



**CITY OF COSTA MESA
2020-2021 COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE GRANT APPLICATION**

Application is due 3:00 PM January 28, 2020

Late Applications will not be accepted

Submit 1 original application & supplemental documentation to:

Mike Linares

Housing & Community Development

77 Fair Drive, Costa Mesa CA 92628

AND

Email the completed unsigned application form in MS-Word format to: mike.linares@costamesaca.gov

To be considered for funding a complete application & documents listed below must be submitted by the due date/time. Hard copy & electronic copy must be submitted by the due date/time.

Check each item included in your application package & CD-ROM/USB drive. Ensure an authorized representative signs the application certification. Ensure all required text fields & applicable boxes are completed or checked (*click on applicable box to insert text or check mark; "Tab" from field to field; avoid using hard returns within text boxes*). Text fields are limited in space so ensure responses are concise.

**Do not submit testimonials, letters of support, or program literature
MODIFIED APPLICATIONS WILL NOT BE ACCEPTED**

Organization Name: Colette's Children's Home (CCH)

Program Name: Transitional Housing Program

CDBG Amount Requested: \$15,000

- Application
- Attachment A: Past & Projected Accomplishments
- Attachment B: Proposed Budget
- Attachment C: CDBG Funded Personnel
- Attachment D: Costa Mesa CDBG Outcomes Worksheet
- Signed Conflict of Interest Questionnaire

Submit the following materials as PDF files on a CD-ROM or USB Drive – Do not submit hard copies

- Proposed Program Application or Intake Sheet
- IRS Tax Exempt Documentation (remove all passwords)
- Current Board of Directors Roster
- Most Recent Financial Audit & 990 Tax Filing (remove all passwords)

1. APPLICANT GENERAL INFORMATION

A. Organization Legal Name: COLETTES CHILDREN HOME INC

B. Address: 7372 Prince Drive, Suite 106 Huntington Beach, CA 92647

C. Program Name: Transitional Housing Program (THP)

D. CDBG Amount Requested: \$15,000.00

E. Check the **ONE** category that best describes the proposed program

- | | |
|---|---|
| <input type="checkbox"/> Elderly/Frail Elderly Services | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Physically/Developmentally Disabled Services | <input type="checkbox"/> Crime Awareness |
| <input type="checkbox"/> Persons with HIV/AIDS Services | <input checked="" type="checkbox"/> Homeless Services |
| <input type="checkbox"/> Fair Housing Services | <input type="checkbox"/> Substance Abuse Services |
| <input type="checkbox"/> Severe Mental Illness Services | <input type="checkbox"/> Child Care Services |
| <input type="checkbox"/> Other Public Service (specify) _____ | <input type="checkbox"/> Health Services |

F. Is this application submitted by a coalition of organizations?

- Yes No (If "Yes," ensure Section 7 of the Application is completed)

G. Is this application submitted by a faith-based organization?

- Yes No

H. Location of where service will be provided (i.e., specify if program is citywide, a street address, a school site, etc.): Multiple cities within Orange County

I. Person to contact regarding this application & program administration:

Name: William O'Connell Email Address: coletteschildren@aol.com

Telephone: 714-596-1380 Fax: 714-848-1866

J. Federal Tax ID Number: 91-1939140

K. DUNS Number: 14-736-8448

K. Official Authorized to Sign Contracts & Expend Funds:

Name: William O'Connell Title: Executive Director

2. APPLICATION SUMMARY (This summary will be used in reports to the City Council & the public)

Provide a brief summary of the proposed program, how will the program address a priority service need in Costa Mesa, and how CDBG grant funds will be used. If you are submitting a coalition application, discuss the role of coalition partners & how program & admin efforts will be coordinated. As stated in the 2015-2019 Consolidated Plan for the City of Costa Mesa, Homeless Services and Housing is a high priority level need. As indicated in the plan services include outreach, case management, and life skills; while housing includes Transitional Housing. Families with children, chronically homeless, mentally ill, and victim of domestic violence are among the population in high need of Homeless Services and Housing. CCH has experienced growth and success during our 21 year history of providing homeless services, administering private and government funding, and accomplishing stated goals. We are well positioned to meet the City's needs as detailed in the Plan by providing housing, food, basic needs, case management, life skills, with the overarching goal being long term client sustainability and stable permanent housing.

3. COMMUNITY NEED

Provide data relevant to the need for the proposed program in Costa Mesa. Ensure information is specific to Costa Mesa. Specifically address how the proposed program will impact the community need or City objectives, and how a service gap will be eliminated or demonstrably reduced. The homeless issue in Orange County reaches all regions including the city of Costa Mesa. Costs associated with the homeless are higher with issues such as mental health, chronic disease, substance abuse, recurrent and persistent homelessness. Colette's Children's Home addresses these issues using the Continuum of Care Model to stabilize clients and ultimately lead them to self-sufficiency, thus reducing the fiscal impact of homelessness. In 2019, Colette's Children's Home had requests from 3,581 homeless women and children. We housed and provided supportive services to 477 women and children. In our 21 year history, 9% of all clients served originated from Costa Mesa. A partnership with Colette's Children's Home through the use of CDBG funds will assist the City in addressing the Homeless Priority Needs Strategy as outlined in the 2015-2019 Consolidated Plan and will decrease the overall cost of services provided by the City to its homeless residents.

4. ORGANIZATION CAPACITY & EXPERIENCE

- A. State your organization's experience to carry out the proposed program. Include information regarding length of time providing service, professional qualification of staff (i.e., license, academic credentials, etc.) & other relevant information. CCH has been in operation for 21 years. Our Executive Director, William O'Connell, has provided the vision and direction for the continuing growth of our organization. Mr. O'Connell and our Board of Directors have over 100 years experience working in this field. We currently have five full time case managers, an intake coordinator/case manager, a client screener/intake coordinator, a life skills facilitator and a program supervisor to ensure an effective service delivery based on our unique model. Our staff is comprised of compassionate and professional individuals who possess Bachelor's Degrees in Human Services, Psychology, and Sociology, and Drug and Alcohol certifications.
- B. Summarize your organization's experience administering CDBG public service grant funds. CCH has worked with the city of Costa Mesa for more than seven fiscal years administering CDBG funds. We have also worked with the cities of Orange, Anaheim, and Westminster with CDBG and ESG funding. We are appreciative of the City's desire to support existing local service agencies that provide transitional housing to homeless households.

- C. If you have received CDBG funding from the City of Costa Mesa in past years, complete the table below for most recent years.

YEAR FUNDS RECEIVED	CDBG GRANT AMOUNT	NAME OF FUNDED PROGRAM
2019	\$15,175	Transitional Housing Program
2017	\$16,000	Transitioanl Housing Program
2016	\$17,052	Transitional Housing Program

- D. If previously funded by Costa Mesa CDBG, has your agency ever failed to expend all grant funds that were awarded? Yes No

If "Yes," explain reasons: Operational Oversight

- E. If previously funded by Costa Mesa CDBG, has your agency ever failed to meet established contractual accomplishment goals? Yes No

If "Yes," explain reasons: _____

- F. If you have not received CDBG funding from Costa Mesa in the past 3 years, list 3 references for 3 grant fund providers that have funded the proposed program: NA

GRANT PROVIDER	GRANT PROVIDER CONTACT NAME TELEPHONE # & EMAIL	GRANT AMOUNT	DATES COVERED BY GRANT FUNDS
		\$	
		\$	
		\$	

- G. Compliance with OMB Circular A-133 (Single Audit):

- In any of the past 3 years, has your agency expended more than \$750,000 in federal funds during a fiscal year? Yes No
- During this year(s), did your agency prepare a Single Audit compliant with OMB Circular A-133? Yes No If "Yes" please provide a copy of most recent Single Audit. If "No" please explain why a Single Audit was not prepared. _____

5. PROGRAM INFORMATION

A. Complete the following budget summary for the proposed program.

- | | |
|---|--------------------|
| 1. 2020-2021 Costa Mesa CDBG Grant Funds Requested: | <u>\$15,000</u> |
| 2. Total 2020-2021 Program Budget:
(The total budget for same program that may be offered at multiple jurisdictions) | <u>\$2,535,000</u> |
| 3. Total 2020-2021 Agency Budget: | <u>\$3,267,868</u> |

B. Detail how requested CDBG funds will be utilized (e.g., staff salaries, benefits; program supplies; insurance; direct client assistance, etc.)? Ensure that **Attachment B “Proposed Program Budget”** is reflective of this outline. Colette’s Children’s Home will leverage CDBG funds with other government and private funding to provide transitional housing to City of Costa Mesa homeless women and children. Specifically the funds will provide for case management staff salaries, supportive services including bus passes, food vouchers, child care, housing placement, job development assistance, and life skills classes. Funding will also be used to support shelter operations such as the cost of utilities, household supplies, and insurance.

C. What is the per unit cost to delivery of the proposed program? \$5451/person

D. How does this cost per unit of service compare to other similar services? As our capacity to serve has increased in proportion to the overall growth of the agency, Colette's Children's Home has achieved economies of scale allowing to maintain a low per unit cost of delivery. As a full service provider we have the ability to provide a complete spectrum of services to care for the individual needs of our targeted population. In addition to professional staff, we have developed valuable resources and partnerships within the community who provide an array of services at no cost to our agency or residents. In addition, Colette's Children's Home is able to offer value-added services beyond the traditional service plan scope through the generous support of private and corporate community donations.

E. Does the proposed program serve Veterans? (Note: Up to 10 additional rating points may be awarded to this application based on the percentage of Veterans served.) Yes No
If “Yes,” what is the total percentage of Veteran clients served by the program? 0.42%

2. Will grant funding be requested for this program from any other funder to serve Costa Mesa residents? Yes No

If "Yes" how much & will these grant funds be used to assist Costa Mesa Residents?

NAME OF FUNDER	GRANT AMOUNT REQUESTED	AMOUNT THAT WILL SERVE CM RESIDENTS
Federal	\$500,458	\$5,000
State	\$386,308	\$5,000
Private, Corporate	\$996,983	\$5000
Direct Public, Fundraising	\$435,491	\$
Other Earned	\$200,760	\$

- J. Is this a new program? Yes No If this is **not** a "New" program, how will this program be expanded from current program efforts? Our Transitional Housing Program (THP) is a well established program which has been expanded through the years with additional beds, services, and new building acquisitions. CCH will continue to strive to expand the services and amount of people we serve by obtaining funding from diversified sources including grants from private foundations and corporations, hosting successful fundraisers, expanding our individual donor base, and developing cost effective permanent housing projects.
- K. Will requested CDBG funds be used as "seed money" to create additional funding opportunities? Yes No
- L. Will requested CDBG funds be used to match funding requested for another funder? Yes No If "Yes," provide information regarding the other grant source & match requirements. _____

6. HUD REQUIREMENTS

Provide the following information regarding the number of individuals to be served by the proposed program & your agency from 7/1/2020 through 6/30/2021:

- A. Number of unduplicated Costa Mesa residents the program will serve with requested CDBG funds?
8 Individuals.

