.		344.	588.
0.5		40/40/4=					4 065				4 065				200
26	OFFICE PHONE SYSTEM	12/19/17	SL	5.00	-	16	1,865.				1,865.	16.		373.	389.
27	CONFERENCE ROOM	04/11/17	SL	5.00	1	16	485.				485.	69.		97.	166.
28	LAPTOP	03/16/17	SL	5.00	1	16	3,869.				3,869.	613.		774.	1,387.
29	CLOUD HARDWARE	03/21/17	SL	5.00	-	16	959.				959.	144.		192.	336.
30	LAPTOP	05/23/17	SL	5.00	1	16	2,622.				2,622.	306.		524.	830.
							,				,				
31	LAPTOP	11/28/17	SL	5.00	1	16	1,490.				1,490.	25.		298.	323.
32	LAPTOPS	08/01/18	SL	5.00		16	3,285.				3,285.			274.	274.
33	SECURITY SOFTWARE	05/15/18	SL	3.00	1	16	1,061.				1,061.			221.	221.
	* 990 PAGE 10 TOTAL OTHER						93,184.				93,184.	49,368.		12,723.	62,091.
	* GRAND TOTAL 990 PAGE 10														
	DEPR						93,184.				93,184.	49,368.		12,723.	62,091.

828111 04-01-18

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2018 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
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						88,838.			0.	88,838.	49,368.			61,596.
	ACQUISITIONS						4,346.			0.	4,346.	0.			495.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						93,184.			0.	93,184.	49,368.			62,091.
	ENDING ACCUM DEPR											62,091.			
	ENDING BOOK VALUE											31,093.			

828111 04-01-18

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. **179**

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates Identifying number

990

	LITION FOR HOMELESS PREVENTION OF GREA		-		RM 990 P.	AGE 10		31-1254018
	t I Election To Expense Certain Proper						V before v	
							4	1,000,000.
	otal cost of section 179 property place	ed in service (see						2,000,000
	reshold cost of section 179 property							2,500,000.
	eduction in limitation. Subtract line 3			_			4	2,300,000
	ollar limitation for tax year. Subtract line 4 from line		*		instructions		5	
6	(a) Description of pro		o : ii mamoa iiing		ness use only)	(c) Elected	cost	
		<u>· </u>						
7 Li	sted property. Enter the amount from	line 29			7			
8 To	otal elected cost of section 179 prope	erty. Add amounts	in column (c)	, lines 6 and	7		8	
9 Te	entative deduction. Enter the smaller	of line 5 or line 8					9	
	arryover of disallowed deduction from							
11 B	usiness income limitation. Enter the s	maller of business	income (not	less than ze	ro) or line 5		11	
12 S	ection 179 expense deduction. Add li	nes 9 and 10, but	don't enter m	ore than lin	e 11 <u></u>		12	
13 C	arryover of disallowed deduction to 2	019. Add lines 9 a	nd 10, less lir	ne 12	▶ 13			
	Don't use Part II or Part III below for	listed property. In	stead, use Pa	ırt V.				
Par	t II Special Depreciation Allowa	nce and Other D	epreciation (Don't inclu	de listed proper	ty.)		T
14 S	pecial depreciation allowance for qua	lified property (oth	er than listed	property) p	aced in service	during		
	e tax year							
15 P	roperty subject to section 168(f)(1) ele	ection					15	
	ther depreciation (including ACRS)						16	12,723.
Par	t III MACRS Depreciation (Don't	include listed pro	•					
			Se	ction A				Γ
17 M	ACRS deductions for assets placed in	n service in tax ye	ars beginning	before 201	8	·····	17	
18 If y	ou are electing to group any assets placed in servi					<u></u> ▶ ∟		
	Section B - Assets	(b) Month and		depreciation	T -	eral Deprecia	tion Syste	· m I
	(a) Classification of property	year placed in service	(business/in	vestment use nstructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<u>19a</u>	3-year property							
b	5-year property							
c	7-year property							
d_	10-year property							
e_	15-year property							
f	20-year property							
<u>g</u>	25-year property				25 yrs.		S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
	- Toolachian Terrian property	/			27.5 yrs.	MM	S/L	
i	Nonresidential real property	/			39 yrs.	MM	S/L	
		/				MM	S/L	
	Section C - Assets F	laced in Service	During 2018	Tax Year U	sing the Altern	ative Depreci		tem
<u>20a</u>	Class life	_			10		S/L	
<u>b</u>	12-year	,			12 yrs.	1 111	S/L	
	30-year	/			30 yrs.	MM	S/L	
Par	40-year	/			40 yrs.	MM	S/L	
	,	. 00						
	sted property. Enter amount from line		10 00				21	
	otal. Add amounts from line 12, lines nter here and on the appropriate lines						22	12,723.
	or assets shown above and placed in				110113 - 300 111511	•	22	12,725
	ortion of the basis attributable to sect			,	23			

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A -	Depreciation	on and Other I	nforma	tion (Ca	ution:	: See t	he ir	struct	tions for li	mits for	passeng	er auton	nobiles.)		
248	a Do you have evidence to s	support the bu	siness/investmei	nt use cla	imed?		Yes		No	24b If "Y	es," is th	ne evide	nce writt	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	ot	(d) Cost or ther basis	- 17	Basis for (business		ciation stment	(f) Recovery period	Me	(g) thod/ vention	Depre	(h) eciation uction	Elec sectio	(i) cted
25	Special depreciation allo		•		•			_		•		25				
26	used more than 50% in Property used more tha											25				
20	Troperty used more tha		9													
_			9,													
_		: :	9,													
27	Property used 50% or le												I			
	Troporty doed do / or ic	: :	9								S/L -					
_		: :	9,			-					S/L -					
_		: :	9,								S/L -					
28	Add amounts in column	<u> </u>			and on	line 2	nan	<u>Δ</u> 1			•	28				
	Add amounts in column												1	29		
	7 tad arribanto in bolanin	(1), 11110 20. 2			B - Infor											
	mplete this section for ve			n C to s							ıg this se		r those v		(f	١
30	Total business/investment	miles driven di	uring the		nicle	١,	Vehicle		V	'ehicle	1	nicle	-	hicle	Veh	
-	year (don't include commu		-							0111010	13.		13.			.0.0
31	Total commuting miles															
	Total other personal (no															
	driven															
33	Total miles driven during															
	Add lines 30 through 32	·) ·														
34	Was the vehicle availab			Yes	No	Yes	s N	No.	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?															
35	Was the vehicle used pr	rimarily by a i	more													
	than 5% owner or relate	d person?														
36	Is another vehicle availa	ble for perso	nal													
	use?															
		Section C	- Questions fo	or Empl	oyers W	Vho Pr	rovide	Vehi	icles f	or Use by	/ Their E	mploye	es			
Ans	swer these questions to o	determine if y	ou meet an ex	ception	to com	pleting	g Section	on B	for ve	hicles use	ed by em	ployees	who a	ren't		
	re than 5% owners or rela															1
37	Do you maintain a writte employees?														Yes	No
38	Do you maintain a writte	en policy stat	ement that pro	hibits p	ersonal	use of	f vehicl	es, e	except	commuti	ng, by y	our				
	employees? See the ins	tructions for	vehicles used	by corp	orate of	ficers,	directo	ors, c	or 1%	or more o	wners					
39	Do you treat all use of v	ehicles by en	nployees as pe	ersonal u	use?											
40	Do you provide more that	an five vehicl	es to your emp	oloyees,												
	the use of the vehicles,	and retain th	e information r	eceived	?											
41	Do you meet the require	ements conce	erning qualified	l automo	obile de	monst	ration	use?								
	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," don't	t comple	ete Se	ction B	for t	the co	vered veh	icles.					
P	art VI Amortization															
	(a) Description of	fcosts		(b) amortization begins		Amorti amo	izable			(d) Code section		(e) Amortiza period or per	ntion	Ar fo	(f) nortization r this year	
42	Amortization of costs th	at begins du			r:											
				: :												
				: :												
43	Amortization of costs th	at began bef	ore your 2018	tax yea	r								43			
44	Total. Add amounts in o	column (f). Se	e the instructi	ons for v	where to	repor	rt						44			

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or COALITION FOR HOMELESSNESS INTERVENTION print AND PREVENTION OF GREATER INDPLS., INC. 31-1254018 File by the Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 1100 W. 42ND STREET, NO. 350 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. INDIANAPOLIS, IN 46208 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Code Is For Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 1041-A Form 990-BL 02 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 KATHERINE TAVITIAN The books are in the care of ► 1100 W. 42ND STREET - INDIANAPOLIS, IN 46208 Telephone No. ► 317-630-0853 Fax No. ● If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🦳 and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b

For Privacy Act and Paperwork Reduction Act Notice, see instructions. LHA

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2019)

instructions

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScalling" selection box in the Adobe "Print" dialog.

GOVERNMENT COPY

Form **4720**

Department of the Treasury

Internal Revenue Service

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

► Go to www.irs.gov/Form4720 for instructions and the latest information.

2018

OMB No. 1545-0052

For calendar year 2018 or other tax year beginning 2018, and ending Name of organization or entity Employer identification number COALITION FOR HOMELESSNESS INTERVENTION AND PREVENTION OF GREATER INDPLS., INC. 31-1254018 Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address) Check box for type of annual return: 1100 W. 42ND STREET, NO. 350 **X** Form 990 Form 990-EZ Other City or town, state or province, country, and ZIP or foreign postal code Form 990-PF INDIANAPOLIS, IN 46208 Form 5227 Yes No Is the organization a foreign private foundation within the meaning of section 4948(b)? Has corrective action been taken on any taxable event that resulted in Ch. 42 taxes being reported on this form? (Enter "N/A" if not applicable) If "Yes," attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a . If "No," (that is, any uncorrected acts or transactions), attach an explanation (see instructions). Taxes on Organization (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a)) Tax on undistributed income - Schedule B, line 4 1 2 Tax on excess business holdings - Schedule C, line 7 2 Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (e) 3 Tax on taxable expenditures - Schedule E, Part I, column (g) 4 Tax on political expenditures - Schedule F, Part I, column (e) 5 5 6 Tax on excess lobbying expenditures - Schedule G, line 4 6 Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e) 7 7 Tax on premiums paid on personal benefit contracts 8 8 Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h) 9 Tax on taxable distributions - Schedule K, Part I, column (f) 10 10 Tax on a charitable remainder trust's unrelated business taxable income. Attach statement 11 11 Tax on failure to meet the requirements of section 501(r)(3) - Schedule M, Part II, line 2 12 12 13 13 Tax on excess executive compensation - Schedule N Tax on net investment income of private colleges and universities - Schedule 0 14 14 15 Total (add lines 1 - 14) Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a)) (a) Name and address of person subject to tax. City or town, state or province, country, ZIP or foreign postal code (b) Taxpayer identification number (c) Tax on self-dealing -Schedule A, Part II, col. (d), and Part III, col. (d) (d) Tax on investments that (e) Tax on taxable expenditures -(f) Tax on political expenditures jeòpardize charitable purpose -Schedule D, Part II, col. (d) Schedule E, Part II, col. (d) Schedule F, Part II, col. (d) Total (h) Tax on excess benefit transactions - Schedule I, Part II, col. (d), and Part III, col. (d) (i) Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, col. (d) (g) Tax on disqualifying lobbying (j) Tax on taxable distributions -Schedule K, Part II, col. (d) expenditures - Sch H, Part II, col. (d) Total (k) Tax on prohibited benefits - Sch L (I) Total - Add cols. (c) through (k) Part II, col. (d), and Part III, col. (d)