What % of these individuals will be of low/moderate income? 100%

*Note: HUD requires that each organization providing services to individuals with CDBG public service grant funds document the size, race/ethnicity & income of assisted households. Income documentation is not required for programs that exclusively serve a “**presumed beneficiary**” population; however, documentation of presumed beneficiary status is required. Presumed beneficiaries include: abused children, seniors (over 62 years of age), battered spouses, severely disabled adults, homeless persons, illiterate persons, persons with HIV/AIDS, migrant farm workers.*

- B. Does the proposed program application/intake form collect all HUD-required information?
Yes No If “Yes,” how is this information documented?

a. Self-Certification (HUD requires full income documentation for 10% to 20% of program beneficiaries)

b. Analysis of household income documents such as tax returns/pay checks

c. Program serves **presumed beneficiary** category List category Homeless

If “No,” how will this information be collected & reported to the City? _____

- C. Submit a copy of the current or proposed program application/intake form with your application submission package.

- D. If the proposed service assists the homeless, what percentage of clients are “chronic homeless?” 10%
 Not Applicable

*HUD defines **chronically homeless** as:*

(1) An individual who:

(i) Is homeless & lives in a place not meant for human habitation, a safe haven, or in an emergency shelter &

(ii) Has been homeless & living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years, where each homeless occasion was at least 15 days &

(iii) Can be diagnosed with 1 or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days & met all of the criteria in paragraph (1) before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1), including a family whose composition has fluctuated while the head of household has been homeless.

- E. All CDBG-funded activities are required to provide **output** (i.e. number of individuals served) & **outcome** (i.e. anticipated benefit to program recipients) data. All CDBG-funded activities must meet one of HUD's "objectives" & "outcomes."

OBJECTIVE - Check the box (**only one**) that best applies to the proposed program:

- Suitable Living Environment – The activity is designed to benefit the community, families, or individuals by address issues in their living environment.
- Decent Affordable Housing – The activity is designed to cover a wide range of housing opportunities that meet individual family or community needs.
- Creating Economic Opportunities – The activity will generate economic development, commercial revitalization or job creation.

OUTCOMES - Check the box (**only one**) that best applies to the proposed program.

- Availability/Accessibility – The activity makes services, infrastructure, housing or shelter available/accessible to low- & moderate-income people, including individuals with disabilities.
- Affordability – The activity provides affordability in a variety of ways for low- & moderate-income people (includes creation or maintenance of affordable housing, basic infrastructure hook-ups or services).
- Sustainability (Promoting Livable or Viable Communities) – The activity aims to improve the community or neighborhoods, helps to make them livable or viable by providing benefits to low & moderate-income people, or by removing/eliminating slums/blighted areas.

7. COALITION APPLICATION INFORMATION

NOTE: A coalition is defined as two or more agencies (at least one of which is applying for CDBG public service grant funds) with the goal of addressing an identifiable community need, eliminating duplication of services & reducing grant administration. Evidence of a formal Memorandum of Understanding or agreement between coalition agencies must be provided.

Coalition points may also be awarded to those applications that can demonstrate they work in partnership with the City to implement homeless or neighborhood improvement initiatives.

CHECK BOX IF NOT APPLICABLE (NOTE: UP TO 10 RATING POINTS ARE AVAILABLE FOR COALITION APPLICATIONS)

A. List coalition members:

Lead Agency:
Member:
Member:
Member:
Member:

B. Describe the target population to be served by the coalition.

C. Describe the services each member of the coalition will provide to coalition clients & how services will be coordinated, tracked & reported. *(If seeking points as a City initiatives partner, list services to be provided & how services will be coordinated with City efforts.)*

D. How is the effectiveness & success of coalition efforts measured? Provide data regarding coalition effectiveness/success.

E. How many clients will be served by coalition efforts during the 2020-2021 Program Year with requested CDBG funds?

8. CERTIFICATION

I hereby certify that I am authorized to submit this application for CDBG public service grant funding provided by the City of Costa Mesa ("City") by the Board of Directors of Colette's Children's Home ("Agency"). If grant funds are granted, funds will be used solely to benefit low- and moderate-income Costa Mesa residents. Agency understands that general liability, auto liability insurance, and workers compensation insurance are required and will be provided per terms of a grant agreement to be executed between the City and the Agency. Agency understands that grant funds are provided on a reimbursement basis and will provide appropriate documentation to substantiate expenditures submitted for reimbursement. Grant funds will be administered pursuant to an agreement and are consistent with applicable federal regulations. If the Agency fails to serve eligible Costa Mesa residents during the term of the contract, or fails to substantially attain projected accomplishments (defined as at least 75% of projected number of persons to be served), Agency may be required to repay all or a portion of funds already disbursed to the Agency by the City and/or forego receipt of additional grant funds. Agency also certifies that it is in compliance with all local zoning/land use regulations and possesses all required licenses and permits to operate/provide program.

Name: Colette O'Connell

Title: Chief Development Officer

Signature

Date

ATTACHMENT A

PAST & PROJECTED CDBG-FUNDED PROGRAM ACCOMPLISHMENTS

Program Name: Transitional Housing Program (THP)

Do not use percentages
List actual number of unduplicated Costa Mesa residents served in past years or estimate number of unduplicated Costa Mesa residents to be served with requested CDBG funds

INCOME CATEGORY	2017-2018 ACTUAL NUMBER OF CM PERSONS SERVED	2018-2019 ACTUAL NUMBER OF CM PERSONS SERVED	2019-2020 PROJECTED NUMBER OF CM PERSONS TO BE SERVED	2020-2021 PROJECTED NUMBER OF CM PERSONS TO BE SERVED
MODERATE-INCOME 80% + MEDIAN INCOME				
LOW-INCOME 50%-80% MEDIAN INCOME				
VERY LOW-INCOME 30%-50% MEDIAN INCOME				
EXTREMELY LOW- INCOME 0%-30% MEDIAN INCOME	19	0	8	8
TOTAL	19	0	8	8 §

§ Total "Projected to be Served" should equal number of unduplicated Costa Mesa Residents to be served with CDBG grant funds listed previously in your application.

ATTACHMENT B
PROPOSED 2020-2021 PROGRAM BUDGET

Program Name: Transitional Housing Program (THP)

BUDGET CATEGORY	CDBG	OTHER	TOTAL
Agency Administration Staff Salaries & Benefits	\$	\$345,447.00	\$345,447.00
Program Staff Salaries & Benefits	\$5,000	\$823,500.00	\$828,500.00
Program Supplies	\$	\$	\$
Rent/Lease	\$	\$185,775.00	\$185,775.00
Communications	\$	\$69,500.00	\$69,500.00
Utilities	\$	\$135,800.00	\$135,800.00
Insurance	\$	\$42,878.00	\$42,878.00
Professional Services (Specify) Audit/prof. services	\$	\$41,500.00	\$41,500.00
Other (Specify) Shelter Supplies	\$5,000.00	\$58,300.00	\$58,300.00
Other (Specify) Supportive Services	\$5,000.00	\$388,450.00	\$393,450.00
Other (Specify) Operations	\$	\$175,950.00	\$175,950.00
Other (Specify) Shelter Main/Repair	\$	\$252,900.00	\$257,900.00
TOTAL	\$15,000.00	\$2,520,000.00	\$2,535,000.00

List Source of "Other" Program Funds to be use to Assist CM Residents

SOURCE OF OTHER PROGRAM FUNDS	AMOUNT OF OTHER PROGRAM FUNDS	FUNDS SECURED FOR FY 19-20 WITH A CONTRACT?
Federal	\$500,458.00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
State	\$386,308.00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Private, Corporate	\$996,983.00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Direct Public Fundraising	\$435,491.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other Earned	\$200,760.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
TOTAL	\$2,520,000.00	

ATTACHMENT C CDBG FUNDED PERSONNEL

CHECK BOX IF NOT APPLICABLE

LIST ONLY POSITIONS FOR WHICH YOU ARE REQUESTING CDBG FUNDING

AGENCY ADMINISTRATION

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
Case Manager	\$41,600.00	\$12,000.00	\$53,600.00	\$5,000.00	51.00%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM CONTRACT STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

ATTACHMENT D

COSTA MESA CDBG OUTCOMES WORKSHEET

This sheet is designed to help applicants for Costa Mesa CDBG funding better plan their program and identify their desired program goals and outcomes. It will not factor into the application process, but rather, can be used to help applicants think about their program.

Program Goal	Program Activities	Program Output	Indicator	Program Outcome	Target Population(s)
<i>Goals:</i> This is an overarching objective of what you are trying to achieve with your program. It should be as specific and clear as possible.	<i>Activities:</i> This describes the who, what, when & where of your program. What tasks/activities will be done in pursuit of the desired goal.	<i>Outputs:</i> This describes the intermediate step of what effort(s) your team exerted in pursuit of the outcome. This is often easily quantifiable (# of classes held, # of meals served, # of participants engaged, etc.)	<i>Indicators:</i> This measures progress “measures” or “benchmarks.” It answers the question: Are we on track to reach the outcome?	<i>Outcomes:</i> This describes the end result and impact on the target population. It answers the question: What would we expect to see as a result of the efforts (change in knowledge, behavior or community)?	Please identify which of the following high-priority populations your outcomes serve _ Homeless Services/ Fair Housing _ Youth Services _ Disabled Services _ Elderly/ Frail, Senior Services
Goal 1: 70% of women will graduate from our Transitional Housing Program and obtain permanent housing	Through our life skills meeting, obtaining full time employment, maintaining sobriety, and learning how to become a self-sufficient member of society.	Clients participate weekly in life skills program and drug and alcohol counseling (if applicable). Clients receive a minimum 2 hours and up to 8 hours as needed in case management per week.	The measurement tools we use to evaluate client success while in our program: -Increased Knowledge -Positive Change -Increased Skills -Improved Conditions -Issue Resolution -Increased Support System -Improved Physical, Mental, Emotional Health	In 2019, 211 women and children who left the program entered permanent housing. We provide follow up services for up to 6 months after client's graduation to facilitate a smooth transition towards autonomy and periodically check on all graduates.	-Homeless Services/Fair Housing
Goal 2: 70% of the women entering the program will find and sustain full time employment	Help clients gain employment within the first 30 days & then the case manager along with the client establish a budget & savings plan whereby 80% of discretionary income is placed in a savings account to ensure the financial means to continue stability upon program graduation	Clients have unlimited access to our Job Resource Center. Life Skills Classes include job skills and securing employment	-Increased Knowledge -Increased Skills -Increased Support System -Improved Physical, Mental, Emotional Health	In 2019, 86 women we served obtained and/or maintained employment. Our case managers, maintain and update our database which tracks all clients and their improvements.	-Homeless Services/Fair Housing
Goal 3: 100% of our clients gain knowledge and skills and develop behaviors to improve their life	Individual recovery or work plan is developed with clearly defined goals & objectives to overcome the challenges that caused client to become homeless. Case managers & clients hold weekly meetings to review & go through these goals, track improvements & set new goals.	Clients participate weekly in life skills classes. These classes address topics such as parenting, job skills, securing employment, financial budgeting and management, reunification with children, and substance abuse relapse prevention	-Increased Knowledge -Increased Skills -Increased Support System -Improved Physical, Mental, Emotional Health	Healing homeless women from substance abuse while keeping family together and improving other anti-social behaviors. There are benefits to this: reduced crime, decreased gang influence, increased neighborhood safety, reduced social services for children and family.	-Homeless Services/Fair Housing

CITY OF COSTA MESA
Community Development Block Grant

CONFLICT OF INTEREST QUESTIONNAIRE

Federal, state and city law prohibits employees and public officials of the City of Costa Mesa from participating in any transaction, on behalf of the City, in which they have a financial interest. Furthermore, CDBG program regulations also a conflict of interests among employees, agents, consultants, officers, or elected official/appointed official of a subrecipients. In order to assure compliance with this requirement, this questionnaire must be completed and submitted by each applicant for Community Development Block Grant (CDBG) funding. The purpose of this questionnaire is to determine if your agency staff or Board members perform functions or responsibilities that would be a conflict of interest with respect to the CDBG program. If necessary, detailed explanations may be provided on separate sheets of paper.