Part II-B		ry of Taxes (See Tax Payme			, inc.	<u> </u>	1234010 raye 2
		art II-A, column (I), that apply to manag					
		dvisors, and related persons who sign t	-				
total amount fro						1	
		15, and Part II-B, line 1				2	
		amount paid with Form 8868 (see instr				3	
		than line 3, enter amount owed (see ir				4	0.
		smaller than line 3, enter the difference	e. This is your re	fund		5	
		SCHEDULE A - In	itial Taxes	on Self-Deal	ing (Section 4941)		
Part I Ac	ts of Se	elf-Dealing and Tax Comp	utation				
(a) Act (b) Da number of ac				(c) Description	n of act		
1							
2							
3							
4							
5		5 000 PF P 11/11 P			en 1 '2' 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 /	g) Tax on foundation managers
		om Form 990-PF, Part VII-B, or VI-B, applicable to the act	(e) Amount	involved in act	(f) Initial tax on self- dealer (10% of col. (e))		(if applicable) (lesser of \$20,000 or 5% of col. (e))
	· ·						01 370 01 COI. (e))
Part II Su	ımmary	of Tax Liability of Self-De	alers and F	Proration of P	Payments		
	(a) Nan	mes of self-dealers liable for tax		(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	liab	(d) Self-dealer's total tax pility (add amounts in col. (c)) (see instructions)
Part III Su	ımmarı	of Tax Liability of Founda	tion Manac	lers and Pro	ration of Paymente		
		<u> </u>	tion manag	(b) Act no. from	(c) Tax from Part I, col. (g),	(d) Manager's total tax liability
(;	a) Names o	of foundation managers liable for tax		Part I, col. (a)	or prorated amount	`	(add amounts in col. (c)) (see instructions)
				. ,			(000 111011 00110110)
						_	
		COLLEGE DE L'	T ''				
		SCHEDULE B - Initial			· · · · · · · · · · · · · · · · · · ·	1	Т
		or years before 2017 (from Form 990-F				1	
		or 2017 (from Form 990-PF for 2018, F				2	
		ome at end of current tax year beginning	-			١ ـ	
under section	11 4942 (add	d lines 1 and 2)				4	
4 Tax - Enter 3	ou /o UI IIIIe	3 here and on Part I, line 1				4	Form 4720 (2018)

			SCHEDULE C - IIIIliai Tax () E)	(cess busilles	s noiu	(Section 4943)		
Bus	iness	Holdings and	l Computation of Tax						
			gs in more than one business enterprise, a	attach a	separate schedule fo	r each er	nterprise. Refer to the ins	tructi	ons for
		before making any ress of business er							
Emplo	yer iden	tification number .					>		
Form	of enterp	orise (corporation, p	partnership, trust, joint venture, sole propr	ietorsh	ip, etc.)		>		
					(a) Voting stock (profits interes beneficial inter	t or	(b) Value		(c) Nonvoting stock (capital interest)
1 F	oundatio	on holdings in busin	ess enterprise	1					
2 P	ermitted	holdings in busine	ss enterprise	2					
3 V	alue of e	excess holdings in b	ousiness enterprise	3					
		excess holdings disported by the contract of t							
		section 4943 tax (a	_	4					
			usiness enterprise -	5					
			ine 6, columns (a), (b),	6					
<u>a</u>	nd (c); e	nter total here and o	·	7					
		SCHEDULE	D - Initial Taxes on Investm	ents	That Jeopard	ze Ch	aritable Purpose	(Se	ection 4944)
Par	t l	Investments	s and Tax Computation						
Inve	(a) stment mber	(b) Date of investment	(c) Description of investment		(d) Amount of investment		(e) Initial tax on foundation (10% of col. (d))		(f) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col. (d))
	1								
	3								
	4								
Total	5 - Colum	n (e). Enter here an	d on Part I, line 3						
			prorated amount) here and in Part II, colu						
Par	t II	Summary of	f Tax Liability of Foundation	Man	agers and Pro	ration	of Payments		
		(a) Names of fo	oundation managers liable for tax		(b) Investment no. from Part I, col. (a)		ax from Part I, col. (f), r prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
								- - -	
								-	
]	
								$oldsymbol{ol}}}}}}}}}}}}}}}}}$	

Expenditures and Computation of Tax

(c) Date paid

or incurred

(e) Description of expenditure and purposes

for which made

(b) Amount

Part I (a) Item

number

SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)

(d) Name and address of recipient

1						
2						
3						
4						
5	1' (F 000	DE DestAM Dest	() Initial tasking a section (d	4.	
	stion number from Form 990 5227, Part VI-B, applicable to		(g) Initial tax imposed on f (20% of col. (b))		1 ' '	oundation managers (if applicable)- 0,000 or 5% of col. (b))
Total - Co	olumn (g). Enter here and on					
Part I, lin						
	olumn (h). Enter total (or pro		and in Part II column (c)			
below	olullili (11). Elitor total (or pro	rated amount) nere	and in r art ii, column (c),			
Part I	Summary of Ta	x Liability of	Foundation Managers ar	d Proration	of Payments	
· are i	- Cummary or re	ax Elability of	Touridation Managoro at		(c) Tax from Part I, col. (h	(d) Manager's total tax liability
	(a) Names of fo	oundation managers	s liable for tax	Part I, col. (a)	or prorated amount	(add amounts in col. (c))
				1 ui t 1, 001. (u)	or proruted amount	(see instructions)
						_
						_
						_
						7
						•
		SCHEDULE F	- Initial Taxes on Politica	al Expenditur	es (Section 4955)	
	·					
Part I		nd Computa	tion of Tax			_
Part I	Expenditures a	1		(6	I) Initial tax imposed on	(f) Initial tax imposed on
Part I (a) Item number		(c) Date paid or incurred	tion of Tax (d) Description of political exp	enditure (e	l) Initial tax imposed on ganization or foundation	(f) Initial tax imposed on managers (if applicable) (lesser of \$5.00 or 21% of fol (b))
(a) Item number	Expenditures a	(c) Date paid		enditure (6		
(a) Item number 1	Expenditures a	(c) Date paid		enditure (€	ganization or foundation	managers (if applicable) (lesser
(a) Item number 1 2	Expenditures a	(c) Date paid		enditure (€	ganization or foundation	managers (if applicable) (lesser
(a) Item number 1 2 3	Expenditures a	(c) Date paid		enditure (€	ganization or foundation	managers (if applicable) (lesser
(a) Item number 1 2 3 4	Expenditures a	(c) Date paid		enditure (€	ganization or foundation	managers (if applicable) (lesser
(a) Item number 1 2 3	Expenditures a	(c) Date paid		enditure (e	ganization or foundation	managers (if applicable) (lesser
(a) Item number 1 2 3 4 5	(b) Amount	(c) Date paid or incurred		enditure (6	ganization or foundation	managers (if applicable) (lesser
(a) Item number 1 2 3 4 5	Expenditures a	(c) Date paid or incurred		enditure (6	ganization or foundation	managers (if applicable) (lesser
(a) Item number 1 2 3 4 5	(b) Amount	(c) Date paid or incurred		enditure (¢	ganization or foundation	managers (if applicable) (lesser
(a) Item number 1 2 3 4 5 Total - Co	(b) Amount olumn (e). Enter here and on	(c) Date paid or incurred		enditure (€	ganization or foundation	managers (if applicable) (lesser
(a) Item number 1 2 3 4 5	(b) Amount olumn (e). Enter here and on	(c) Date paid or incurred Part I, line 5	(d) Description of political exp	enditure or:	ganization or foundation (10% of col. (b))	managers (if applicable) (lesser of \$5,000 or 21/2% of col. (b))
(a) Item number 1 2 3 4 5 Total - Co	(b) Amount olumn (e). Enter here and on olumn (f). Enter total (or proi Summary of Tax L (a) Name	Part I, line 5 ated amount) here iability of Organis of organization ma	(d) Description of political expanding Part II, column (c), below anagers or Foundation anagers or	Managers and (b) Item no. from	ganization or foundation (10% of col. (b)) Proration of Payments (c) Tax from Part I, col.	managers (if applicable) (lesser of \$5,000 or 2½% of col. (b))
(a) Item number 1 2 3 4 5 Total - Co	(b) Amount olumn (e). Enter here and on olumn (f). Enter total (or proi Summary of Tax L (a) Name	(c) Date paid or incurred Part I, line 5 ated amount) here iability of Organi	(d) Description of political expanding Part II, column (c), below anagers or Foundation anagers or	Managers and	ganization or foundation (10% of col. (b))	managers (if applicable) (lesser of \$5,000 or 21/29% of col. (b))
(a) Item number 1 2 3 4 5 Total - Co	(b) Amount olumn (e). Enter here and on olumn (f). Enter total (or proi Summary of Tax L (a) Name	Part I, line 5 ated amount) here iability of Organis of organization ma	(d) Description of political expanding Part II, column (c), below anagers or Foundation anagers or	Managers and (b) Item no. from	ganization or foundation (10% of col. (b)) Proration of Payments (c) Tax from Part I, col.	managers (if applicable) (lesser of \$5,000 or 2½% of col. (b)) (f), (d) Manager's total tax liability (add amounts in col. (c))
(a) Item number 1 2 3 4 5 Total - Co	(b) Amount olumn (e). Enter here and on olumn (f). Enter total (or proi Summary of Tax L (a) Name	Part I, line 5 ated amount) here iability of Organis of organization ma	(d) Description of political expanding Part II, column (c), below anagers or Foundation anagers or	Managers and (b) Item no. from	ganization or foundation (10% of col. (b)) Proration of Payments (c) Tax from Part I, col.	managers (if applicable) (lesser of \$5,000 or 2½% of col. (b)) (f), (d) Manager's total tax liability (add amounts in col. (c))
(a) Item number 1 2 3 4 5 Total - Co	(b) Amount olumn (e). Enter here and on olumn (f). Enter total (or proi Summary of Tax L (a) Name	Part I, line 5 ated amount) here iability of Organis of organization ma	(d) Description of political expanding Part II, column (c), below anagers or Foundation anagers or	Managers and (b) Item no. from	ganization or foundation (10% of col. (b)) Proration of Payments (c) Tax from Part I, col.	managers (if applicable) (lesser of \$5,000 or 2½% of col. (b)) (f), (d) Manager's total tax liability (add amounts in col. (c))
(a) Item number 1 2 3 4 5 Total - Co	(b) Amount olumn (e). Enter here and on olumn (f). Enter total (or proi Summary of Tax L (a) Name	Part I, line 5 ated amount) here iability of Organis of organization ma	(d) Description of political expanding Part II, column (c), below anagers or Foundation anagers or	Managers and (b) Item no. from	ganization or foundation (10% of col. (b)) Proration of Payments (c) Tax from Part I, col.	managers (if applicable) (lesser of \$5,000 or 2½% of col. (b)) (f), (d) Manager's total tax liability (add amounts in col. (c))
(a) Item number 1 2 3 4 5 Total - Co	(b) Amount olumn (e). Enter here and on olumn (f). Enter total (or proi Summary of Tax L (a) Name	Part I, line 5 ated amount) here iability of Organis of organization ma	(d) Description of political expanding Part II, column (c), below anagers or Foundation anagers or	Managers and (b) Item no. from	ganization or foundation (10% of col. (b)) Proration of Payments (c) Tax from Part I, col.	managers (if applicable) (lesser of \$5,000 or 2½% of col. (b)) (f), (d) Manager's total tax liability (add amounts in col. (c))
(a) Item number 1 2 3 4 5 Total - Co	(b) Amount olumn (e). Enter here and on olumn (f). Enter total (or proi Summary of Tax L (a) Name	Part I, line 5 ated amount) here iability of Organis of organization ma	(d) Description of political expanding Part II, column (c), below anagers or Foundation anagers or	Managers and (b) Item no. from	ganization or foundation (10% of col. (b)) Proration of Payments (c) Tax from Part I, col.	managers (if applicable) (lesser of \$5,000 or 2½% of col. (b)) (f), (d) Manager's total tax liability (add amounts in col. (c))
(a) Item number 1 2 3 4 5 Total - Co	(b) Amount olumn (e). Enter here and on olumn (f). Enter total (or proi Summary of Tax L (a) Name	Part I, line 5 ated amount) here iability of Organis of organization ma	(d) Description of political expanding Part II, column (c), below anagers or Foundation anagers or	Managers and (b) Item no. from	ganization or foundation (10% of col. (b)) Proration of Payments (c) Tax from Part I, col.	managers (if applicable) (lesser of \$5,000 or 2½% of col. (b)) (f), (d) Manager's total tax liability (add amounts in col. (c))
(a) Item number 1 2 3 4 5 Total - Co	(b) Amount olumn (e). Enter here and on olumn (f). Enter total (or proi Summary of Tax L (a) Name	Part I, line 5 ated amount) here iability of Organis of organization ma	(d) Description of political expanding Part II, column (c), below anagers or Foundation anagers or	Managers and (b) Item no. from	ganization or foundation (10% of col. (b)) Proration of Payments (c) Tax from Part I, col.	managers (if applicable) (lesser of \$5,000 or 2½% of col. (b)) (f), (d) Manager's total tax liability (add amounts in col. (c))
(a) Item number 1 2 3 4 5 Total - Co	(b) Amount olumn (e). Enter here and on olumn (f). Enter total (or proi Summary of Tax L (a) Name	Part I, line 5 ated amount) here iability of Organis of organization ma	(d) Description of political expanding Part II, column (c), below anagers or Foundation anagers or	Managers and (b) Item no. from	ganization or foundation (10% of col. (b)) Proration of Payments (c) Tax from Part I, col.	managers (if applicable) (lesser of \$5,000 or 2½% of col. (b)) (f), (d) Manager's total tax liability (add amounts in col. (c))
(a) Item number 1 2 3 4 5 Total - Co	(b) Amount olumn (e). Enter here and on olumn (f). Enter total (or proi Summary of Tax L (a) Name	Part I, line 5 ated amount) here iability of Organis of organization ma	(d) Description of political expanding Part II, column (c), below anagers or Foundation anagers or	Managers and (b) Item no. from	ganization or foundation (10% of col. (b)) Proration of Payments (c) Tax from Part I, col.	managers (if applicable) (lesser of \$5,000 or 2½% of col. (b)) (f), (d) Manager's total tax liability (add amounts in col. (c))