1. Is/are there any member(s) of your staff, Board of Directors, or other governing body, who is/are currently, or has/have been within one year of the date of this questionnaire, (a) a City of Costa Mesa employee or consultant, (b) a City Councilperson, (c) a board or commission member that has a direct influence on the use of CDBG funding?

Yes No

If yes, please list in the table below:

NAME	POSITION

2. Will the CDBG funds requested be used to pay the salaries of any of applicant's staff/person(s) who is/are, or has/have been within one year of the date of this questionnaire, a City employee, consultant, City Councilperson, board or commission member?

Yes No

If yes, please list the names(s) in the table below, and identify the City Department in which each person is employed:

NAME	CITY/DEPARTMENT

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a City employee, consultant, City Councilperson, board or commission member?

Yes No

If yes, please list the following:

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

4. Will the CDBG funds requested be used to award a contract or subcontract to any individual(s) who is/are currently, or has/have been within one year of the date of this questionnaire, a City of Costa Mesa employee, consultant, City Councilperson, board or commission member?

Yes No

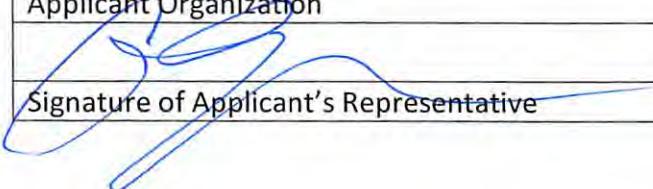
If yes, please provide person's name and/or company name:

Name:	Company:
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Certification

I certify that the above is true and correct. Additionally, I acknowledge that CDBG funds used for rent, leases, and purchases shall not benefit any employee, agent, consultant, officer, elected official or appointed official of the subrecipient. This prohibition includes transactions between the organization and a director, trustee, officer or key employee of the organization or his/her immediate family either directly or through corporations, trusts, or similar arrangements in which they hold a controlling interest.

If I become aware of any relationships described in paragraphs above, or should any such relationships come into being subsequent to the submission of this certification, I will provide notification to the City of Costa Mesa within 10 working days. Failure to do so may result in the forfeiture of grant funds, the repayment of grant funds already distributed, and possible exclusion from future funding opportunities.

Colette's Children's Home	1/21/2020
Applicant Organization	Date
	Development Officer
Signature of Applicant's Representative	Title

COLETTE'S CHILDREN'S HOME

7372 PRINCE DRIVE, SUITE 106, HUNTINGTON BEACH, CA 92647

TELEPHONE (714) 596-1380 FAX (714) 848-1866

WWW.HEALINGHOMELESSNESS.ORG

TRANSITIONAL HOUSING INTAKE PACKAGE

March 2019



DEMOGRAPHIC INFORMATION

LAST NAME FIRST MIDDLE

SOCIAL SECURITY (Last Four Only) DATE OF BIRTH

DRIVER'S LICENSE NO. EXPIRATION

DATE / DAY IN HOUSE

WHERE DID YOU STAY LAST NIGHT? HOW LONG HAVE YOU BEEN HOMELESS?

LAST PERMANENT ADDRESS

REFERRING AGENCY ADDRESS/PHONE NUMBER

EMAIL ADDRESS

EMERGENCY NAME, ADDRESS, PHONE NO., RELATIONSHIP TO YOU

CURRENT EMPLOYER NAME, PHONE NUMBER, & SUPERVISOR'S NAME

SOCIAL WORKER'S NAME, PHONE NUMBER & OFFICE LOCATION

PROBATION OR PAROLE OFFICER'S NAME, OFFICE AND PHONE NUMBER

SPONSOR'S NAME, PHONE NUMBER

ADDICTION & LENGTH OF SOBRIETY



DECLARATION OF HOMELESSNESS STATUS

Third-party verification is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for assistance; then outreach worker observation; client self-certification is only permitted third party verification cannot be obtained.

*T=Third Party / O=Observation / S=Self-certification

	Indicate Verification Type T/O/S*
First Priority for Emergency/Transitional	
Situation 1	
<input type="checkbox"/> An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning	
Check one of the following	
<input type="checkbox"/> An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. (T-not required for emergency shelter or street outreach)	
<input type="checkbox"/> An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals)	
<input type="checkbox"/> An individual who is exiting an institution where he or she resided for 90 days or less AND who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution. (O-not allowed)	
	Indicate Verification Type T/O/S*
Eligible for ER/TR	
Situation 2	
<input type="checkbox"/> An individual or family who will imminently lose their primary nighttime residence, provided that:	
The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance AND	
No subsequent residence has been identified AND	
The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing	
Safety should never be put at risk in order to obtain documentation under this situation. If the provider is a DV provider self-certification sufficient. For non-DV providers, if there is no threat of safety supporting verification should be provided.	Indicate Verification Type T/O/S*
Eligible for ER/TR	
Situation 4-	
<input type="checkbox"/> Any individual or family who	
Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence AND	
has no other residence AND	
lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing	

DECLARATION OF HOMELESSNESS STATUS Cont.

Staff Certification (in case of self-certification)

I understand that third-party verification is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

Describe in detail efforts made for Third Party verification and attach documentation behind this form (email, phone logs, etc...)

Staff Signature: _____ Date: _____

Staff name: _____

Initial to indicate that third party verification is attached.	
---	--

Applicant Name: _____

I certify, under penalty of perjury, that following information is true and complete:

Applicant Signature: _____ Date: _____

Section A. Homeless Status

A-1 Status at time of intake:

- 1. Living on the street (outreach or drop-in services only)
- 2. Coming from living on the street (and moving into a place meant for human habitation)
- 3. Coming from an emergency shelter
- 4. Coming from a Transitional housing for homeless persons
- 5. Being evicted from a private dwelling
- 6. Coming from a short-term stay (up to 30 consecutive days) in an institution, previously homeless
- 7. Being discharged from a longer stay in an institution
- 8. Fleeing domestic violence

Section B. Documentation

The following documentation is required for the status chosen above:

- 1. A signed and dated general certification from an outreach worker verifying that the services are going to homeless persons, and indicates where the persons served reside.
- 2. Staff should provide written information obtained from third party regarding the participant's whereabouts and then sign and date the statement.
- 3. Written referral from the agency
- 4. Written verifications to include program residency and homeless status prior to program entry
- 5. Documentation of income, efforts to obtain housing, why participant would be on street and either documentation of formal eviction proceeding or statement from family evicting participant
- 6. Written verification from the institution's staff that the participant has been residing in the institution for less than 31 days and information on the previous living situation
- 7. Written verification from the institution of discharge within one week of receiving homeless assistance and documentation of income, efforts to obtain housing, and why person would be homeless without assistance
- 8. Written, signed, dated verification from the participant.

Section C. Certification

I am applying for services from Colette's Children's Home. I certify that I meet on of the above conditions qualifying me for this program. I understand that providing false information may result in immediate discharge from the program.

Section D. Client Signature

Signature: _____

Date: _____



MEDICAL HISTORY INFORMATION

Name	Age	Date of Birth
------	-----	---------------

Child's Name	Age	Date of Birth	Social Security Number
--------------	-----	---------------	------------------------

Child's Name	Age	Date of Birth	Social Security Number
--------------	-----	---------------	------------------------

Child's Name	Age	Date of Birth	Social Security Number
--------------	-----	---------------	------------------------

Child's Name	Age	Date of Birth	Social Security Number
--------------	-----	---------------	------------------------

TB TEST/DATE:	HIV TEST/DATE
---------------	---------------

LIST ENTIRE MEDICAL HISTORY: Please identify any medical conditions, past or present, encountered by yourself or your children. Please explain any ongoing treatment as related to these conditions.

LIST PRESCRIBED MEDICATIONS: Please identify all prescribed medications, past or present, that you or your children are taking.

ALLERGIES: Please identify all known allergies for you or your children.

ADDICTIONS: Please list all substance addictions or use, either past or present.

Length of Addiction: _____
Drug of choice: _____
Age of first drug use: _____
Age of first alcohol use: _____
Method of ingestion: _____
Length of sobriety: _____
Other drugs used: _____

EMERGENCY CONTACTS: Please list contacts in the case of an emergency

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP TO YOU
------	---------	--------------	---------------------

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP TO YOU
------	---------	--------------	---------------------

MEDICATIONS:

I understand that each individual is responsible for the following policies;

- Medication is locked and kept out of the reach of children and other residents.
- Each individual assumes full responsibility for the medical care for one's self and children.
- Each individual will research, take initiative, and follow through with all medical needs including physician's visits when necessary.
- Each individual will notify staff of any communicable disease.

I declare the above to be accurate/true and authorize any Colette's Children's Home associate to take action in any medical emergency. I authorize CCH staff to call any medical facility in any emergency and will assume full responsibility with waiver of any or all claims regarding liability towards any Colette's Children's Home associate, founder director, and/or staff.

Client Signature

Date



ADMISSION AGREEMENT

- I accept total and complete liability for myself and my children at all times throughout my stay at Colette's Children's Home.
- I agree to attend weekly life skills classes and case management meetings.
- I agree to supervise my children at all times during my stay in the program.
- I waive all 'notice to pay rent or quit' rights and will leave immediately if I am asked to do so.
- I understand that although CCH is providing housing to me and my children that this is not a traditional landlord/tenant relationship. I understand that I am entering a program and that in order to remain in the program I must remain in compliance with all program rules and follow the direction of my Case Manager.
- I understand that if I receive three strikes in any given area of my program I will be exited from the program and will have to leave immediately.
- I understand that if I break any of the policies that CCH has deemed a zero tolerance towards that I will be asked to leave the program immediately.
- I authorize the calling of police to assist in my exit if deemed necessary.
- I agree to only bring in as much of my necessary belongings that I can keep neatly organized in the space I am provided.
- I acknowledge that Colette's Children's Home will not be held responsible for any valuables brought into the shelter sites.
- I authorized CCH to throw away or donate any items I leave behind for more than 15 days after I have left the program.
- I understand that I will be responsible for monthly rent that will be assessed on a sliding scale.
- I agree to pay the monthly rent that is assessed for me by the 5th of each month.
- I understand that no refunds will be given on rent in the event that I leave the program before the end of the month.

By signing below I am acknowledging and agreeing to comply with the above agreement

Client Signature

Date

Staff Signature

Date



ABSTINENCE CONTRACT

This agreement documents the terms and conditions agreed to by the undersigned and attests to her decision to abstain from the use of alcohol and/or mood altering chemicals.