4 Tax - Enter 25% of line 3 here and on Part I, line 6 ...

Expenditures and Computation of Tax

	SCHEDULE G - Tax on Excess Lobbying Expenditures (Section 4911)		
1	Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h). (See the instructions before making an entry.)	1	
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i). (See the instructions before making an entry.)	2	
3	Excess lobbying expenditures - enter the larger of line 1 or line 2	3	
			i

SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures (Section 4912)

(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying	g expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable)- (5% of col. (b))
1						
2						
3						
4						
5						
otal - Co Part I			and in Part II, column (c), below Organization Manag		ation of Payments	
	(a) Names of org	anization managers l	iable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
	(a) Names of org	anization managers I	iable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
	(a) Names of org	anization managers l	iable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(add amounts in col. (c))
	(a) Names of org	anization managers l	iable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(add amounts in col. (c))
	(a) Names of org	anization managers I	iable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(add amounts in col. (c))

SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958)

Part I	Excess Benef	it Transaction					
(a) Transaction number	(b) Date of transaction		(c) Description of transaction				
1							
2							
3							
4							
5							
	(d) Amount of excess I	benefit	(e) Initial tax on disqualified persons (25% of col. (d))	(f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (d))			
				Form 4790 (2019)			

COALITION FOR HOMELESSNESS INTERVENTION

AND PREVENTION OF GREATER INDPLS., INC. Page 6 SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958) Continued

(a) Names of disqualified persons liable for tax	ualified person's total tax (add amounts in col. (c)) see instructions)
Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Summary of Tax Liability of Summary of Summ	of Payments
(a) Names of 501(c)(3) (c)(4) & (c)(29) organization managers liable for tax	nager's total tax liability I amounts in col. (c)) see instructions)
OOUEDINE I. T	
SCHEDULE J - Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4968) Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity	5)
(see instructions)	
(a) Transaction number (b) Transaction date (c) Type of transaction 1 - Listed 2 - Subsequently listed 3 - Confidential 4 - Contractual protection	
1	
2	
3	
4	
5	
(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Answer Yes or No (f) Net income attributable to the PTST (g) 75% of proceeds attributable to the PTST PTST (h) Tax imposed of entity (see in the PTST).	
Table Onlines (b) Fates have and as Partle Free O	
Total - Column (h). Enter here and on Part I, line 9	Form 4720 (2018)

Part II	Tax I	mposed on Entity Managers (Se	ction 4965) Continu	ed	1017 11	10.	31	1234010 rage
		(a) Name of entity manager		(b)	Transaction umber from art I, col. (a)	transact	enter \$20,000 for each ion listed in col. (b) for manager in col. (a)	(d) Manager's total tax liability (add amounts in col. (c))
								-
								-
								_
								-
								-
	SCHE	DULE K - Taxes on Taxable Dist	tributions of Sp	pons	oring Org	anizat	ions Maintain	ing Donor
Part I	Taya	Action ble Distributions and Tax Comp	lvised Funds	(Section	n 4966). See t	he instru	ctions.	
(a) Item	I ava	(b) Name of sponsoring organization						
number		donor advised fund				(c) Description of distr	ribution
1								
2								
3								
4								
(d) Dat	e of	As American of distribution	(f) Tax imp	osed oi	I n organization		(g) Tax on fund	d managers (lesser of 5%
distribu	ıtion	(e) Amount of distribution	(20	0% of col. (e))			of col. (e) or \$10,000)	
Tatal Colum	an (f) Ente	or hard and an Dart I. line 10						
Fotal - Colum	nn (g). Ent	er here and on Part I, line 10er total (or prorated amount) here and in Part II	, column (c), below					
Part II	Sumi	mary of Tax Liability of Fund Ma	nagers and Pr	orati	on of Pay	ments	3	T
		(a) Name of fund managers liable for tax			Item no. from art I, col. (a)		ux from Part I, col. (g) prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
								-
							<u> </u>	
								-
								-
								-
324103 11-29-	18			<u> </u>				Form 4720 (2018

AND PREVENTION OF GREATER INDPLS., INC.

SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967). See the instructions.

Part I	Prohibited Benefits and Tax Computation						
(a) Item number	(b) Date of prohibited benefit		(c) Description of benefit				
1							
2							
3							
4							
5			T		T		
	d) Amount of prohibited	d benefit	(e) Tax on donors, donor adviso (125% of col. (d)) (see	rs, or related persons instructions)	(f) Tax on fund manage 10% of col. (d) or \$1	ers (if applicable) (lesser of 0,000) (see instructions)	
Part II	Summary of T	ax Liability of	Donors. Donor Adviso	rs. Related Pers	sons. and Proration	of Payments	
Part II Summary of Tax Liability of Donors, Donor Advisor (a) Names of donors, donor advisors, or related persons liable for tax			(b) Item no. from Part I, col. (a)	(C) Tax from Part I, col. (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)		
Part III	Summary of T	ax Liability of	Fund Managers and P	roration of Payı	ments	_	
	(a) Name	s of fund managers liable	e for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)	
						_	
						-	
						-	
						4	
						Form 4720 (2018)	

Form 4720 (2018)

AND PREVENTION OF GREATER INDPLS., INC.

31-1254018 Page 9 Schedule M - Tax on Hospital Organization for Failure to Meet the Community Health Needs

	Assessmen	t Requirements (Sections 4959 and 501(r)(3))	. (See instructions.)				
Part							
(a) Item number	(b) Name of hospital facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy			
1							
2							
3							
4							
5							
Part	II Computation of Tax						
2 Ta (a) Item number							
11							
2							
3							
4							
5							
6							
				<u> </u>			
Tax.	Enter 21% of the amount above here and on F	Part I, line 13		<u> </u>			
	SCHEDULE O - Excise T	ax on Net Investment Income of Private	e Colleges and Unive	rsities			
		(Section 4968)	T				
		(a) Cross investment	(e) Administrat	tive (4) Not investment			

		(a) Name	(b) EIN	(c) Gross investment income (See instructions.)	(d) Capital gain net income	(e) Administrative expenses allocable to income included in cols. (c) and (d)	(f) Net investment income (See instructions.)	
1	Filing Organization							
2	Related Organization							
3	Related Organization							
4	Related Organization							
5	Total from atta	chment, if necessary						
6	Total							
_ 7	7 Excise Tax on Net Investment Income. Enter 1.4% of the amount in 6(f) here and on Part I, line 14							

			CHAIR		
	Signature of officer or trustee		<u> </u>	Title	Date
	Signature (and organization or entity n advisor, or related person	name if applicable) of manager, self-d	ealer, disqualified perso	n, donor, donor	Date
Sign Here	Signature (and organization or entity n advisor, or related person	name if applicable) of manager, self-d	ealer, disqualified persc	n, donor, donor	Date
	Signature (and organization or entity n advisor, or related person	name if applicable) of manager, self-d	ealer, disqualified perso	in, donor, donor	Date
	Signature (and organization or entity n advisor, or related person	name if applicable) of manager, self-d	ealer, disqualified perso	n, donor, donor	Date
	May the IRS discuss this return with the p	preparer shown below? (see instruction	ons)	X Yes	No
	Print/Type preparer's name ELLEN WILDE	Preparer's signature	Date	Check if PTIN self- employed P0	1254265
arer Only	Firm's name ► DAUBY O'CO	NNOR & ZALESKI,	LLC	Firm's EIN ► 35-1	
	Firm's address ► 501 CONGRE	ACCIONAL DITTO #20	^	Phone no.	

824106 11-29-18

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STATE COPY

TAX RETURN FILING INSTRUCTIONS

INDIANA FORM NP-20

FOR THE YEAR ENDING

December 31, 2018

Prepared For:

COALITION FOR HOMELESSNESS INTERVENTION AND PREVENTION OF GREATER INDPLS., INC. 1100 W. 42ND STREET No. 350 INDIANAPOLIS, IN 46208

Prepared By:

DAUBY O'CONNOR & ZALESKI, LLC 501 CONGRESSIONAL BLVD #300 CARMEL, IN 46032

Amount of Tax:

No payment is required.

Make Check Payable To:

Not applicable

Mail Tax Return To:

Indiana Department of Revenue Tax Administration P.O. Box 6481 Indianapolis, Indiana 46206-6481

Return Must Be Mailed On Or Before:

Please mail as soon as possible.

Special Instructions:

The report should be signed and dated by an authorized individual(s).

NP-20 State Form 51062 (R9 / 8-18)

Indiana Department of Revenue Indiana Nonprofit Organization's Annual Report For the Calendar Year or Fiscal Year

Beginning	01	/ 01	/2018 and Ending	12	/ 31	/2018

Final Report: Indicate
Date Closed

Amended Report

Check if: Change of Address

MM/ DD/ YYYY

MM/ DD/ YYYY

Due on the 15th day of the 5th month following the end of the tax year. NO FEE REQUIRED.

Name of Organization COALITION AND PREVENTION OF	Telephone Number 317 630 0853				
Address 1100 W 42ND STREET	' NO 350	County 49		Indiana Taxpayer Identi	fication Number
INDIANAPOLIS	State INDIANA	Zip Code 4620	08	Federal Identification N 31 125401	
Printed Name of Person to Contact KATHERINE TAVITIAN		Contact's Telephone Num 317 630 0			
If you are filing a federal return, atta	ch a completed copy of Form 990, 990l	EZ, or 990I	PF.		
Note: If your organization has unrel must also file Form IT-20NP.	ated business income of more than \$1,0	000 as defi	ned under Section 5	13 of the Internal Re	evenue Code, you
Current Information					
bylaws, or other instruments of 2. Indicate number of years your 3. Attach a schedule, listing the n	ly reported to the Department been made is similar importance? If yes, attach a deportance is a similar importance? If yes, attach a deportance is a similar importance in a similar importance in a similar importance is a similar importance in a s	etailed dese stence.	cription of changes.	ts, (e.g.) articles of	incorporation,
Email Address:			_		
I declare under the penalties of perjuis true, complete, and correct.	ury that I have examined this return, inc	cluding all	•	the best of my know	ledge and belie f, it
Signature of Officer or Trustee		Title			Date
Name of Person(s) to Contact		Daytime	Telephone Number		
Extensions of Time to File	Important: Please submit this com Indiana Department of Rever P.O. Box Indianapolis, IN Telephone: (317	nue, Tax A 6481 46206-648	dm inistration	:	
Extensions of Time to File					

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption. Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Adm inistration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.

NP-20 STATEMENT 1

SEE STATEMENT 1

FORM NP-20	LIST O	F OFFICERS,	DIRECTORS	AND	TRUSTEES	STATEME	NT 2
NAME AND ADDRESS					TITLE		
MARYBETH WOTT 1100 W. 42ND STRE INDIANAPOLIS, IN	ET, NO. 46208	350	CHAIR				
SCOTT BUDLONG 1100 W. 42ND STRE INDIANAPOLIS, IN		350	TREASU	RER			
KARIN THORNBURG 1100 W. 42ND STRE INDIANAPOLIS, IN		350	SECRETA	ARY			
CALEB SUTTON 1100 W. 42ND STRE INDIANAPOLIS, IN		350	INTERIN	M EXE	C DIRECTOR		
KATHERINE TAVITIA 1100 W. 42ND STRE INDIANAPOLIS, IN	ET, NO.	350	VICE CH	HAIR			
STEVEN KARN 1100 W. 42ND STRE INDIANAPOLIS, IN		350	OFFICE	R AT-	LARGE		
ANGELA CARR KLITZ 1100 W. 42ND STRE INDIANAPOLIS, IN	ET, NO.		OFFICE	R AT-	LARGE		
MARK BUCKINGHAM 1100 W. 42ND STRE INDIANAPOLIS, IN		350	DIRECTO	OR			
JEFF BENNETT 1100 W. 42ND STRE INDIANAPOLIS, IN	ET, NO. 46208	350	DIRECTO	OR			
KIM BORGES 1100 W. 42ND STRE INDIANAPOLIS, IN		350	DIRECTO	OR			
COLLEEN B. GORE 1100 W. 42ND STRE INDIANAPOLIS, IN		350	DIRECTO	OR			

VALERIE HOGSTON 1100 W. 42ND STREET, NO. INDIANAPOLIS, IN 46208	350	DIRECTOR
D. WILLIAM MOREAU, JR. 1100 W. 42ND STREET, NO. INDIANAPOLIS, IN 46208	350	DIRECTOR
TRAVIS SANDIFUR 1100 W. 42ND STREET, NO. INDIANAPOLIS, IN 46208	350	DIRECTOR
SHERRY SEIWERT 1100 W. 42ND STREET, NO. INDIANAPOLIS, IN 46208	350	DIRECTOR
KAY WILES 1100 W. 42ND STREET, NO. INDIANAPOLIS, IN 46208	350	DIRECTOR
KEITH BROADNAX 1100 W. 42ND STREET, NO. INDIANAPOLIS, IN 46208	350	DIRECTOR
RAY LAY 1100 W. 42ND STREET, NO. INDIANAPOLIS, IN 46208	350	DIRECTOR
JR RICHARDS 1100 W. 42ND STREET, NO. INDIANAPOLIS, IN 46208	350	DIRECTOR
RJ PASQUESI 1100 W. 42ND STREET, NO. INDIANAPOLIS, IN 46208	350	DIRECTOR
DEEPALI JANI 1100 W. 42ND STREET, NO. INDIANAPOLIS, IN 46208	350	DIRECTOR
MATTHEW BARR 1100 W. 42ND STREET, NO. INDIANAPOLIS, IN 46208	350	DIRECTOR
RACHEL LANE 1100 W. 42ND STREET, NO. INDIANAPOLIS, IN 46208	350	DIRECTOR

ALAN WITCHEY 1100 W. 42ND STREET, NO. 350 INDIANAPOLIS, IN 46208 EXECUTIVE DIRECTOR

CHELSEA HARING-COZZI 1100 W. 42ND STREET, NO. 350 INDIANAPOLIS, IN 46208 EXECUTIVE DIRECTOR

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

A For the 2018 calendar year, or tax year beginning and ending Check if applicable: D Employer identification number C Name of organization COALITION FOR HOMELESSNESS INTERVENTION Address change AND PREVENTION OF GREATER INDPLS., INC. Name change 31-1254018 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1100 W. 42ND STREET 350 317-630-0853 1,895,563. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return INDIANAPOLIS, IN 46208 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: KATHERINE TAVITIAN for subordinates? Yes X No 1100 W. 42ND STREET, INDIANAPOLIS, IN 46208 H(b) Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.CHIPINDY.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1988 M State of legal domicile: IN Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO MOBILIZE THE COMMUNITY Governance WORK TOGETHER TOWARD ENDING HOMELESSNESS if the organization discontinued its operations or disposed of more than 25% of its net assets. 22 3 Number of voting members of the governing body (Part VI, line 1a) 22 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 16 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 38 0. 7h **Current Year Prior Year** 1,989,277. 1,845,858. Contributions and grants (Part VIII, line 1h) 8 0. Program service revenue (Part VIII, line 2g) 9.216. 16,203. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 1,862,061 1,998,493. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 665,936. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 835,176. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,169,415. 988,110. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,823,286. 1,835,351. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 163,142. 38,775. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 877,138. 1,100,584. 20 Total assets (Part X, line 16) 104,774. 289,445 21 Total liabilities (Part X, line 26) 三年 772,364. 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign KATHERINE TAVITIAN, CHAIR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P01254265 ELLEN WILDE Paid self-employed Firm's name DAUBY O'CONNOR & ZALESKI, LLC 35-1750664 Firm's EIN ▶ Preparer Firm's address 501 CONGRESSIONAL BLVD #300 Use Only Phone no. (317) 848-5700 CARMEL, IN 46032

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

X Yes

Form **990** (2018)

	COALITION FOR HOMELESSNESS INTERVENTION
	990 (2018) AND PREVENTION OF GREATER INDPLS., INC. 31-1254018 Page 2
Par	t 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:
	CHIP IS A NONPROFIT AGENCY CREATED IN 1996 TO ADVOCATE FOR PEOPLE
	EXPERIENCING AND AT RISK FOR HOMELESSNESS IN INDIANAPOLIS AND TO HELP
	ORGANIZATIONS WORK TOGETHER TO FOSTER AN EFFECTIVE, COORDINATED,
	COMMUNITY-WIDE APPROACH TOWARD ENDING AND PREVENTING HOMELESSNESS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	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 \$
	TEMPORARY FINANCIAL ASSISTANCE (TFA): STREET REACH INDY PROVIDES
	TEMPORARY FINANCIAL ASSISTANCE TO INDIVIDUALS EXPERIENCING HOMELESSNESS
	TO OVERCOME BARRIERS TO OBTAINING PERMANENT HOUSING.
	(Code:) (Expenses \$ 273,281. including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$
	WEB-BASED DATA COLLECTION SYSTEM ON BEHALF OF THE INDIANAPOLIS
	CONTINUUM OF CARE USING THE SOFTWARE CLIENTTRACK.NET. THE DATA
	COLLECTION PROCESS CAPTURES SYSTEM-WIDE INFORMATION ABOUT THE
	CHARACTERISTICS AND SERVICE NEEDS OF INDIVIDUALS EXPERIENCING
	HOMELESSNESS. THE DATA IS USED TO INFORM COMMUNITY PLANNING, IMPROVE
	COORDINATION OF SERVICES, SUPPORT ADVOCACY EFFORTS, AND ENHANCE FUNDING
	REQUESTS. THE HMIS IS AN INTEGRAL PART OF TRACKING SERVICE DELIVERY TO
	OUR NEIGHBORS EXPERIENCING HOMELESSNESS.
4c	(Code:) (Expenses \$222, 222. including grants of \$) (Revenue \$)
	CONTINUUM OF CARE (COC): CHIP'S ROLE IN THE CONTINUUM OF CARE (COC) IS
	TO WORK TO IMPROVE SYSTEM COORDINATION, DEVELOP POLICIES AND PROCEDURES
	TO ASSIST IN EVALUATING PERFORMANCE AND DELIVER CONSISTENCY ACROSS
	PROGRAMS. WE PROVIDE TECHNICAL ASSISTANCE TO THE COC, REVIEW HUD AND
	LOCAL PRIORITIES AND ENSURE THEY ARE IMPLEMENTED INTO THE PLANNING
	PROCESS. WE WORK TO UPDATE AND FINALIZE THE PLAN TO END HOMELESSNESS.

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Other program services (Describe in Schedule O.)

899,559. including grants of \$

ynenses ► 1,565,275.

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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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			3,7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	21	_
ь	- · · · · · · · · · · · · · · · · · · ·	12h		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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? If "Yes," complete Schedule I. Parts I and II	21		X

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			1,7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		 ^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			- V
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		 ^
32	,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-7	Part V, line 1	34		x
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		_ <u></u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Pai	t 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			X
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u></u>
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AND PREVENTION OF GREATER INDPLS., INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) 31-1254018

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a1	5					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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		<u> </u>			
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).						
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>			
b	, , , , , , , , , , , , , , , , , , , ,	5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>			
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).						
а	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	<u> </u>			
b	, , , , , , , , , , , , , , , , , , , ,	7b	Х	<u> </u>			
С							
	to file Form 8282?	7c		X			
d	,	_					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		\vdash	X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
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	8					
sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.	0-					
a	Did the sponsoring organization make any taxable distributions under section 4966?			<u> </u>			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a						
a	Initiation fees and capital contributions included on Part VIII, line 12	\dashv					
	Section 501(c)(12) organizations. Enter:	\dashv					
''	Gross income from members or shareholders						
a h	Gross income from other sources (Do not net amounts due or paid to other sources against	\dashv					
D	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	.24					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
14a Did the organization receive any payments for indoor tanning services during the tax year?							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O						
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15	<u> </u>	<u> </u>			
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						
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Page 6 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			X						
Sec	tion 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.									
b	Enter the number of voting members included in line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	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	7,7						
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			٦,						
	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			٦,						
_	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:	8a	Х							
а										
b	, , , , , , , , , , , , , , , , , , , ,									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
800	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		.,	·						
40-	Did the constitution have been been been been as of Clade O	40-	Yes	No X						
	Did the organization have local chapters, branches, or affiliates?	10a								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406								
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	111	Λ							
	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 12b	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120	21							
С	• • • • • • • • • • • • • • • • • • • •	12c	Х							
12	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	X							
13 14		14	X							
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14	71							
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
•	The organization's CEO, Executive Director, or top management official	15a	X							
	Other officers or key employees of the organization	15b	X							
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.00								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
.54	taxable entity during the year?	16a		х						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	.ou								
	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								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶IN									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	onlv) :	availah	ole						
	for public inspection. Indicate how you made these available. Check all that apply.	,,								
	X Own website Another's website X 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	financ	al							
	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									
	KATHERINE TAVITIAN - 317-630-0853									
	1100 W. 42ND STREET, INDIANAPOLIS, IN 46208									

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AND PREVENTION OF GREATER INDPLS., INC.

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.

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

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

(A) Name and Title	(B) Average hours per week	box	not c , unle	ss per	ition	than s botl	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARYBETH WOTT	0.30	ļ								
CHAIR		Х		Х				0.	0.	0.
(2) SCOTT BUDLONG	0.30	ļ		l						•
TREASURER		Х		Х				0.	0.	0.
(3) KARIN THORNBURG	0.30	٠,,		,,					,	0
SECRETARY	40.00	Х	_	Х				0.	0.	0.
(4) CALEB SUTTON INTERIM EXEC DIRECTOR	40.00	-		7,7				E7 E61	0.	•
(4) KATHERINE TAVITIAN	0.30			Х				57,561.	0.	0.
VICE CHAIR	0.30	х		х				0.	0.	0.
(5) STEVEN KARN	0.30	^		_				1	0.	<u> </u>
OFFICER AT-LARGE	0.30	х		х				0.	0.	0.
(6) ANGELA CARR KLITZSCH	0.30	<u> </u>						0.	0.	<u></u>
OFFICER AT-LARGE	0.50	x		Х				0.	0.	0.
(7) MARK BUCKINGHAM	0.30	25						· ·	•	
DIRECTOR		Х						0.	0.	0.
(8) JEFF BENNETT	0.30								-	-
DIRECTOR		Х						0.	0.	0.
(9) KIM BORGES	0.30									
DIRECTOR		Х						0.	0.	0.
(10) COLLEEN B. GORE	0.30									
DIRECTOR		Х						0.	0.	0.
(11) VALERIE HOGSTON	0.30									
DIRECTOR		Х						0.	0.	0.
(12) D. WILLIAM MOREAU, JR.	0.30									
DIRECTOR		Х						0.	0.	0.
(13) TRAVIS SANDIFUR	0.30									
DIRECTOR		Х						0.	0.	0.
(14) SHERRY SEIWERT	0.30									
DIRECTOR		Х						0.	0.	0.
(15) KAY WILES	0.30	-								
DIRECTOR		Х						0.	0.	0.
(16) KEITH BROADNAX	0.30	∤								_
DIRECTOR		Х						0.	0.	0. Form 990 (2018)