The undersigned recognizes and accepts the following:

- A. I have a drinking or drug problem, or both.
- B. Unaided, I am unable to stop drinking and/or using.
- C. I recognize and accept the problem, and will do whatever is required of me to remedy the problem.
- D. I accept that an on-going recovery program will be a part of my recovery.
- E. This process will be pursued one day at a time and will be based on my daily decision not to drink or use chemicals.
- F. I recognize and accept that my drinking and using is symptomatic of much more deeply seated problems. Those are the problems I will deal with in an ongoing recovery program.
- G. Included in my options for recovery are:
 - i. Alcoholics, Narcotics, or Cocaine Anonymous
 - ii. Professional Counseling
 - iii. Group Therapy
 - iv. Treatment Center After-Care
 - v. Church Groups
- H. I accept that I can succeed on a one day at a time basis.
- I. I accept my problem as my own and that I am responsible for me and my decision to recover.
- J. I will contact someone before I drink or use, (A member of A.A./N.A./C.A., a minister, a counselor, or a sponsor.)
- K. I recognize that willingness, honesty, and open-mindedness are necessary prerequisites to my recovery.

NOTE: If you do not have a drug or alcohol problem then by signing below you are agreeing to abstain from using/drinking while residing in the program/shelter and submit to random drug testing throughout your stay.

Client Signature

Date



PROGRAM RULES

The program rules have been established for the safety and security of our residents and their children.

ZERO TOLERANCE POLICY TOWARDS DRUG / ALCOHOL USE

- Any use of drugs or alcohol while residing in the program, either on or off the premises will be cause for your stay to be immediately terminated.
- Any suspicion of drug or alcohol use by another resident will be immediately reported to staff.
- Drug testing will be randomly conducted with a staff member present and may be done at any time during your stay.
- Refusal to test will be considered a positive test and will be cause for your stay in the program to be terminated.
- Any prescribed medication will be kept locked up and out of the reach of children. A copy of any prescribed medication will be provided to staff before taking the medication.
- Prescribed medications must be taken according to the prescribed amount and may be monitored by staff.
- **No narcotic medications are allowed.** Do not eat any products containing poppy seeds as this can cause you to test positive for opiates.

MEDICAL / MENTAL HEALTH POLICY

- Staff will be immediately notified of any contagious diseases/infections that are contracted during your stay in the program.
- Mental health assessments, counseling, and self-help meetings may be required as a part of your individualized service plan.

RESPECTING THE RIGHTS OF OTHERS

- No congregating or socializing in front of any of the sites.
- CCH strives to be good neighbors to our surrounding community. You are expected to do your part in ensuring that both the interior and exterior of the site where you reside at is well kept.
- You are only permitted inside the room you are assigned to. Do not enter another resident's bedroom.
- Do not touch or borrow other resident's belongings.
- Keep the volume on televisions, radio and conversations at a low level.
- Turn off lights/appliances before going to sleep or leaving the premises.
- Be respectful to other residents, staff members and volunteers at all times.

CONFIDENTIALITY POLICY

- The confidentiality of every client is of the greatest importance. No information will be given to anyone regarding another resident.

Initial & Date Here



- Confidential information includes, but is not limited to; names, telephone numbers, information about services provided, financial information, and/or social circumstances
- All personal conversations and telephone calls requiring privacy will be honored by all clients.
- Any known breach of confidentiality will be cause for program participation termination.

VISITOR POLICY

- **Any unauthorized visitors on the premises will result in immediate program participation termination.**

PROGRAM MEETING POLICY

- Mandatory weekly case management sessions will be scheduled with your Case Manager.
- Mandatory weekly Life Skills Meetings occur on Tuesday and Thursday evenings depending on which site you are residing at. These meetings are mandatory and may only be excused if you are working or attending a court ordered class.
- It is important that you are on time and participate in the Life Skills Meetings.
- It is important to remain in communication and inform your Case Manager ahead of time of any need to reschedule appointments.

WEAPONS / VIOLENCE POLICY

- There are no weapons allowed onsite.
- Any violence or threats of violence towards other residents, staff members or volunteers will be cause for your stay in the program to be immediately terminated.

TELEPHONE POLICY

- Phone calls on the house phone must be limited to 10 minutes.
- Any phone messages must be given to other residents in a respectful and timely manner.
- Respect other clients' confidentiality by not giving out ANY information to callers. (This includes whether or not a client may be residing in the program).
- Do not use the home phone to call 411.

THEFT POLICY

- Stealing will be cause for the immediate termination of your stay in the program.
- Colette's Children's Home waives any responsibility and liability in cases of property theft and/or damage to my personal belongings.

Initial & Date Here



- Children who are not attending school will need to have a doctor's note to excuse the absence.
- Children may not be left alone at the shelter at any time regardless of their age.

EMPLOYMENT POLICY

- Employment must be found and started within 30 days of entering CCH. Employment must consist of a minimum of 32 hours a week. A company schedule and paycheck stub must be provided once employment begins. No under the table jobs will be allowed.

SMOKING

- Smoking is not permitted on the property at any time. This includes patios, backyards and in front of the property.
- Smoking inside of a unit will be cause for your stay in the program to be immediately terminated.
- **No burning of candles or incense at any time.**

GOOD NEIGHBOR POLICY

- Colette's Children's Home strives to be a good neighbor in each of the neighborhoods we are located in.
- We do this through your cooperation in extending consideration to our neighbors by keeping the exterior of the house well- kept and the noise level to a minimum.
- There is no congregating allowed in front of any shelter location.
- We ask that you only call the police or fire department out in the case of a true emergency. If you are unsure as to whether your situation is an emergency please consult with the Volunteer House Manager or your Case Manager before calling.
- If the police or fire department is called out to the site you are responsible for reporting this to staff immediately.

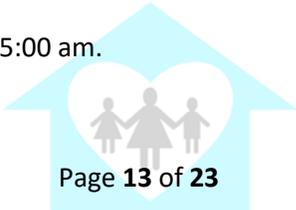
CLEANLINESS POLICY

- Bedroom, kitchen, bath, and living room areas will be kept clean and neat at all times.
- Clients will actively participate in the maintenance of the home.
- Chores are assigned and rotate weekly. It is expected that you will complete a thorough cleaning each weekend when chores rotate and maintain your chore daily.

CURFEW POLICY

- **Curfew is 11:00 PM nightly.**
- You must be inside your unit by 11:00 PM and may not leave again until 5:00 am.

Initial & Date Here



GRIEVANCE POLICY

- In accordance with 24 CFR 583.300 (i) I understand that Colette’s Children’s Home may terminate assistance to participants who violate program requirements.
- I understand that if my assistance is terminated, I have the right to a review process that recognizes my rights as an individual receiving assistance.
- I understand that if I have a grievance, I may request a review by following the Grievance Procedure as outlined on pages 18 and 19 of the Transitional Housing Program Participant Handbook.

ADHERENCE TO POLICY AGREEMENT

- I understand that if I violate the policies as outlined in **Colette's Children's Home** House Rules Agreement Form that I may be terminated from the program may be requested to leave without incident.
- I agree to abide by **all** House Rules realizing that they have been established for the courtesy, safety, security, and respect of all.
- I understand that falsifying any information prior to and during my stay at Colette’s Children’s Home may be grounds for immediate termination of my stay.
- I understand that should this agreement be modified in any way that I will be notified. In its replacement, a new agreement will be signed/dated and witnessed by another staff member.
- My signature below represents my complete and full understanding of the policies set forth. I acknowledge having been given signed copies of the policies I agree to have read and understood completely.

Client Signature

Date

Witness Signature

Date

SAVINGS AND BUDGETING

As a resident of our program, your Case Manager will be assisting you on a monthly basis with the budgeting of your income and implementing a savings program for you. Your personal budget allocates your income towards expenses, savings, and rent. This process will ensure that your monthly bills are paid while allowing you the opportunity to save a large portion of your income for your future.

Our program requires that you **save 80% of your adjusted income every month**. Your adjusted income is your total income after expenses are paid. Your Case Manager will review with you in detail what your adjusted income is and the 80% that will be put into savings for you.

When the amount of your savings has been determined, you must provide your Case Manager with a check or money order made out to Colette's Children's Home for that amount by the end of the month. We will deposit your savings into the bank for you. Your Case Manager will complete a savings log showing your total amount of savings, and give you a copy for your records. You will not be allowed to spend your savings while you are with us unless there is an emergency that is approved by your Case Manager. When you are ready to move from our program, we will provide you a check for the total amount of your savings within 48 hours of notice that you are leaving. You and your Case Manager will sign a statement showing the amount of your savings being returned, and the date your savings was returned to you.

Along with the monthly budgeting and savings process, you may be assessed a monthly rent. By law, the monthly rent that could be assessed is 30% of your monthly adjusted income, however, Colette's Children's Home monthly **rent is assessed at 15% of your monthly adjusted income**. This is because we want you to have the opportunity to save as much money for your future as you can while you are with us. Your Case Manager will review in detail how your rent is calculated, what income is excluded, and when your rent will begin. Once rent is assessed, you will provide your Case Manager with a check or money order in that amount made out to Colette's Children's Home. You must provide your rent to your Case Manager by the fifth day of the month. You will be given a rent receipt for your records.

I have read, understand, and will comply with Colette's Children's Home budgeting, savings, and rent assessment program.

Client Signature

Date



CONSENT FOR RECEIVING AND RELEASING CONFIDENTIAL INFORMATION

I, _____, authorize
Your Name *SS# (Last 4 only)* *DOB*

Colette's Children's Home to receive and to disclose information about me to the following:
(if applicable)

- Department of Social Services
- Departments of Probation and Parole
- HMIS
- Childcare Providers
- Rescare
- Educational employees (i.e., teachers, principals, teacher's aides),
- Counselors, Therapist, Psychiatrist, or Medical Doctors
- Police Department
- Drug Court Advocates
- Housing and Urban Development
- Mariposa Family Center
- Family members
- Other agencies as needed or required

Pertinent information will be received or given by verbal communication or written documentation.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: Twelve (12) months (365 days) or _____ from today. (Specifically of date, event, or condition upon which consent expires.)

Client Signature

Date

Witness Signature

Date



GRIEVANCE POLICY

Colette's Children's Home operates under a '3 Strike Policy' regarding its Program Rules and Regulations.

Areas of program violations include but are not limited to:

1. Chores / Cleanliness
2. Curfew Violation
3. Life Skills Meeting
4. Disruptive Behavior / Foul Language
5. Savings/Rent
6. Supervision of Children

Each area of violation can allow for a verbal or written warning but will be at the discretion of the Case Manager. To be assured that policies and procedures of Colette's Children's Home are firmly upheld and adhered to, a written notice termed as a 'strike' will be issued for any further violations. The purpose of a strike is to reinforce the written rules and regulations of Colette's Children's Home, to preserve program integrity and fairness, and for the greater good of all program participants. Strikes are issued by leading members of staff, i.e., Case Manager and/or Director. Receiving three strikes for program violations will be cause for terminating a participant's stay in the program.