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(A) Name and title	(B) Average hours per week	box	not cl	Pos heck ss per	rson i	than of the structure o	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		from the from the organization and relate organization	e on ed
(17) RAY LAY	0.30											_
DIRECTOR (18) JR RICHARDS	0.30	Х				<u> </u>		0.	0	+		0.
DIRECTOR	0.30	Х						0.	0			0.
(19) RJ PASQUESI	0.30	21						•	•	┿		<u> </u>
DIRECTOR		Х						0.	0			0.
(20) DEEPALI JANI	0.30											
DIRECTOR		Х						0.	0	<u>. </u>		0.
(21) MATTHEW BARR	0.30											_
DIRECTOR	0 20	Х				_		0.	0	+		0.
(22) RACHEL LANE DIRECTOR	0.30	Х						0.	0			0.
(23) ALAN WITCHEY	40.00	Λ						0.	0	+		<u> </u>
EXECUTIVE DIRECTOR	40.00			Х				48,600.	0			0.
(24) CHELSEA HARING-COZZI	40.00								<u> </u>			
EXECUTIVE DIRECTOR				Х				7,692.	0	<u>. </u>		0.
1b Sub-total				l	<u> </u>	<u> </u>	—	113,853.	0	$\overline{\cdot}$		0.
c Total from continuation sheets to Part VI							•	0.	0			0.
d Total (add lines 1b and 1c) 113,853.						•		0.				
 Total number of individuals (including but no compensation from the organization 	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable			0
compondation from the organization											Yes	No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	or l	highest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for si	uch individual									_ 3	3	X
4 For any individual listed on line 1a, is the su	•								-			
and related organizations greater than \$150),000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		. _4	4	<u>X</u>
5 Did any person listed on line 1a receive or a									dual for services		-	Х
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	e J fo	or su	ıch į	oers	on					5	
Complete this table for your five highest con	mpensated inc	lene	nder	nt co	ontra	acto	rs th	nat received more than \$	100 000 of compen	sation	n from	
the organization. Report compensation for t	•	•							•			
(A)								(B)			(C)	
Name and business	address	NC	ONE	5				Description of s	ervices	Com	pensation	<u> </u>
							\dashv					
							_					
Total number of independent contractors (ir \$100,000 of compensation from the organize)	•	ot lin	nited	d to	thos	_	ted	above) who received mo	ore than			
\$ 100,000 or compensation from the organiz	-ation									For	rm 990 (2	(018)

Form 990 (2018) AND PRE
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<u>υ</u> υ	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
ନ୍ଦ୍ର ପ୍ର		Fundraising events		141,631.				
r A		Related organizations		,				
nia G		Government grants (contributi		644,022.				
Sic		All other contributions, gifts, gran		,				
e E	•	similar amounts not included above		060.205.				
흕푠		Noncash contributions included in lines	· · · · · · · · · · · · · · · · · · ·	1 ()) (
S E		Total. Add lines 1a-1f	•	_	1,845,858.			
<u> </u>		Total / Ida iiilos Ta Ti		Business Code				
	2 a			Dusiness Code				
Ş								
er Iue	b							
E S	c d							
gra Re	u e							
Program Service Revenue		All other program service reve	nuo					
		Total. Add lines 2a-2f						
\rightarrow	3	Investment income (including						
	3	other similar amounts)			16,203.	16,203.		
	4	Income from investment of tax			10,2031	10,2031		
	5	Royalties						
	3	noyalties	(i) Real	(ii) Personal				
	6 2	Gross rents	(i) Neai	(ii) Fersonai				
		Gross rents Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	, a	assets other than inventory	(i) Securities	(ii) Other				
	h	Less: cost or other basis						
	b							
	_	and sales expenses Gain or (loss)						
				>				
		Net gain or (loss)						
ne	0 a	including \$ 141,6						
Other Revenu		contributions reported on line						
Be		·	•	33,502.				
Je	h	Part IV, line 18 Less: direct expenses		33,502.				
₹		Net income or (loss) from fund			0.			
		Gross income from gaming ac		>	J.			
	Ja	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
	10 a	and allowances						
	h	Less: cost of goods sold						
				•				
	C	Net income or (loss) from sale: Miscellaneous Revenue		Business Code				
 	11 ^			Promess Code				
	ii a							
	q	All other revenue						
		All other revenue Total. Add lines 11a-11d						
	12	Total revenue. See instructions			1,862,061.	16,203.	0.	0.
832009					<u>,,</u>	1 20,200		Form 990 (2018)

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Part IX | Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·	·	·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	660 500	F10 700	00 550	76 150
7	Other salaries and wages	669,508.	512,799.	80,559.	76,150
8	Pension plan accruals and contributions (include	E 220	4 004	620	FOF
_	section 401(k) and 403(b) employer contributions)	5,228.	4,004. 86,958.	629. 13,661.	595. 12,913.
9	Other employee benefits	46,908.	35,929.	5,644.	5,335
10	Payroll taxes	40,900.	35,949.	5,044.	3,333
11	Fees for services (non-employees):				
a	-				
b	<u> </u>	8,255.		8,255.	
C	5	30,000.		30,000.	
d	, , ,	30,000.		30,000.	
e	, <u> </u>				
f	Investment management fees				
g	column (A) amount, list line 11g expenses on Sch 0.)	457,283.	457,788.	-543.	38.
12	Advertising and promotion	17,587.	15,718.	1,443.	38. 426.
13	Office expenses	36,355.	32,188.	1,754.	2,413.
14	Information technology	14,719.	11,722.	1,487.	1,510.
15	Royalties				
16	Occupancy	50,014.	41,184.	4,238.	4,592.
17	Travel	4,863.	4,022.	257.	584.
18	Payments of travel or entertainment expenses	-,	-,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	115,017.	112,254.	2,728.	35.
20	Interest		·		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,724.	10,126.	1,247.	1,351.
23	Insurance	4,022.	3,312.	341.	369.
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 0.)				
а	DIDECE COMMITTEE CURDOR	155,986.	155,986.		
b		81,285.	81,285.		
c		,	,		
d					
	All other expenses				
25 25	Total functional expenses. Add lines 1 through 24e	1,823,286.	1,565,275.	151,700.	106,311.
<u></u> 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)				

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Part X | Balance Sheet

Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets	former officersated employalified persons on 4958(c)(3)(ction 501(c)(9)). Complete Figure 10a 10b	es, directors, rees. Complete s (as defined under B), and contributing by voluntary Part II of Sch L	(A) Beginning of year 451,231. 376,562.	1 2 3 4 5 6 7 8 9	(B) End of year 808,520. 253,542.	
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and f trustees, key employees, and highest compens Part II of Schedule L Loans and other receivables from other disqua section 4958(f)(1)), persons described in sectio employers and sponsoring organizations of sec employees' beneficiary organizations (see instr. Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Intangible assets Other assets. See Part IV, line 11	former officer sated employ lified persons in 4958(c)(3)(ction 501(c)(9)). Complete F	s, directors, rees. Complete s (as defined under B), and contributing b) voluntary Part II of Sch L 93,184. 62,088.	9,871.	2 3 4 5 6 7 8 9 10c 11 12	808,520, 253,542,	
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and f trustees, key employees, and highest compens Part II of Schedule L Loans and other receivables from other disqua section 4958(f)(1)), persons described in sectio employers and sponsoring organizations of sec employees' beneficiary organizations (see instr. Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Intangible assets Other assets. See Part IV, line 11	former officer sated employ lified persons in 4958(c)(3)(ction 501(c)(9)). Complete F	s, directors, rees. Complete s (as defined under B), and contributing b) voluntary Part II of Sch L 93,184. 62,088.	9,871.	2 3 4 5 6 7 8 9 10c 11 12	7,426	
Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and f trustees, key employees, and highest compens Part II of Schedule L Loans and other receivables from other disqua section 4958(f)(1)), persons described in sectio employers and sponsoring organizations of sec employees' beneficiary organizations (see instr Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Intangible assets Other assets. See Part IV, line 11	former officer sated employ liffied persons in 4958(c)(3)(liction 501(c)(9)). Complete F	ees. Complete s (as defined under B), and contributing o) voluntary Part II of Sch L 93,184. 62,088.	9,871.	3 4 5 6 7 8 9 10c 11 12	7,426	
Accounts receivable, net Loans and other receivables from current and f trustees, key employees, and highest compens Part II of Schedule L Loans and other receivables from other disqua section 4958(f)(1)), persons described in sectio employers and sponsoring organizations of sec employees' beneficiary organizations (see instr Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets Other assets. See Part IV, line 11	former officers sated employ diffied persons on 4958(c)(3)(lection 501(c)(9)). Complete In 10a 10b	es, directors, rees. Complete s (as defined under B), and contributing b) voluntary Part II of Sch L 93,184. 62,088.	9,871.	5 6 7 8 9	7,426	
Accounts receivable, net Loans and other receivables from current and f trustees, key employees, and highest compens Part II of Schedule L Loans and other receivables from other disqua section 4958(f)(1)), persons described in sectio employers and sponsoring organizations of sec employees' beneficiary organizations (see instr Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets Other assets. See Part IV, line 11	former officers sated employ diffied persons on 4958(c)(3)(lection 501(c)(9)). Complete In 10a 10b	es, directors, rees. Complete s (as defined under B), and contributing b) voluntary Part II of Sch L 93,184. 62,088.		5 6 7 8 9		
Loans and other receivables from current and for trustees, key employees, and highest compensions. Part II of Schedule L Loans and other receivables from other disquates section 4958(f)(1)), persons described in section employers and sponsoring organizations of section employees' beneficiary organizations (see instring Notes and loans receivable, net inventories for sale or use inventories for sale or use inventories for sale or use inventories and deferred charges in Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D investments - publicly traded securities investments - other securities. See Part IV, line investments - program-related. See Part IV, line intangible assets Other assets. See Part IV, line 11	former officers sated employ sated employ sated employ shifted persons of 4958(c)(3)(letion 501(c)(9)). Complete Final sate sates sa	es, directors, rees. Complete s (as defined under B), and contributing b) voluntary Part II of Sch L 93,184. 62,088.		6 7 8 9 10c 11 12		
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Loans and other receivables from other disqual section 4958(f)(1)), persons described in section employers and sponsoring organizations of section employees' beneficiary organizations (see instrinct Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Intangible assets Other assets. See Part IV, line 11	10a 10b	g (as defined under B), and contributing b) voluntary Part II of Sch L		6 7 8 9 10c 11 12		
Loans and other receivables from other disqua section 4958(f)(1)), persons described in sectio employers and sponsoring organizations of sec employees' beneficiary organizations (see instr. Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Intangible assets Other assets. See Part IV, line 11	10a 10b	g (as defined under B), and contributing b) voluntary Part II of Sch L		7 8 9 10c 11 12		
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employers and sponsoring organizations of sec employees' beneficiary organizations (see instructions) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Intangible assets Other assets. See Part IV, line 11	10a 10b	93,184. 62,088.		7 8 9 10c 11 12		
employees' beneficiary organizations (see instring Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Intangible assets Other assets. See Part IV, line 11	10a 10b	93,184. 62,088.		7 8 9 10c 11 12		
Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets Other assets. See Part IV, line 11	10a 10b	93,184.		7 8 9 10c 11 12		
Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets Other assets. See Part IV, line 11	10a 10b	93,184.		9 10c 11 12		
Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Intangible assets Other assets. See Part IV, line 11	10a 10b	93,184.		9 10c 11 12		
Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets Other assets. See Part IV, line 11	10a 10b	93,184.		10c 11 12		
basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets Other assets. See Part IV, line 11	10a 10b	62,088.	39,474.	11 12	31,096	
Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets Other assets. See Part IV, line 11	10b 11	62,088.	39,474.	11 12	31,096	
Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets Other assets. See Part IV, line 11	11			11 12		
Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets Other assets. See Part IV, line 11	11 11			12		
Investments - program-related. See Part IV, line Intangible assets Other assets. See Part IV, line 11	11					
Intangible assets Other assets. See Part IV, line 11				10		
Other assets. See Part IV, line 11				14		
	Other assets. See Part IV, line 11					
Total assets. Add lines I tillough 15 (must eq		877,138.	15 16	1,100,584		
Accounts payable and accrued expenses			104,774.	17	98,545	
Grants payable			18			
Deferred revenue	0.	19	190,900			
Tax-exempt bond liabilities		20				
•						
0 1 0 1 1 10 1 1 1 1				22		
. ,	•					
				24		
O - la de d - D	· ·	· ·		25		
			104.774.		289,445.	
			20277720	20	203 / 213	
			507.364.	27	551,139	
					260,000	
	A00 300), CI	leak field				
	e			30		
Retained earnings endowment accumulated in			772 364		811,139.	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	34	1,100,584	
	Loans and other payables to current and forms key employees, highest compensated employer. Complete Part II of Schedule L. Secured mortgages and notes payable to unread unsecured notes and loans payable to unread to the liabilities (including federal income tax, parties, and other liabilities not included on line Schedule D. Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 95 complete lines 27 through 29, and lines 33 at Unrestricted net assets. Temporarily restricted net assets. Permanently restricted net assets. Organizations that do not follow SFAS 117 (and complete lines 30 through 34. Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or extended earnings, endowment, accumulated in the second complete lines.	Loans and other payables to current and former officers, die key employees, highest compensated employees, and disque Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third particular of the liabilities (including federal income tax, payables to reparties, and other liabilities not included on lines 17-24). Conschedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check near complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fur Retained earnings, endowment, accumulated income, or other assets.	key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Temporarily restricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	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 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here □ and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund	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 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 104 , 774 • 26 Organizations that follow SFAS 117 (ASC 958), check here ➤ X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 507 , 364 • 27 Temporarily restricted net assets 507 , 364 • 27 Temporarily restricted net assets 265 , 000 • 28 Permanently restricted net assets 265 , 000 • 28 Organizations that do not follow SFAS 117 (ASC 958), check here □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 772 , 364 • 33 Total net assets or fund balances 772 , 364 • 33	

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4	4	$\sim E$	4 0	10	•		40
T	-1	25	4 U	⊥ ≿	3	Page	12

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,86				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,82				
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>75.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	77	<u>2,3</u>	64.		
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	9 Other changes in net assets or fund balances (explain in Schedule O)9						
10	10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	81	1,1	<u>39.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle 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 requi						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2018)		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

COALITION FOR HOMELESSNESS INTERVENTION

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

AND PREVENTION OF GREATER INDPLS. 31-1254018 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

Total

Schedule A (Form 990 or 990-EZ) 2018 AND PREVENTION OF GREATER INDPLS., INC. 31-1254018 Page 2

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

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

<u>C</u>	rails to qualify under the tests listed below, please complete Part III.)										
_	ction A. Public Support	<u> </u>			<u> </u>						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not	060 555	040 064	1151104	1000000	1045050	6000000				
	include any "unusual grants.")	969,577.	943,864.	1151184.	1989277.	1845858.	6899760.				
2	Tax revenues levied for the organ-										
	ization'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	060 555	0.4.2 0.6.4	1151104	1000000	1045050	6000000				
	Total. Add lines 1 through 3	969,577.	943,864.	1151184.	1989277.	1845858.	6899760.				
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,						4464460				
	column (f)						1161168.				
	Public support. Subtract line 5 from line 4.						5738592.				
Section B. Total Support											
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
7	Amounts from line 4	969,577.	943,864.	1151184.	1989277.	1845858.	6899760.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,	-10		40.00=	0 746	4.6.004	44 050				
	and income from similar sources	519.	4,614.	10,805.	9,716.	16,204.	41,858.				
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.)						6041610				
11	Total support. Add lines 7 through 10						6941618.				
12	Gross receipts from related activities,	•	,			12					
13	First five years. If the Form 990 is for	•	first, second, third	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	. \Box				
Soci	organization, check this box and storection C. Computation of Publi		centage				<u> </u>				
	·			- L (D)			82.67 %				
	Public support percentage for 2018 (I					14	22 12				
15	Public support percentage from 2017					15					
Ioa	33 1/3% support test - 2018. If the content have The experience qualifies						▶ [7]				
	stop here. The organization qualifies		~		line 45 in 00 4 /00/						
D	33 1/3% support test - 2017. If the constraint have										
47-	and stop here. The organization qual		• •		10 10 10-						
1/a	10% -facts-and-circumstances test	-									
	and if the organization meets the "fac										
	meets the "facts-and-circumstances"	-	•		-						
b	10% -facts-and-circumstances test	-									
	more, and if the organization meets the										
40	organization meets the "facts-and-circ										
<u>18</u>	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions										

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 AND PREVENTION OF GREATER INDPLS., INC. 31-1254018 Page 3

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						_
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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	r the organization's	s first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
_	check this box and stop here						>
	ction C. Computation of Publi						
	Public support percentage for 2018 (I			column (f))		15	<u>%</u>
	Public support percentage from 2017					16	<u>%</u>
	ction D. Computation of Inves					 	
17	Investment income percentage for 20			ne 13, column (f))		17	<u>%</u>
18						18	<u>%</u>
19a	a 33 1/3% support tests - 2018. If the						7 is not
	more than 33 1/3%, check this box ar						▶□
k	o 33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

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

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

		Yes	No
	1		
	•		
	2		
	За		
L	3b		
	3с		
	4a		
	та		
	4b		
	4c		
	5a		
F	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
n 00	10b 0 or 99	N E 7	2019

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
	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.	11c		
	tion 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Sect	tion 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).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
Soci	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	<u> </u>			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below.	ns).		
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line's perow. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see it	notw.otions	١	
2	Activities Test. Answer (a) and (b) below.	ristructions)	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	140
_	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		1

832025 10-11-18

Schedule A (Form 990 or 990-EZ) 2018 AND PREVENTION OF GREATER INDPLS., INC. 31-1254018 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	ov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of	complete Sec	tions A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Schedule A (Form 990 or 990-EZ) 2018 AND PREVENTION OF GREATER INDPLS., INC. 31-1254018 Page 7

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (continued)	
Secti		Distributions			Current Year
1	Amour	nts paid to supported organizations to accomplish exer	mpt purposes		
		nts paid to perform activity that directly furthers exemp			
	organiz	zations, in excess of income from activity			
3		istrative expenses paid to accomplish exempt purpose	s of supported organizations	S	
		nts paid to acquire exempt-use assets			
		ed set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
		utions to attentive supported organizations to which th	ne organization is responsive	1	
_		le details in Part VI). See instructions.			
9		utable amount for 2018 from Section C, line 6			
		amount divided by line 9 amount			
<u></u>	LIIIC O	amount divided by line o amount	(i)	(ii)	(iii)
Secti	on E - I	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distrib	utable amount for 2018 from Section C, line 6			
2	Underd	distributions, if any, for years prior to 2018 (reason-			
	able ca	ause required- explain in Part VI). See instructions.			
3	Excess	s distributions carryover, if any, to 2018			
а	From 2	2013			
b	From 2	2014			
С	From 2	2015			
d	From 2	2016			
е	From 2	2017			
f	Total o	of lines 3a through e			
g	Applied	d to underdistributions of prior years			
h	Applied	d to 2018 distributable amount			
i	Carryo	ver from 2013 not applied (see instructions)			
j	Remair	nder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	utions for 2018 from Section D,			
	line 7:	\$			
а	Applied	d to underdistributions of prior years			
b	Applied	d to 2018 distributable amount			
С	Remair	nder. Subtract lines 4a and 4b from 4.			
		ning underdistributions for years prior to 2018, if			
	any. Sı	ubtract lines 3g and 4a from line 2. For result greater			
		ero, explain in Part VI. See instructions.			
6	Remair	ning underdistributions for 2018. Subtract lines 3h			
		o from line 1. For result greater than zero, explain in			
	Part V	I. See instructions.			
7		s distributions carryover to 2019. Add lines 3j			
	and 4c				
8		down of line 7:			
		s from 2014			
		s from 2015			
		s from 2016			
		s from 2017			
		s from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018	AND PE	REVENTION	OF	GREATER	INDPLS.,	INC.	31-1254018	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li Section D, lines 5, 6, and 8	nation. Pr 2, 3b, 3c, 4l nes 2 and 3	rovide the explana o, 4c, 5a, 6, 9a, 9 ; Part IV, Section	ations i b, 9c, ⁻ E, lines	required by Part I1a, 11b, and 11 s 1c, 2a, 2b, 3a,	II, line 10; Part II, c; Part IV, Section and 3b; Part V, lir	line 17a or n B, lines 1 ne 1; Part V,	17b; Part III, line 12; and 2; Part IV, Sectior , Section B, line 1e; Pa	n C,
	(See instructions.)		, , , , , , , , , , , , , , , , , , ,		<u> </u>				

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Name of the organization

COALITION FOR HOMELESSNESS INTERVENTION AND PREVENTION OF GREATER INDPLS., INC.

Employer identification number

31-1254018

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

COALITION FOR HOMELESSNESS INTERVENTION

AND PREVENTION OF GREATER INDPLS., INC.

Employer identification number

31-1254018

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
	Name, address, and ZIP + 4	\$ 260,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$ 406,641.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
	Name, address, and ZIP + 4	Total contributions \$ 644,022.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
	Name, address, and ZIP + 4	* 120,482.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	Tunio, dudi oog, diid Eif T T	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization

COALITION FOR HOMELESSNESS INTERVENTION

AND PREVENTION OF GREATER INDPLS., INC.

Employer identification number

31-1254018

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization **Employer identification number** COALITION FOR HOMELESSNESS INTERVENTION AND PREVENTION OF GREATER INDPLS., INC. 31-1254018 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

 Section 501(c)(4), (5), or (6) organizat 	ions: Complete Part III			
1 11 11 1 1 1 1	ON FOR HOMELESSN	ESS INTERVEN	JTTON Emp	loyer identification number
	VENTION OF GREAT			31-1254018
	anization is exempt und			
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai 	ures		>	.
Part I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1 Enter the amount of any excise tax	incurred by the organization und	der section 4955	<u> </u>	
2 Enter the amount of any excise tax				
3 If the organization incurred a section				
4a Was a correction made? b If "Yes," describe in Part IV.				Yes No
Part I-C Complete if the org	anization is exempt und	er section 501(c).	except section 501(c	:)(3).
Enter the amount directly expended	·		· · · ·	***
2 Enter the amount of the filing organ exempt function activities 3 Total exempt function expenditures	ization's funds contributed to ot	her organizations for se	ection 527	
line 17b			>	
4 Did the filing organization file Form				
5 Enter the names, addresses and en made payments. For each organizar contributions received that were pro- political action committee (PAC). If a	nployer identification number (El tion listed, enter the amount pai omptly and directly delivered to	N) of all section 527 po d from the filing organiz a separate political orga	litical organizations to whic zation's funds. Also enter th anization, such as a separat	h the filing organization e amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

COALITION FOR HOMELESSNESS INTERVENTION Schedule C (Form 990 or 990-EZ) 2018 AND PREVENTION OF GREATER INDPLS., INC. 31-1254018 Page 2 Part II-A | Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals **1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) 30,000. **b** Total lobbying expenditures to influence a legislative body (direct lobbying) 30,000. c Total lobbying expenditures (add lines 1a and 1b) 1,565,275. d Other exempt purpose expenditures 1,595,275. e Total exempt purpose expenditures (add lines 1c and 1d) 229,764. Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,500,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 \$1,000,000. 57,441. g Grassroots nontaxable amount (enter 25% of line 1f) 0. h Subtract line 1g from line 1a. If zero or less, enter -0-0. i Subtract line 1f from line 1c. If zero or less, enter -0i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total		
2a Lobbying nontaxable amount			227,514.	229,764.	457,278.		
b Lobbying ceiling amount (150% of line 2a, column(e))					685,917.		
c Total lobbying expenditures			30,000.	30,000.	60,000.		
d Grassroots nontaxable amount			56,879.	57,441.	114,320.		
e Grassroots ceiling amount (150% of line 2d, column (e))					171,480.		
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2018

31-1254018 Page 3

Schedule C (Form 990 or 990-EZ) 2018 AND PREVENTION OF GREATER INDPLS., INC. 31-12540 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	lobbying activity.	Yes	No	Amo	ount
	Design the constitution of the street of the				
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
_					
a h	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?				
	5				
_	Pallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5). or sec	tion	
	501(c)(6).	(- / (-	,,		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
	t III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	A				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the e				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (see	
instru	ctions); and Part II-B, line 1. Also, complete this part for any additional information.	•		•	
SCH	EDULE C, PART II-A				
CHI	P HAS TWO LOBBYISTS, ONE REPUBLICAN AND ONE DEMOCRA	T, THA	T SER	VE AS	OUR
REF	RESENTATIVE BEFORE THE INDIANA GENERAL ASSEMBLY AND	THE I	NDIAN.	A	
GOV	ERNOR'S OFFICE. THEY STUDY AND CONSIDER LEGISLATI	ON AND	REGU	LATION	
IME	ACTING CHIP; PROVIDE ASSISTANCE ON ISSUES OF INTERE	ST TO	CHIP	ву	
WOR	KING WITH AFFILIATES, OTHER LOBBYISTS, ALLIES, AND	TRADE	ASSOC	IATION	•
				990 or 990	

Schedule C (Form 990 or 990-EZ) 2018 AND PREVENTION OF GREATER INDPLS., INC. 31-1254018 Page 4 Part IV Supplemental Information (continued)
CONTACTS; AND PROVIDE ASSISTANCE IN COALITION BUILDING, GRASSROOTS ISSUES
DEVELOPMENT AND OVERALL STRATEGY, GRASS-TOPS COMMUNICATIONS AND OTHER
ADVOCACY TACTICS ON ISSUES OF INTEREST TO CHIP.