If a participant has a petition or grievance regarding a strike issued to them, the participant must reply in writing to either the Case Manager or the Director within seven days. The petition will be reviewed by the Case Manager and the direct Supervisor. There will be an investigation whereby the case will be reviewed. The participant will be notified of the review and the outcome within five business days. Policies will be applied accordingly. Colette's Children's Home Grievance Procedure applies to all participant complaints and petitions that may or may not relate to a strike being issued.

Client Signature

Date



Colette's Children's Home
Photo, Video and Success Story Release

Photo Release

I, _____, give Colette's Children's Home my permission to use pictures/video of me and my children for publications, mailings, newsletters and/or potential funding sources.

Signature

Date

Success Story Release

I, _____, give Colette's Children's Home permission to publish a success story about me including my name and history if they see fit to do so.

Signature

Date

FINANCIAL INFORMATION

Please list all current sources and amount of income:

\$ _____	Employment
\$ _____	Welfare Assistance
\$ _____	Child Support
\$ _____	Student Loan
\$ _____	Food Stamps
\$ _____	S.S.I
\$ _____	Unemployment
\$ _____	Other
\$ _____	Total Income

If your family is currently receiving help from social services, please list your eligibility workers name and numbers: _____

Please list any outstanding debts that your family has incurred:

Credit Card _____	Balance _____	Due _____
Credit Card _____	Balance _____	Due _____
Loans _____	Balance _____	Due _____
Loans _____	Balance _____	Due _____
Bills _____	Balance _____	Due _____
Bills _____	Balance _____	Due _____
Bills _____	Balance _____	Due _____
Bills _____	Balance _____	Due _____
Child Support _____	Balance _____	Due _____

Do you own a car? Yes No Are you making a car payment? Yes No

If yes, how much do you pay a month \$ _____ Do you have car insurance? Yes No

Insurance Provider _____ Expiration _____ Premium \$ _____

Make, model, and license plate number:



EMPLOYMENT INFORMATION

Certifications or Vocation Training:

Past positions held:

Please list your current employer:

What is your current rate of pay? _____

How long have you been with the company? _____

Have you ever been fired from a job?

_____ Yes _____ No

If yes, explain _____

How many jobs have you worked in the last two years? _____

Company _____ Address _____

Job Title/Position _____ Phone _____

Dates of employment _____ Reason for Leaving _____

Company _____ Address _____

Job Title/Position _____ Phone _____

Dates of employment _____ Reason for Leaving _____

What level of education did you complete?

_____ GED _____ Some college – Approximate # units _____

_____ High School Diploma _____ Trade School – Type of Training _____

_____ AA Degree _____ Other

Have you are any of your family members been diagnosed with a learning disorder? _____ Yes _____ No

If yes, please describe _____



LEGAL INFORMATION

Do you have an open case with Social Services? Yes _____ No _____

If yes, please explain: _____

Social Worker's Name _____ Phone # _____

Office location: _____ Dasu Worker _____

Do you have any outstanding warrants? Yes _____ No _____

If yes, please list for what offense and at what court:

Have you ever been convicted of a crime? Yes _____ No _____

If yes, please list the type of crime(s), date of arrest(s), and city arrest(s):

Have you ever been in jail Yes _____ No _____

If yes, please list date served and which Jail(s):

Are you currently on probation or parole? Yes _____ No _____

If yes, please list your officer's name, address, and phone:

I hereby certify that all the information stated herein is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature

Date

Witness

Date

STATISTICAL DATA

Intake Coordinator please complete this page and return to Program Manager

Name _____

Date Of Birth _____

Ethnicity Hispanic _____ Non Hispanic _____ Race _____

Chronically Homeless Yes _____ No _____ CM Initial _____

Rescare Eligible Yes _____ No _____ CM Initial _____

Number of Children (entering program) _____ Ages _____

Last City Resided in _____ Zip Code _____

Social Security Number _____

Date of Entrance _____

Site/Unit _____

Case Manager _____

Currently Employed _____ Date of last employment _____

History of Domestic Violence _____ History of substance abuse _____

Last Grade Completed _____ Support System in place _____

Mental Health Issues _____ Transportation _____

Prior Incarceration _____ Photo Release Signed _____

Probation # A _____ Calworks ID _____

Where did you sleep last night _____



CDBG CLIENT ELIGIBILITY CERTIFICATION

Subrecipient Name: _____

Fiscal Year: _____ **Project Name:** _____

Beneficiary's Name: _____

Address: _____

City _____, CA **Zip Code** _____

1. **Sex:** Male Female 2. **Homeless** Yes No

3. **Disabled:** Yes No

Household Size	Gross Annual Income			
	Category 1	Category 2	Category 3	Category 4
<input type="checkbox"/> 1	<input type="checkbox"/> \$19,500 or less	<input type="checkbox"/> \$19,501 to \$32,550	<input type="checkbox"/> \$32,551 to \$52,050	<input type="checkbox"/> \$52,051 & above
<input type="checkbox"/> 2	<input type="checkbox"/> \$22,300 or less	<input type="checkbox"/> \$22,301 to \$37,200	<input type="checkbox"/> \$37,201 to \$59,450	<input type="checkbox"/> \$59,451 & above
<input type="checkbox"/> 3	<input type="checkbox"/> \$25,100 or less	<input type="checkbox"/> \$25,101 to \$41,850	<input type="checkbox"/> \$41,851 to \$66,900	<input type="checkbox"/> \$66,901 & above
<input type="checkbox"/> 4	<input type="checkbox"/> \$27,850 or less	<input type="checkbox"/> \$27,851 to \$46,450	<input type="checkbox"/> \$46,451 to \$74,300	<input type="checkbox"/> \$74,301 & above
<input type="checkbox"/> 5	<input type="checkbox"/> \$30,100 or less	<input type="checkbox"/> \$30,101 to \$50,200	<input type="checkbox"/> \$50,201 to \$80,250	<input type="checkbox"/> \$80,251 & above
<input type="checkbox"/> 6	<input type="checkbox"/> \$32,350 or less	<input type="checkbox"/> \$32,351 to \$53,900	<input type="checkbox"/> \$53,901 to \$86,200	<input type="checkbox"/> \$86,201 & above
<input type="checkbox"/> 7	<input type="checkbox"/> \$34,550 or less	<input type="checkbox"/> \$34,551 to \$57,600	<input type="checkbox"/> \$57,601 to \$92,150	<input type="checkbox"/> \$92,151 & above
<input type="checkbox"/> 8	<input type="checkbox"/> \$36,800 or less	<input type="checkbox"/> \$36,801 to \$61,350	<input type="checkbox"/> \$61,351 to \$98,100	<input type="checkbox"/> \$98,101 & above

4. **First check your household size. Then read across and check the box on the same row that applies to your household's gross annual income. (Gross annual income is income from all sources before taxes.)**

Source: U.S. Department of Housing and Urban Development 2008 Income Limits effective April 2008. Income Limits are subject to change.

5. **Ethnicity and Race ②**

Ethnicity (Check one.)

Hispanic or Latino Yes No

Race (Check one.)

RACE	Single Race Categories or Multiple Race Categories										TOTAL
	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native <i>and</i> White	Asian <i>and</i> White	Black or African American <i>and</i> White	American Indian or Alaska Native <i>and</i> Black or African American	Other Multiple Race	
Costa Mesa Resident											
Non-Costa Mesa Resident											

According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. I, the undersigned, hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested to do so.

Applicant's Signature _____

Date _____

Agency approval: _____

Date: _____

Orange County
Adult Alcohol and Drug Sober Living Facilities Certification
“Voluntary Resident” Criminal History Waiver

In order to help safeguard residents, staff, visitors, and neighbors, each certified sober living facility shall have and adhere to written criteria for resident selection. Prospective residents will be advised of the criteria prior to admittance, and be offered referrals to non-certified facilities when appropriate. This form will be used to ask each prospective resident if he/she has ever been convicted of any crimes specified in Section 138 of the Certification Guidelines (Also refer to sec. 153). If the prospective resident claims not to have been convicted of any such crimes, he/she shall certify on this form that he/she has never been convicted of any of the crimes specified in Section 138 of the Certification Guidelines. No certified facility shall accept as a resident a person who discloses a conviction for any of the crimes specified in Section 138 of the Certification Guidelines.

The criminal convictions listed in Section 138 are:

- Sex offenses for which the person is required to register as a sex offender under California Penal Code section 290;
- Arson offenses – Violation of Penal Code sections 451, 451.1, 451.5, 452, 452.1, 453, 454, or 455;
- Violent felonies, as defined in Penal Code section 667.5, which involve doing bodily harm to another person.
- Resident may not be an active member of or participate in the criminal activities of a prison gang and/or criminal street gang, as defined in Penal Code section 186.22(f).

Date this form was completed: _____

Resident's Full Name: _____

List any other names used: _____

Date of Birth: _____ Social Security #: _____

I swear under penalty of perjury that the forgoing is true and correct:

Resident's Signature: _____ Date: _____

Name of the Staff Member accepting this form: _____

* This form shall be maintained in the resident's file and is not sent to the Certification Coordinator.

Orange County Continuum of Care

HMIS Client Consent form

Welcome to the Orange County Continuum of Care, and a project participating in the Orange County HMIS (OC HMIS)! HMIS stands for **H**omeless **M**anagement **I**nformation **S**ystem, and it is a secure database used to collect and store information about clients served at this agency.

In Orange County, all agencies that participate in entering client data in HMIS share that data with each other. This means that if you complete a program participating in the OC HMIS and later need assistance at another program that also participates in the OC HMIS, staff at the second agency will search for your name and find your profile. Then you will be asked to confirm your existing information in HMIS (like your name, date of birth, and social security number). The second agency will be able to see what kind of services you've received in the past.

If you would like to see the list of the agencies that participate in the OC HMIS, please visit ochmis.org > [About HMIS > Contributing Agencies](#) or ask the agency you are receiving services from for a list of the [Agencies Currently Contributing data to HMIS](#). Please note that the list of agencies contributing data to HMIS can change frequently and without notice, and therefore the website should be consulted for the most recent list.

Because the OC HMIS contains such sensitive data Orange County takes your privacy very seriously. **The following protections for your data are in place:**

- Individual client data is only viewable by qualified staff at each participating agency.
- In order to participate in the OC HMIS, leaders at each agency must sign an Agency Agreement that includes a commitment to protecting client data and maintaining confidentiality.
- In order to use HMIS, agency staff must pass multiple trainings that each go over the importance of client privacy.
- The OC HMIS is hosted on a secure server and data is encrypted. This means that anyone attempting to "hack into" HMIS will only see gibberish, never any client data.

What information is shared in the HMIS database?

We share both Protected Personal Information (PPI) and general information obtained during your intake and assessment, which may include but is not limited to:

- Your name and your contact information
- Your social security number and date of birth
- Your basic demographic information such as gender and race/ethnicity
- Your history of homelessness and housing (including your current housing status, and where and when you have accessed services)
- Your *self-reported* medical history and disability status, including mental and physical health concerns, substance abuse history, and HIV/AIDS status
- Your case notes and services
- Your income sources and amounts; and non-cash benefits
- Your veteran status
- Information about other members of your household
- Your *self-reported* history of domestic violence
- Your photo (optional)

By signing this form, you understand the following:

- You have the right to receive services, even if you do not sign this consent form. Providers may not refuse to provide you with services based on your refusal to sign this form.
- You have the right to receive a copy of this consent form for your records.