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

COALITION FOR HOMELESSNESS INTERVENTION AND PREVENTION OF GREATER INDPLS.,

Employer identification number 31-1254018

Par			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(a) Foundation of all the control of
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year	uniting that the coasts hold in denot advi	and funds
	Did the organization inform all donors and donor advisors in vare the organization's property, subject to the organization's	_	
	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Par			
1	Purpose(s) of conservation easements held by the organization		,
	Preservation of land for public use (e.g., recreation or e	`	storically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struct	:ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	-
	Does the organization have a written policy regarding the per	· · · · · ·	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
_	\$		AA MAMDA
	Does each conservation easement reported on line 2(d) above	·	
	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizat conservation easements.	IOTI S IIITATICIAI STATETTIETTIS THAT GESCHIDES	the organization's accounting for
Par		Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public exh	•	•
	the text of the footnote to its financial statements that describ		,
	If the organization elected, as permitted under SFAS 116 (AS		at and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec		
	relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L 4
	If the organization received or held works of art, historical treat		
	the following amounts required to be reported under SFAS 1		
	Revenue included on Form 990, Part VIII, line 1		> \$
			. .

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Schedule D (Form 990) 2018

	t III Organizations Maintaining C	collections of Ar							J T O T C		age 🗲	
	•								1			
3	Using the organization's acquisition, accessi	on, and other records	s, check	any or the i	lollowing that	are a sig	Jillicant u	se or its o	ollection	items		
	(check all that apply):											
а	Public exhibition	d			hange progra							
b	= ·											
C	Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5												
Dai	t IV Escrow and Custodial Arran								Yes		No	
ı aı	reported an amount on Form 990, Pa		ete ir the	organizatio	n answered	res on	Form 990	, Part IV,	line 9, or			
10	Is the organization an agent, trustee, custodi		ion, for o	ontribution	o or other see	oto not i	aaludad					
ıa									Yes		No	
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							∟	_ res] NO	
b	ii res, explain the arrangement in Fart Alli	and complete the for	lowing to	iDie.					Amount			
•	Reginning halance						1c		Amount			
Q C	Beginning balance Additions during the year											
e	Distributions during the year											
f	Ending balance											
	Did the organization include an amount on F								Yes		No	
	If "Yes," explain the arrangement in Part XIII.						-,		00]	
	t V Endowment Funds. Complete						0.					
	<u>'</u>	(a) Current year		rior year	(c) Two year		(d) Three y	ears back	(e) Four	vears	back	
1a	Beginning of year balance	(2)	(/ -	, ,	(=)		(, ····		(-,	<i>y</i>		
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	•	e (line 1g	, column (a))) held as:	•						
а	Board designated or quasi-endowment		%									
b	Permanent endowment >	%	_									
С	Temporarily restricted endowment	%										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.										
За	Are there endowment funds not in the posse	ession of the organiza	tion that	are held ar	nd administere	ed for the	e organiza	ition	_			
	by:									Yes	No	
	(i) unrelated organizations								3a(i)			
	(ii) related organizations								3a(ii)			
b	If "Yes" on line 3a(ii), are the related organiza								3b			
4_	Describe in Part XIII the intended uses of the	organization's endo	wment fu	ınds.								
Pai	t VI Land, Buildings, and Equipm											
	Complete if the organization answere			line 11a. S	See Form 990,	Part X,	line 10.					
	Description of property	(a) Cost or o			or other		ccumulate	d	(d) Book	value	Э	
		basis (investr	nent)	basis	(other)	dep	preciation					
1a	Land											
b	Buildings				4 505		<u> </u>				20	
С	Leasehold improvements	I			4,795.		6,19			5,59		
d	Equipment				5,908.		54,37		21	.,53		
	Other				2,481.		1,51	18.	2.4		53.	
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part	X colum	n (R) line 1	Oc)				3]	.,09	90.	

Schedule D (Form 990) 2018

			ION OF	GREATER	R INDPLS.,	INC.	31-1254018 Pa	age 🕻
Part VII	Investments - Other S							
	Complete if the organization							
	otion of security or category (includ		(b) Bo	ok value	(c) Method of	valuation: Cos	t or end-of-year market value	
	al derivatives							
	-held equity interests							
(3) Other	-							
(A)								
(B)								
(C)								
<u>(D)</u>								
<u>(E)</u>								
(F)								
(G)								
(H)	h) must squal Form 000 Port V	ool (D) line 12)						
	b) must equal Form 990, Part X, of Investments - Progra							
T dit Viii	Complete if the organization		on Form 000	Dort IV line	110 Soo Form 000	Dort V line 19	.	
	(a) Description of investment			ok value			o. st or end-of-year market value	
(1)	(a) 2 cccpc		(2) 20	511 Value	(5)		ar or or a or your marries raids	_
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	b) must equal Form 990, Part X, o	col. (B) line 13.)						
Part IX	Other Assets.							
	Complete if the organization), Part IV, line 1	11d. See Form 990	, Part X, line 15	•	
		(a)	Description				(b) Book value	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)	(1) (5)	D () ((D) (45)					
Part X	ımn (b) must equal Form 990. Other Liabilities.	Part X, col. (B) line	<u>? 75.) </u>					
	Complete if the organization	answered "Yes"	on Form 990) Part IV line 1	I1e or 11f See For	m 990 Part X	line 25	
1.	(a) Description		0111 01111 000		(b) Book value	111000,1 41171,	1110 20.	
	deral income taxes	•			•			
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

Schedule D (Form 990) 2018

(9)

0 - 1	COALITION FOR HOMELESSNESS dule D (Form 990) 2018 AND PREVENTION OF GREATER		21_1	1254019
	dule D (Form 990) 2018 AND PREVENTION OF GREATER t XI Reconciliation of Revenue per Audited Financial Statem			1254018 Page 4
Pai		•	neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			1,862,061.
1			1	1,002,001.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	, , , , , , , , , , , , , , , , , , , ,	2d		•
е	Add lines 2a through 2d			1 060 061
3	Subtract line 2e from line 1		. 3	1,862,061.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		. 4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,862,061.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses pe	r Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total expenses and losses per audited financial statements		1	1,823,286.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,823,286.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		. —	1,823,286.
Pa	t XIII Supplemental Information.		. , . ,	, ,
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV lines 1h and 2h: Part V lin	ne 4· Part X	(line 2· Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac		10 1,1 4117	τ, πιο Σ, τ αιτ λίι,
	and its, and it arrows, into a and its. Thos complete time part to provide any ac			
PAF	RT X, LINE 2:			
тнт	ORGANIZATION IS EXEMPT FROM FEDERAL INCO	ME TAX UNDER SE	СТТОМ	501(C)(3)
			011011	302(0)(0)
OF	THE INTERNAL REVENUE CODE AND STATE INCOM	ME TAX AND HAS B	EEN CI	LASSIFIED
<u>AS</u>	AN OTHER THAN PRIVATE FOUNDATION. ACCORDI	NGLY, NO PROVIS	ION FO	OR FEDERAL
ANI) STATE TAXES ON REVENUE AND INCOME HAS BE	EEN RECOGNIZED II	N THE	
				
<u>ACC</u>	COMPANYING FINANCIAL STATEMENTS. GENERALLY	, THE FEDERAL A	ND STA	ATE TAX
ם בים	NIDNG MEDE GIIDTEOM MO EVANTNAMTONG EDON MI	ID MUDDD VDXDC XI		
KĽ'.	TURNS WERE SUBJECT TO EXAMINATIONS FROM TH	IL TUKEE YEAKS A.	FIEK '	INE LATEK

OF THE ORIGINAL OR EXTENDED DUE DATE OR THE DATE FILED BY THE APPLICABLE

TAX AUTHORITY.

COALITION FOR HOMELESSNESS INTERVENTION AND PREVENTION OF GREATER INDPLS., INC. 31-1254018 Page 5 Schedule D (Form 990) 2018 Part XIII Supplemental Information (continued)

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

COALLTTION FOR HOMELESSNESS INTERVENTION

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization COALIT	ION FOR HOMELESSNES	S II	ITE	RVENTION		Employer ide	ntification number					
AND PR	EVENTION OF GREATER	INI	OPL	S., INC.		31-1254	018					
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.												
	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.											
	a Mail solicitations e Solicitation of non-government grants											
b Internet and email solicitation				nment grants								
c Phone solicitations												
c Phone solicitations g Special fundraising events d In-person solicitations												
·												
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No												
					oo fur							
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.												
	e organization.											
(2) Norman and address of to distribute		(iii)	Did	(5.)	(v)	Amount paid	(vi) Amount paid					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c	aiser ustody	(iv) Gross receipts from activity	to (c	or retained by) fundraiser	to (or retained by)					
or entity (fundraiser)		or con contrib	itrol of utions?	ITOTTI activity		ted in col. (i)	organization					
		Yes	No									
		100		1								
	+											
Total			•									
3 List all states in which the organizat			utions	or has been notified	it is e	exempt from re	gistration					
or licensing.												

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

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 AND PREVENTION OF GREATER INDPLS., INC. 31-1254018 Page 2

Pa	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.												
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 (d) Total events													
			CHIP	(b) Event #2 YEAR END APPEAL	(c) Other events	(d) Total events (add col. (a) through							
a)			(event type)	(event type)	(total number)	col. (c))							
Revenue	1	Gross receipts	117,637.	52,546.	4,950.	175,133.							
	2	Less: Contributions	85,955.	51,725.	3,951.	141,631.							
	3	Gross income (line 1 minus line 2)	31,682.	821.	999.	33,502.							
	4	Cash prizes											
S	5	Noncash prizes											
ense	6	Rent/facility costs											
Direct Expenses	7	Food and beverages	21,729.			21,729.							
		Entertainment											
	9	Other direct expenses	9,953.	821.	999.	11,773.							
	10	,			>	33,502.							
Do	11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than												
Г	11 L I	\$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than								
		\$ 10,000 CHT CHIT COULE, IIIO CO.	() 5:	(b) Pull tabs/instant	() () ()	(d) Total gaming (add							
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))							
Zeve													
_	1	Gross revenue											
ses	2	Cash prizes											
xpen	3	Noncash prizes											
Direct Expenses	4	Rent/facility costs											
	5	Other direct expenses											
		от о	Yes %	Yes %	Yes %								
	6	Volunteer labor	No No	No No	No No								
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>								
	o	Not gaming income summer. Subtract line 7	from line 1 column (d)										
	0	Net gaming income summary. Subtract line 7	from line 1, column (a)		······								
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain:	tivities in each of these s	states?		Yes No							
		ere any of the organization's gaming licenses re Yes," explain:			rear?	Yes No							
	_												
	_												

Schedule G (Form 990 or 990-EZ) 2018

832082 10-03-18

	edule G (Form 990 or 990-EZ) 2018 AND PREVENTION OF GREATER INDPLS., INC. $31-1$.254018	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
	, , , , , , , , , , , , , , , , , , , ,		

COALITION FOR HOMELESSNESS INTERVENTION AND PREVENTION OF GREATER INDPLS., INC. 31-1254018 Page 4 Schedule G (Form 990 or 990-EZ) Part IV Supplemental Information (continued)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

COALITION FOR HOMELESSNESS INTERVENTION AND PREVENTION OF GREATER INDPLS.

Employer identification number 31-1254018

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

AND TECHNICAL ASSISTANCE; AND PROGRAM STAFF SUPPORT.

OTHER PROGRAM SERVICES INCLUDE THE FOLLOWING: COORDINATED ENTRY ; IHOST PROJECT; POINT-IN-TIME COUNT; MEMORIAL SERVICE; HOMELESS YOUTH NEEDS ASSESSMENT AND PREVENTION; HANDBOOK OF HELP; COMMUNITY STRATEGIC PLANNING; DOMESTIC VIOLENCE ASSESSMENT; CAPACITY BUILDING, TRAINING

EXPENSES \$ 899,559. 0. REVENUE \$ 0. INCLUDING GRANTS OF \$

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED IN JANUARY 2018 TO 1) ADD AN EMERITUS CHAIR POSITION WHICH ALLOWS A PAST CHAIR TO BECOME A LIFETIME, NON-VOTING MEMBER 2) ALLOW A BOARD CHAIR WHO HAS SERVED TWO CONSECUTIVE 3-YEAR THE BOARD, TERMS TO SERVE AS A DIRECTOR FOR AN ADDITIONAL 1-YEAR TERM TO ASSIST WITH ORGANIZATIONAL TRANSITIONS AND 3) REMOVE ABILITY FOR BOARD MEMBERS TO 4) SPECIFY THAT THE CHAIR MAY DESIGNATE UP TO TWO AT-LARGE APPOINT A PROXY, OFFICERS TO JOIN THE EXECUTIVE COMMITTEE, 5) CONFIRM THAT BOARD TERMS BEGIN IN JANUARY TO REDUCE CONFUSION ABOUT WHEN TERMS START, AND 6) CLARIFY AND ENHANCE LANGUAGE AND MAKE FORMATTING CHANGES.

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

THE 990 IS REVIEWED EXTENSIVELY BY THE ORGANIZATION'S DIRECTOR OF FINANCE. THE 990 IS ALSO REVIEWED BY FINANCE COMMITTEE AND IS DISTRIBUTED TO THE FULL GOVERNING BOARD.

FORM 990, PART V, LINES 1A-1C, 2A-2B:

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization COALITION FOR HOMELESSNESS INTERVENTION **Employer identification number** 31-1254018 AND PREVENTION OF GREATER INDPLS., INC. CHIP CONTRACTS WITH THE UNITED WAY OF CENTRAL INDIANA (UWCI) FOR "HOST AGENCY" SERVICES, WHICH INCLUDES ACCOUNTING AND HUMAN RESOURCES. UWCI FILED FORMS 1099 AND W-2 ON CHIP'S BEHALF FOR CHIP VENDORS AND EMPLOYEES. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY FOR ALL OFFICERS, DIRECTORS, AND EMPLOYEES. FORM 990, PART VI, SECTION B, LINE 15: AN INDEPENDENT CONSULTANT WAS HIRED IN 2013 TO CONDUCT BOARD DEVELOPMENT AND EXECUTIVE COACHING FOR THE ORGANIZATION. INCLUDED IN THIS WAS A SALARY ASSESSMENT OF THE EXECUTIVE DIRECTOR BASED ON CURRENT JOB DESCRIPTIONS AND PERFORMANCE PLANS. FORM 990, PART VI, SECTION C, LINE 19: CHIP'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. ADDITIONALLY, OUR 990, ANNUAL REPORT, AND OTHER DOCUMENTS ARE POSTED WITH OUR PROFILE ON GUIDESTAR.COM. OUR ANNUAL REPORTS ARE POSTED ON OUR WEBSITE, AND SENT VIA EMAIL AND PRINTED UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 455,696. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 0. TOTAL EXPENSES 455,696.

Name of the organization COALITION FOR HOMELESSNESS INTERVENTION AND PREVENTION OF GREATER INDPLS., INC.	Employer identification number 31-1254018
MISCELLANEOUS EXPENSE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	F0F
SERVICE CONTRACTS-EQUIP:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	
FORM 990, PART IX, LINE 11G:	
THE PROFESSIONAL SERVICES LINE INCLUDES EXPENSES FOR INDE	PENDENT
CONTRACTORS TO SUPPORT VARIOUS PROGRAMS INCLUDING COORDINA	ATED ENTRY,
HMIS, TIF PROJECTS, THE ANNUAL POINT-IN-TIME COUNT, AND MA	ARKETING;
SUBSCRIPTIONS FOR OUR DONOR MANAGEMENT SOFTWARE AND OTHER	COMPUTER
RELATED SUBSCRIPTIONS.	
FORM 990, PART XII, LINE 2C:	
THE ENTITY RECEIVES A COPY OF THE AUDIT. PRIOR TO THE FIR	NALIZATION OF
THE AUDIT, A COPY OF THE AUDIT IS GIVEN TO ALL OF THE BOAR	RD MEMBERS FOR
THEIR COMMENTS.	

AND PREVENTION OF GREATER INDPLS., INC.	31-1254018
RELATIONSHIP WITH THE CURRENT AUDITORS AND MAKES A DETERMI	NATION AS TO
WHETHER TO MAINTAIN THIS RELATIONSHIP OR CHANGE TO A NEW A	UDITING FIRM.
FORM 990, PART 1, LINE 6:	
COMMUNITY AND PROFESSIONAL VOLUNTEERS PARTICIPATE IN AWARE	NESS AND
SERVICE EVENTS INCLUDING THE INDIANAPOLIS CONTINUUM OF CAR	E
(APPROXIMATELY 150 VOLUNTEERS), HYGIENE KIT CONSTRUCTION (APPROXIMATELY
150), THE POINT IN TIME COUNT (APPROXIMATELY 109), HOMELES	S PERSONS'
MEMORIAL SERVICE (APPROXIMATELY 85), CHIP'S BOARD OF DIREC	TOR'S AND
SUBCOMMITTEES OF THE BOARD (APPROXIMATELY 22), CHIP'S YOUN	G
PROFESSIONALS GROUP (APPROXIMATELY 20), PRO-BONO CHALLENGE	
(APPROXIMATELY 15). MOST VOLUNTEERS SPEND BETWEEN 1-3 HOUR	S
VOLUNTEERING AT A SINGLE EVNET. MOST VOLUNTEERS PARTICIPAT	E IN MULTIPLE
EVENTS.	

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

Business or activity to which this form relates

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Part II Section To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part II 1,000,000. Total cost of section 179 property placed in service (see instructions) 2 3,000,000. Total cost of section 179 property placed in service (see instructions) 3 2,500,000. Total cost of section 179 property placed in service (see instructions) 3 2,500,000. Total cost of section 179 property placed in service (see instructions) 3 2,500,000. Total cost of section 179 property placed in service (see instructions) 4 5		ALITION FOR HOMELESS D PREVENTION OF GREA			FORM	990 PZ	AGE 10			31-1254018
2 Total coast of section 179 property placed in service (see instructions) 3 7,500,000. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter 9. 5 both interlinetor to tay size subtract line 4 from line 1. If zero or less, enter 9. 6 (in) Usercritico or property B) Cost (business use entry) (in) Liested cost or section 179 property. Add amounts in column (c), lines 6 and 7. 8 Total elected cost or section 179 property. Add amounts in column (c), lines 6 and 7. 8 Total elected cost or section 179 property. Add amounts in column (c), lines 6 and 7. 9 Tentative deduction. Enter the smaller of line 5 or line 8. 9 Total elected cost or section 179 property. Add amounts in column (c), lines 6 and 7. 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562. 11 Eusiness income limitation. Enter the smaller of line 5 or line 8. 9 Total elected cost or section 179 property. Indiesd, use Part V.	_				e any listed	property, c	omplete Part	V bef	ore you	u complete Part I.
2 Total coast of section 179 property placed in service (see instructions) 3 7,500,000. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter 9. 5 both interlinetor to tay size subtract line 4 from line 1. If zero or less, enter 9. 6 (in) Usercritico or property B) Cost (business use entry) (in) Liested cost or section 179 property. Add amounts in column (c), lines 6 and 7. 8 Total elected cost or section 179 property. Add amounts in column (c), lines 6 and 7. 8 Total elected cost or section 179 property. Add amounts in column (c), lines 6 and 7. 9 Tentative deduction. Enter the smaller of line 5 or line 8. 9 Total elected cost or section 179 property. Add amounts in column (c), lines 6 and 7. 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562. 11 Eusiness income limitation. Enter the smaller of line 5 or line 8. 9 Total elected cost or section 179 property. Indiesd, use Part V.	1	Maximum amount (see instructions)			•	-			1	1,000,000.
3 Threshold cost of section 179 property before reduction in limitation. 4 Reduction in limitation. Subtract line 4 from line 1.1 zero or less, enter 0. 4 5 Outle limitation for rax year. Subtract line 4 from line 1.1 zero or less, enter 4.1 married filing separately, see instructions. 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of business income (not less than zero) or line 5 10 Userspread of disallowed deduction from line 13 dy our 2017 Form 4562 10 Userspread of disallowed deduction from line 13 dy our 2017 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of line 5 or line 8 12 Business income limitation. Enter the smaller of line 5 or line 8 13 Business income limitation. Enter the smaller of line 5 or line 8 14 Business income limitation. Enter the smaller of line 5 or line 8 15 Property subject to section 168(f(t)) election 16 Duspection flow fine 5 or line 8 17 Business income fine 6 or line 8 18 Business enception fine fluid flow for first property. See instructions.		· · · · · · · · · · · · · · · · · · ·		2						
4 Reduction in limitation (subtract line 3 from line 2.1 (zero or less, enter 0-1 married (line specially, see instructions) 6 (in) Description of property								3	2,500,000.	
5 collar limitation for tax year. Subtract line 1.1 strees or least, enter 0 Il manned (ling expendently, see instructions.) 6 (a) Beoorption of property 8 (a) Beoorption of property 8 (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Listed property. Enter the amount from line 29 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 13 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 14 Business income limitation. Enter the more than line 11 15 Property subject to section 168(f)(1) election 11 16 Other depreciation (including ACRS) 17 MACRS deductions for assets placed in service in tax years beginning before 2018 18 If you we electing to group any assets placed in service in tax years beginning before available to the prope									4	
7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 2 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Section 179 expense deduction. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction 12 019. Add lines 9 and 10, less line 12 14 Sepoil and 15 Section 179 Part III below for listed property, instead, use Part V. Part III Special Depreciation Allowance and Other Depreciation (Bon't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) Part III MACRS deductions for assets placed in service in tax years beginning before 2018 15 type are electing to group any assets listed in service in tax years beginning before 2018 15 type are electing to group any assets listed in service in tax years the ore may general asset accounts, check here Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation (9) Depreciation destaction (9) Depreciation of property Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation (9) Depreciation destaction (9) Depreciation of property (1) Part IV Summary (See instructions) Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System				5						
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	6	(a) Description of pr	roperty	(b)	Cost (business us	e only)	(c) Elected of	cost		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7										
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7										
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7										
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7										
9 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4592 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4592 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11	7	Listed property. Enter the amount from	n line 29			7				
10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 14 Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 15 Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 16 Other depreciation (including ACRS) 16 Other depreciation (including ACRS) 17 MACRS Depreciation (noth include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2018 18 If you are electing to group are assets placed in Service in tax years beginning before 2018 18 If you are electing to group are assets placed in Service in tax years beginning before 2018 19 a 3-year property (a) Classification of property (b) Service During 2018 Tax Year Using the General Depreciation System (a) Classification of property (b) Syear property 10 10-year property 11 2 5 yrs. SAL 12 25 yrs. SAL 13 10-year property 14 15 Property (in the depreciation (in the service of	8	Total elected cost of section 179 prope	erty. Add amounts	in column (c), line	s 6 and 7			L	8	
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Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 22 12,723.	ı	Enter here and on the appropriate lines	s of your return. Pa	artnerships and S	corporations				22	12,723.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs						92				

Form 4562 (2018) Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

24a De voy lawer evidence to support the business/investment use claimed? Yes No 249. If 'Yes,' is the evidence written? Yes No (1) (1) (2) (2) (2) (2) (2) (3) (2) (3) (3) (4) (4) (4) (4) (4) (5) (4) (5) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		Section A -	Depreciation	on and Other I	nforma	tion (Ca	ution:	See th	e instruc	tions for li	mits for	passeng	er auton	nobiles.)		
(g) (b) (c) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	24a Do you ha	ave evidence to s	upport the bu	siness/investmei	nt use cla	imed?		Yes	No	24 b If "Y	es," is tl	ne evide	nce writ	ten?	Yes	No
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27 Property used 50% or less in a qualified business use: 28 Add amounts in column (i), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 27, page 1 29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 27. page 1 29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 27. page 1 29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1 29 Lotal control of the vehicle used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (ii), lines 25 through 28. Enter here and on line 21, page 1 29 Add amounts in column (ii), lines 25 through 29. Enter here and on line 21, page 1 29 Add amounts in column (ii), lines 25 through 29. Enter here and on line 21, page 1 20 (a) (b) (c) (d) (e) (f) 20 (f) (d) (e) (f) 21 (d) (e) (f) 22 Add amounts in column (iii), lines 25 through 29. Enter here and on line 21, page 1 29 Add amounts in column (iii), lines 25 through 29. Enter here and on line 21, page 1 20 Add amounts in column (iii), lines 25 through 29. Enter here and on line 21, page 1 20 Add amounts in column (iii), lines 25 through 29. Enter here and on line 21, page 1 20 Add and enter here and on line 21, page 1 20 Add amounts in column (•	•		•		•			•	•		25				
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28 Add amounts in column (h), line 26. Enter here and on line 21, page 1 29 Add amounts in column (h), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (don't include commuting miles driven during the year (Add times 30 through) 32 31 Total other personal (noncommuting) miles driven during the year. Add lines 30 through) 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle savailable for personal use than 5% owner or related person? 36 Is another vehicle available for personal use? Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 42 Amortization of costs that begins during your 2018 tax year: 43 Amortization of costs that begins during your 2018 tax year.																
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