If you feel any of your rights outlined in this document have been violated, please contact (714) 589-2360.

- Your consent permits any participating organization to add to or update your information in HMIS, without asking you to sign another consent form. This consent form is valid for seven (7) years after the signature date.
- You may revoke your consent at any time, but your revocation must be provided either in writing or by completing the Revocation of Consent form. The agency you are receiving services from must make this form available to you if you ask, and it should be out and available for you to take from the office or facility you receive services from. Upon receipt of your revocation, we will remove your PPI from the shared HMIS database and prevent further PPI from being added. The PPI that you previously authorized to be shared cannot be entirely removed from the HMIS database and will remain accessible to the limited number of organization(s) that provided you with direct services.
- Participating agencies are required to post a Privacy Notice at each location where intakes are completed. You should be able to see this notice, which contains more detailed information about how your information may be used and disclosed. You have the right to receive a copy of this notice for your records.
- You have the right to request, in writing, the following pieces of information within five (5) business days of your request:
 - A correction of inaccurate or incomplete PPI
 - A copy of your consent form
 - A copy of your HMIS record (agency staff must review this information with you if you request such a review so that you can fully understand the information presented to you and how it is used)
 - A current list of participating agencies that have access to HMIS data
- Aggregate or statistical data that is released from the HMIS database will not disclose any of your PPI.
- You have the right to file a grievance against any organization whether or not you sign this consent. The Client Grievance Form should be out and available for you to take from the office or facility you receive services from.
- You are not waiving any rights protected under Federal and/or California law.

SIGNATURE AND ACKNOWLEDGEMENT

Your signature indicates that you have read (or been read) this client consent form, have received answers to your questions, and you freely consent to have your information, and that of your minor children (if any), entered into the HMIS database. You also consent to share your information with other participating organizations as described in this consent form.

Client Name: _____ DOB: ___/___/___

Signature: _____ Date Signed: ___/___/___

Minor Children (if any):

Name: _____ DOB: ___/___/___ Name: _____ DOB: ___/___/___

Name: _____ DOB: ___/___/___ Name: _____ DOB: ___/___/___

Agency Staff Signature:

Agency Staff Name: _____ Agency Staff Signature: _____

Agency Name: _____ Date: ___/___/___

OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

PROJECT ENROLLMENT

PROJECT NAME											
PROJECT START DATE	<table border="1"> <tr> <td></td><td></td><td>—</td><td></td><td></td><td>—</td><td></td><td></td><td></td><td></td> </tr> </table>			—			—				
		—			—						
HOUSING MOVE-IN DATE <i>(For PSH, PH with no disability requirement, and RRH Projects: Record the date a client or household moves into a permanent housing unit)</i>	<table border="1"> <tr> <td></td><td></td><td>—</td><td></td><td></td><td>—</td><td></td><td></td><td></td><td></td> </tr> </table>			—			—				
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LIVING SITUATION for Street Outreach, Emergency Shelter, or Safe Haven project types

Type of Residence 3.917A <i>(Type of living arrangement on the night before entering this project)</i>		
HOMELESS SITUATION		
<input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing	
INSTITUTIONAL SITUATION		
<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	
TRANSITIONAL & PERMANENT HOUSING SITUATION		
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy	<input type="checkbox"/> Rental by client, with other housing subsidy (including RRH) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment, or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
Length of Stay in Prior Living Situation <i>(How long ago did the client start staying in that Type of Residence)</i>		
<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

If Client's Type of Residence is any of the Institutional Situation options:

Length of Stay Less than 90 days? <i>(Indicate if the stay in the institutional setting they lived in immediately prior to project entry was less than 90 days)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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If 'Length of Stay Less than 90 days' is YES

On the night before – stayed on streets, ES or Safe Haven? <i>(On the night before the client's stay of less than 90 days in an institutional setting were they on the streets, in an Emergency Shelter, or in a Safe Haven?)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Approximate Date Homelessness Started <i>(Approximate date the client's current episode of homelessness began)</i>
____/____/_____

OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

Number of times the client has been on the streets, in ES, or Save Haven in the past three years including today <i>(Regardless of where they stayed last night)</i>		
<input type="checkbox"/> One time	<input type="checkbox"/> Three times	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Two times	<input type="checkbox"/> Four or more times	<input type="checkbox"/> Client refused
<input type="checkbox"/> Data not collected		
Total number of months homeless on the streets, in ES, or SH in the past three years		
<input type="checkbox"/> One month (this time is the first month)	<input type="checkbox"/> Six Months	<input type="checkbox"/> Eleven Months
<input type="checkbox"/> Two Months	<input type="checkbox"/> Seven Months	<input type="checkbox"/> Twelve Months
<input type="checkbox"/> Three Months	<input type="checkbox"/> Eight Months	<input type="checkbox"/> More than 12 months
<input type="checkbox"/> Four Months	<input type="checkbox"/> Nine Months	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Five Months	<input type="checkbox"/> Ten Months	<input type="checkbox"/> Client refused
<input type="checkbox"/> Data not collected		

LIVING SITUATION for project types other than Street Outreach, Emergency Shelter, or Safe Haven

Type of Residence 3.917B <i>(Type of living arrangement on the night before the entry into the project)</i>	
HOMELESS SITUATION	
<input type="checkbox"/> Place not meant for human habitation	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Interim Housing
INSTITUTIONAL SITUATION	
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Long-term care facility or nursing home
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Substance abuse treatment facility or detox center
TRANSITIONAL AND PERMANENT HOUSING SITUATION	
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client, with other housing subsidy (including RRH)
<input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Owned by client, with ongoing housing subsidy	<input type="checkbox"/> Staying or living in a family member's room, apartment, or house
<input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Rental by client, no ongoing housing subsidy	<input type="checkbox"/> Transitional housing for homeless persons
<input type="checkbox"/> Rental by client, with VASH housing subsidy	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Rental by client, with GPD TIP subsidy	<input type="checkbox"/> Client refused
<input type="checkbox"/> Data not collected	
Length of Stay in Prior Living Situation <i>(How long ago did the client start staying in that Type of Residence)</i>	
<input type="checkbox"/> One night or less	<input type="checkbox"/> One month or more, but less than 90 days
<input type="checkbox"/> Two to six nights	<input type="checkbox"/> 90 days or more, but less than one year
<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> One year or longer
<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Client refused	
<input type="checkbox"/> Data not collected	

If Client's Type of Residence is any of the Homeless Situation options:

Approximate Date Homelessness Started <i>(Approximate date the client's current episode of homelessness began)</i>
____/____/_____
Number of times the client has been on the streets, in ES, or Save Haven in the past three years including today <i>(Regardless of where they stayed last night)</i>
<input type="checkbox"/> One time
<input type="checkbox"/> Two times
<input type="checkbox"/> Three times
<input type="checkbox"/> Four or more times
<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused
<input type="checkbox"/> Data not collected

OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

Total number of months homeless on the streets, in ES, or SH in the past three years		
<input type="checkbox"/> One month (this time is the first month)	<input type="checkbox"/> Six Months	<input type="checkbox"/> Eleven Months
<input type="checkbox"/> Two Months	<input type="checkbox"/> Seven Months	<input type="checkbox"/> Twelve Months
<input type="checkbox"/> Three Months	<input type="checkbox"/> Eight Months	<input type="checkbox"/> More than 12 months
<input type="checkbox"/> Four Months	<input type="checkbox"/> Nine Months	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Five Months	<input type="checkbox"/> Ten Months	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

If Client's Type of Residence is any of the *Institutional Situation* options:

Length of Stay Less than 90 days? <i>(Indicate if the stay in the institutional setting they lived in immediately prior to project entry was less than 90 days)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes

If Client's Type of Residence is any of the *Transitional and Permanent Housing Situation* options:

Length of Stay Less than 7 nights? <i>(Indicate if the stay in the transitional or permanent housing setting they lived in immediately prior to project entry was less than 7 nights)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes

If 'Length of Stay Less than 90 days' is YES—OR— If 'Length of Stay Less than 7 nights' is YES

On the night before – stayed on streets, ES or Safe Haven? <i>(On the night before the client's stay of less than 90 days in an institutional setting, or less than 7 nights in a transitional/permanent housing setting, were they on the streets, in an Emergency Shelter, or in a Safe Haven?)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes

If 'On the night before – stayed on streets, ES, or Safe Haven' is YES

Approximate Date Homelessness Started <i>(Approximate date the client's current episode of homelessness began)</i>
____/____/____

Number of times the client has been on the streets, in ES, or Save Haven in the past three years including today <i>(Regardless of where they stayed last night)</i>		
<input type="checkbox"/> One time	<input type="checkbox"/> Three times	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Two times	<input type="checkbox"/> Four or more times	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

Total number of months homeless on the streets, in ES, or SH in the past three years		
<input type="checkbox"/> One month (this time is the first month)	<input type="checkbox"/> Six Months	<input type="checkbox"/> Eleven Months
<input type="checkbox"/> Two Months	<input type="checkbox"/> Seven Months	<input type="checkbox"/> Twelve Months
<input type="checkbox"/> Three Months	<input type="checkbox"/> Eight Months	<input type="checkbox"/> More than 12 months
<input type="checkbox"/> Four Months	<input type="checkbox"/> Nine Months	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Five Months	<input type="checkbox"/> Ten Months	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

DISABLING CONDITIONS AND BARRIERS

Do you have a disabling condition?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected

Do you have a physical disability?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected

OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

<i>If yes for Physical Disability, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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Do you have a developmental disability?

<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes for Developmental Disability, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

Do you have a chronic health condition?

<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes for Chronic Health Condition, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

Have you been diagnosed with AIDS or have you tested positive for HIV?

<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes for tested positive for HIV/AIDS, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

Do you have a mental health problem?

<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes for Mental Health Problem, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

Do you have a substance abuse problem?

<input type="checkbox"/> No <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Both Alcohol and Drug		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If you have any Substance Abuse Problem, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

Are you a survivor of domestic or intimate partner violence?

<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

<i>If Yes for survivor of domestic or intimate partner violence</i>		
When did this experience occur?	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago (excluding six months exactly) <input type="checkbox"/> From six to twelve months ago (excluding one year exactly) <input type="checkbox"/> More than a year ago	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Are you currently fleeing?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

CASH INCOME FOR INDIVIDUAL

Income from Any Source	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY		
Income Source (Check all that apply)	Monthly Amount	
<input type="checkbox"/> Earned Income		
<input type="checkbox"/> Unemployment Insurance		
<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Private Disability Insurance		
<input type="checkbox"/> VA Service-Connected Disability Compensation		
<input type="checkbox"/> Social Security Disability Income (SSDI)		
<input type="checkbox"/> Supplemental Security Income (SSI)		
<input type="checkbox"/> Retirement Income from Social Security		
<input type="checkbox"/> VA Non-Service-Connected Disability Pension		
<input type="checkbox"/> Pension or retirement income from a former job		
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)		
<input type="checkbox"/> General Assistance (GA)		
<input type="checkbox"/> Alimony or other spousal support		
<input type="checkbox"/> Child Support		
<input type="checkbox"/> Other Cash Income (Specify: _____)		

NON-CASH BENEFITS

Receiving Non-Cash Benefits?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
IF "YES" TO RECEIVING NON-CASH BENEFITS– INDICATE ALL SOURCES THAT APPLY		
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> TANF Transportation Services	
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> Other TANF-funded services	
<input type="checkbox"/> TANF Childcare Services	<input type="checkbox"/> Other Non-Cash Benefits (Specify Source): _____	

OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

HEALTH INSURANCE

Covered by Health Insurance?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected
IF "YES" TO COVERED BY HEALTH INSURANCE- INDICATE ALL SOURCES THAT APPLY		
<input type="checkbox"/> MEDICAID	<input type="checkbox"/> Insurance Obtained through COBRA	
<input type="checkbox"/> MEDICARE	<input type="checkbox"/> Private Pay Health Insurance	
<input type="checkbox"/> State Children's Health Insurance Program	<input type="checkbox"/> State Health Insurance for Adults	
<input type="checkbox"/> Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Indian Health Services Program	
<input type="checkbox"/> Employer-provided Health Insurance	<input type="checkbox"/> Other Health Insurance (Specify Source): _____	

LAST PERMANENT ADDRESS

Prior City <i>The last city in which the client was permanently housed prior to entry into this project</i>	_____
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OC CUSTOM QUESTIONS

What city were you in immediately prior to entry into this project? <i>The city in which the client spent the night prior to entry into this project</i>			
<input type="checkbox"/> Aliso Viejo	<input type="checkbox"/> Huntington Beach	<input type="checkbox"/> Newport Beach	<input type="checkbox"/> Westminster
<input type="checkbox"/> Anaheim	<input type="checkbox"/> Irvine	<input type="checkbox"/> Orange	<input type="checkbox"/> Yorba Linda
<input type="checkbox"/> Brea	<input type="checkbox"/> La Habra	<input type="checkbox"/> Placentia	<input type="checkbox"/> Unincorporated Orange County
<input type="checkbox"/> Buena Park	<input type="checkbox"/> La Palma	<input type="checkbox"/> Rancho Santa Margarita	<input type="checkbox"/> Outside Orange County, but in California
<input type="checkbox"/> Costa Mesa	<input type="checkbox"/> Laguna Beach	<input type="checkbox"/> San Clemente	<input type="checkbox"/> Outside of California
<input type="checkbox"/> Cypress	<input type="checkbox"/> Laguna Hills	<input type="checkbox"/> San Juan Capistrano	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Dana Point	<input type="checkbox"/> Laguna Niguel	<input type="checkbox"/> Santa Ana	<input type="checkbox"/> Client Refused
<input type="checkbox"/> El Modena	<input type="checkbox"/> Laguna Woods	<input type="checkbox"/> Seal Beach	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Fountain Valley	<input type="checkbox"/> Lake Forest	<input type="checkbox"/> Stanton	
<input type="checkbox"/> Fullerton	<input type="checkbox"/> Los Alamitos	<input type="checkbox"/> Tustin	
<input type="checkbox"/> Garden Grove	<input type="checkbox"/> Mission Viejo	<input type="checkbox"/> Villa Park	
Phone Number (Optional)	_____		
Email Address (Optional)	_____		

What state were you born in?				
<input type="checkbox"/> AL - Alabama	<input type="checkbox"/> GA - Georgia	<input type="checkbox"/> MA - Massachusetts	<input type="checkbox"/> NM - New Mexico	<input type="checkbox"/> TN - Tennessee
<input type="checkbox"/> AL- Alaska	<input type="checkbox"/> HI - Hawaii	<input type="checkbox"/> MI - Michigan	<input type="checkbox"/> NY - New York	<input type="checkbox"/> TX - Texas
<input type="checkbox"/> AZ - Arizona	<input type="checkbox"/> ID - Idaho	<input type="checkbox"/> MN - Minnesota	<input type="checkbox"/> NC - North Carolina	<input type="checkbox"/> UT - Utah
<input type="checkbox"/> AR- Arkansas	<input type="checkbox"/> IL - Illinois	<input type="checkbox"/> MS - Mississippi	<input type="checkbox"/> ND - North Dakota	<input type="checkbox"/> VT - Vermont
<input type="checkbox"/> CA - California	<input type="checkbox"/> IN - Indiana	<input type="checkbox"/> MO - Missouri	<input type="checkbox"/> OH - Ohio	<input type="checkbox"/> VA - Virginia
<input type="checkbox"/> CO - Colorado	<input type="checkbox"/> IA - Iowa	<input type="checkbox"/> MT - Montana	<input type="checkbox"/> OK - Oklahoma	<input type="checkbox"/> WA - Washington
<input type="checkbox"/> CT- Connecticut	<input type="checkbox"/> KS - Kansas	<input type="checkbox"/> NE - Nebraska	<input type="checkbox"/> OR - Oregon	<input type="checkbox"/> WV - West Virginia
<input type="checkbox"/> DE - Delaware	<input type="checkbox"/> KY - Kentucky	<input type="checkbox"/> NV - Nevada	<input type="checkbox"/> PA - Pennsylvania	<input type="checkbox"/> WI - Wisconsin
<input type="checkbox"/> DC - District of Columbia	<input type="checkbox"/> LA - Louisiana	<input type="checkbox"/> NH - New Hampshire	<input type="checkbox"/> RI - Rhode Island	<input type="checkbox"/> WY - Wyoming
<input type="checkbox"/> FL - Florida	<input type="checkbox"/> ME - Maine	<input type="checkbox"/> NJ - New Jersey	<input type="checkbox"/> SC - South Carolina	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> MD - Maryland		<input type="checkbox"/> SD - South Dakota	<input type="checkbox"/> Client Refused
				<input type="checkbox"/> Other

OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

<i>If 'Other' for State you were born,</i> Which country were you born in?		_____	
Employment Status	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Disabled	<input type="checkbox"/> Client Refused
	<input type="checkbox"/> Seasonal/Temporary Work	<input type="checkbox"/> Retired	<input type="checkbox"/> Data not collected

CFCOC ENTRY QUESTIONS

Is this client receiving services funded by the Children and Families Commission Orange County?	<input type="checkbox"/> No <input type="checkbox"/> Yes
CFCOC Bed Night Start Date <i>The client's first bed night funded by CFCOC</i>	____/____/____
CFCOC Bed Night End Date <i>The client's last bed night funded by CFCOC</i>	____/____/____

I certify that the information above is correct to the best of my knowledge.

Client Signature

Date

Agency Staff Signature

Date

DO NOT ANSWER QUESTIONS BELOW – DATA ENTRY PERSONNEL ONLY (Optional):

Date entered into HMIS: ____/____/____

Question	Answer	Comments
Was the hard copy intake form completely filled out correctly?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Staff Name (verifying completion of Data Entry): _____

Colette's Children's Home

Transitional Supportive Housing Program Occupancy Agreement

This Occupancy Agreement is made by and between **COLETTE'S CHILDREN'S HOME** a California Non-Profit Corporation ("**Sponsor**"), and _____ ("**Participant**") as of the _____ day of _____, 20__ (the "**Effective Date**").

WHEREAS, Sponsor desires to assist Participant with housing **NOW, THEREFORE**, the parties to this Agreement mutually agree as follows:

The term of this Agreement shall be 30 days and is automatically renewable each 30 days thereafter unless notice of termination is given in writing to the participant.

This Agreement shall automatically terminate upon the program completion date agreed upon by the Sponsor and Participant and shall not exceed 24 months.

"Participant" means the head of household or anyone within the Participant's household.

Sponsor shall comply with the guidelines and regulations of the United States Department of Housing and Urban Development's (HUD's) Continuum of Care Program as follows:

24 CFR 578.91 Termination of Assistance to Program Participants

The Sponsor may terminate assistance to a Participant who violates program requirements or conditions of occupancy. Termination does not bar the Sponsor from providing further assistance at a later date to the same individual or family. NOTE: Reference Page 18, Participant Grievance Procedure, of the Participant Handbook for additional information regarding the termination of assistance.

Colette's Children's Home

Transitional Supportive Housing Program Occupancy Agreement

Participant has the right not to be discriminated against or treated differently because of his or her political affiliation, race, sex, handicap, national origin, or age. If Participant believes that they have been discriminated against, he or she shall have the right to promptly discuss issues with program staff or with the director of the program.

Participant Responsibilities - As a program **Participant** in the Sponsor Transitional Housing Program, **Participant** agrees as follows:

1. By signing this Agreement, the Participant is stating that the conditions indicated in this agreement, contained in the program rules and in the Transitional Housing Participant Manual herein are understood and acceptable.
2. If assessed, Participants shall pay rent to Sponsor on or before the 5th day of every month.
3. The Participant shall be responsible directly to Sponsor for the cost of repair of any damage to the unit not considered normal wear and tear.
5. The Participant shall be responsible for notifying Sponsor of any maintenance problems.

I have read and received a copy and agree to the terms of this Occupancy Agreement.

Participant's Signature

Date

Sponsor Signature

Date

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: FEB 05 2004

COLETTES CHILDREN HOME INC
17301 BEACH BLVD STE 11
HUNTINGTON BEACH, CA 92647

Employer Identification Number:
91-1939140
DLN:
17053003710074
Contact Person:
L. WAYNE BOTHE ID# 31462
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated May 1999, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity during an advance ruling period.

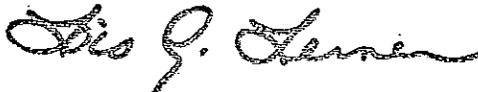
Based on our records and on the information you submitted, we are pleased to confirm that you are exempt under section 501(c)(3) of the Code, and you are classified as a public charity under the Code section listed in the heading of this letter.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)



Colette's Children's Home
Healing Homelessness

7372 Prince Drive, Suite 106 Huntington Beach, CA 92647 Phone: (714) 596-1380 Fax: (714) 848-1866

Board of Directors

Craig, Kevin *

Independent Web Designer
PO Box 179
Powersite, MO 65731
(417) 334-892
kevin4vft@aol.com

Diaz, Alex

Sales Manager
Frazee Paint
14272 Hoover Street
Westminster, CA 92683
(714) 892-6729 (cell)
alejandrodiaz@msn.com

Hope, Pamela *

Non-Profit Consultant
1289 Bellevue Ave.
Los Angeles, CA 90026
(714) 603-3073 (cell)
pammyhope@aol.com

O'Connell, William

Executive Director
Colette's Children's Home
7372 Prince Dr., Suite 106
Huntington Beach, CA 92647
(714) 596-1380
coletteschildren@aol.com

Carachio, Therese

B.S.N. Nursing
Children's Hospital Orange County
467 62nd Street
Newport Beach, CA 92663
(714) 925-5191

Jim & Patricia Heaney

Business Owners
H-Wave
16168 Beach Blvd. #232
Huntington Beach, CA 92647
(714) 843-0463
jim@hwave.com

*Homeless Representative

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COLETTE'S CHILDREN HOME, INC.		D Employer identification number 91-1939140
	Doing business as		E Telephone number 714-596-1380
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 5,487,642.
	7372 PRINCE DRIVE	106	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code HUNTINGTON BEACH, CA 92647		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: WILLIAM O'CONNELL SAME AS C ABOVE			If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.COLETTESCHILDRENSHOME.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1998 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: COLETTE'S CHILDREN'S HOME EXISTS TO HEAL HOMELESSNESS FOR WOMEN AND CHILDREN WHO ARE HOMELESS WITH		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	18
	6 Total number of volunteers (estimate if necessary)	6	146
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-5.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-5.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,561,076.	2,853,051.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	362,943.	410,457.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,063.	322.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,094,460.	2,133,517.
		5,035,542.	5,397,347.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	128,754.	112,287.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	896,909.	1,077,461.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 39,441.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,648,544.	1,516,480.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,674,207.	2,706,228.	
19 Revenue less expenses. Subtract line 18 from line 12	2,361,335.	2,691,119.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	17,354,606.	19,426,312.
	22 Net assets or fund balances. Subtract line 21 from line 20	9,043,299.	8,423,886.
		8,311,307.	11,002,426.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	PAMELA HOPE, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	TRITIA FOSTER				P02164134
	Firm's name DAVIS FARR LLP	Firm's EIN 47-3535842			
	Firm's address 2301 DUPONT DRIVE, SUITE 200 IRVINE, CA 92612			Phone no. 949-474-2020	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: COLETTE'S CHILDREN'S HOME PROVIDES HOUSING AND SUPPORTIVE SERVICES TO HOMELESS WOMEN AND CHILDREN WITH NOWHERE TO TURN. WE WORK TO REMOVE THE BARRIERS THAT CAUSE DISPLACEMENT AND PROVIDE THE MEANS FOR TRANSITION FROM HOMELESSNESS TO STABLE AND PERMANENT HOUSING.

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

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

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

4a (Code:) (Expenses \$ 2,437,962. including grants of \$ 112,287.) (Revenue \$ 410,457.) COLETTE'S CHILDREN'S HOME PROVIDES HOUSING AND SUPPORTIVE SERVICES TO HOMELESS WOMEN AND CHILDREN WITH NOWHERE TO TURN. WE WORK TO REMOVE THE BARRIERS THAT CAUSE DISPLACEMENT AND PROVIDE THE MEANS FOR TRANSITION FROM HOMELESSNESS TO STABLE AND PERMANENT HOUSING.

SERVE HOMELESS WOMEN AND CHILDREN. THE OVERARCHING GOALS FOR CLIENTS ARE TO ACHIEVE: SOBRIETY, PHYSICAL AND EMOTIONAL HEALTH, EMPLOYMENT, STRENGTHENED SUPPORT SYSTEMS, AND STABLE PERMANENT HOUSING. DURING THE CURRENT YEAR THE AGENCY RECEIVED 4,249 REQUESTS FOR HOUSING AND SERVICES, AND WAS ABLE TO ASSIST 555 HOMELESS WOMEN AND CHILDREN BY PROVIDING 55,126 SHELTER BED NIGHTS AND ENABLING THE PREPARATION OF 165,378 MEALS. OF THOSE WHO LEFT THE PROGRAM DURING THE YEAR 75%

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

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

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

4e Total program service expenses 2,437,962.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sub-questions for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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]

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
WILLIAM O'CONNELL - 714-596-1380
7372 PRINCE DRIVE, SUITE 106, HUNTINGTON BEACH, CA 92647

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							164,585.	0.	17,300.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							164,585.	0.	17,300.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	194,650.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,300,231.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,358,170.				
	g Noncash contributions included in lines 1a-1f: \$		471,241.				
	h Total. Add lines 1a-1f		2,853,051.				
	Program Service Revenue	2 a RENTAL INCOME	Business Code 531110	390,220.	390,220.		
b PROPERTY MANAGEMENT FEE		531310	17,862.	17,862.			
c OTHER PROGRAM REVENUE		531110	2,375.	2,375.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			410,457.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		322.		-5.	327.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 194,650. of contributions reported on line 1c). See Part IV, line 18	a	222,825.				
		b Less: direct expenses	b	90,295.			
c Net income or (loss) from fundraising events			132,530.			132,530.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a LOAN FORGIVENESS		900099	2,000,987.			2,000,987.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			2,000,987.			
12 Total revenue. See instructions.			5,397,347.	410,457.	-5.	2,133,844.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	112,287.	112,287.		
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	170,000.	139,400.	23,613.	6,987.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	661,894.	561,575.	100,319.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,269.	28,993.	4,276.	
9 Other employee benefits	97,908.	84,705.	12,493.	710.
10 Payroll taxes	114,390.	101,327.	12,157.	906.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	43,260.	22,285.	2,516.	18,459.
12 Advertising and promotion				
13 Office expenses	39,337.	29,326.	9,791.	220.
14 Information technology				
15 Royalties				
16 Occupancy	402,473.	395,073.	7,400.	
17 Travel	27,998.	16,617.	11,155.	226.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	37,398.	3,920.	33,478.	
20 Interest	125,000.	124,514.	486.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	146,807.	146,807.		
23 Insurance	45,171.	44,548.	623.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DONATED GOODS	431,802.	431,802.		
b SHELTER EQUIPMENT, FURN	59,675.	59,675.		
c COMMUNICATIONS	59,499.	37,525.	10,041.	11,933.
d PROPERTY EXPENSE & TAXE	52,646.	52,646.		
e All other expenses	45,414.	44,937.	477.	
25 Total functional expenses. Add lines 1 through 24e	2,706,228.	2,437,962.	228,825.	39,441.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,991,068.	1	2,509,315.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	187,778.	7	189,562.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	44,675.	9	32,729.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,578,161.		
	b Less: accumulated depreciation	10b 1,180,768.	14,867,459.	10c 16,397,393.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	263,626.	15	297,313.
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,354,606.	16	19,426,312.	
Liabilities	17 Accounts payable and accrued expenses	86,705.	17	110,622.
	18 Grants payable		18	
	19 Deferred revenue	194,900.	19	224,897.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	55,076.	21	49,265.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	8,706,618.	23	8,039,102.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	9,043,299.	26	8,423,886.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,311,307.	27	11,002,426.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	8,311,307.	33	11,002,426.	
34 Total liabilities and net assets/fund balances	17,354,606.	34	19,426,312.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,397,347.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,706,228.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,691,119.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,311,307.
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	11,002,426.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
b	X	
c	X	
3a		X
3b		

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **COLETTE 'S CHILDREN HOME, INC.** Employer identification number **91-1939140**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2375358.	3578764.	3699563.	3561076.	2853051.	16067812.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2375358.	3578764.	3699563.	3561076.	2853051.	16067812.
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)						2782760.
6 Public support. Subtract line 5 from line 4.						13285052.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	2375358.	3578764.	3699563.	3561076.	2853051.	16067812.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	101.	81.	353.	756.	322.	1,613.
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.)	16,666.	25,222.	15,750.	935,193.	2000987.	2993818.
11 Total support. Add lines 7 through 10						19063243.
12 Gross receipts from related activities, etc. (see instructions)					12	2,718,482.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	69.69 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	82.04 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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

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

Multiple horizontal lines for supplemental 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

2017

Name of the organization

COLETTE 'S CHILDREN HOME, INC.

Employer identification number

91-1939140

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

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

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) (2017)

Name of organization COLETTE 'S CHILDREN HOME, INC.	Employer identification number 91-1939140
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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	<hr/> <hr/> <hr/>	\$ 130,825.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 122,577.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
COLETTE 'S CHILDREN HOME, INC.	91-1939140

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
2	APPAREL, HOUSEHOL, HEALTHCARE, INFANTS, FOOD, FURNITURE, HYGEINE, & OTHER DONATIONS	\$ 122,577.	05/31/18
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization COLETTE 'S CHILDREN HOME, INC.	Employer identification number 91-1939140
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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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017
Open to Public Inspection

Name of the organization **COLETTE 'S CHILDREN HOME, INC.** Employer identification number **91-1939140**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,122,392.		10,122,392.
b Buildings		7,421,279.	1,170,914.	6,250,365.
c Leasehold improvements				
d Equipment				
e Other		34,490.	9,854.	24,636.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				16,397,393.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	5,397,347.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	5,397,347.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	5,397,347.

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

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

1	Total expenses and losses per audited financial statements		1	0.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	0.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	0.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

AS PART OF VARIOUS PROGRAMS, COLETTE'S WILL COLLECT MONEY FOR CLIENTS IN AN ATTEMPT TO HELP THEM SAVE MONEY, AND MANAGE THEIR INCOME/EXPENSES. THESE DEPOSITS ARE EXPECTED TO BE REPAID TO INDIVIDUALS UPON THEIR COMPLETION OF THEIR RESPECTIVE PROGRAMS. AMOUNT IS REPORTED WITH DEPOSITS PAYABLE ON THE AUDITED FINANCIAL STATEMENTS, AND REPORTED AS OTHER LIABILITIES ON THE TAX RETURN.

PART X, LINE 2:

THE ORGANIZATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) AS DESCRIBED IN SECTIONS 509(A)(1) AND 170(B)(1)(A)(VI) OF THE INTERNAL REVENUE CODE (THE "CODE") AND SECTION 23701(D) OF THE CALIFORNIA

Part XIII Supplemental Information (continued)

REVENUE AND TAXATION CODE, ACCORDINGLY, THERE IS NO PROVISION FOR FEDERAL INCOME OR CALIFORNIA FRANCHISE TAXES. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170 OF THE CODE AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME (UBTI) WOULD BE TAXABLE.

THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS.

THE ORGANIZATION'S FEDERAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) FOR THE FISCAL YEARS ENDED 2014, 2015 AND 2016 ARE SUBJECT TO IRS EXAMINATION, GENERALLY FOR THREE YEARS AFTER FILING. AS OF THE DATE OF THIS REPORT, THE ORGANIZATION'S FISCAL YEAR 2017 RETURN HAD NOT YET BEEN FILED.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		18TH ANNIVERSARY (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	417,475.			417,475.
	2 Less: Contributions	194,650.			194,650.
	3 Gross income (line 1 minus line 2)	222,825.			222,825.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	51,507.			51,507.
	8 Entertainment				
	9 Other direct expenses	38,788.			38,788.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				90,295.
11 Net income summary. Subtract line 10 from line 3, column (d)				132,530.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **COLETTE'S CHILDREN HOME, INC.** Employer identification number **91-1939140**

Part I General Information on Grants and Assistance

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

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

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FAMILY ASSISTANCE	555	112,287.	0.	FMV	FOOD, CHILDCARE ASSISTANCE, TRANSPORTATION, SUPPLIES, AND ASSISTANCE WITH OTHER SERVICES.

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

PART I, LINE 2:

THE ORGANIZATION VERIFIES THE ELIGIBILITY THROUGH A THIRD PARTY AND MAINTAINS COPIOUS RECORDS OF ALL CLIENT ELIGIBILITY AND DISBURSEMENT OF FUNDS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
COLETTE 'S CHILDREN HOME, INC.

Employer identification number
91-1939140

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM O'CONNELL EXECUTIVE DIRECTOR	(i)	130,000.	25,000.	0.	6,500.	10,800.	172,300.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

EXECUTIVE DIRECTOR WILLIAM O'CONNELL WAS PAID A BOARD APPROVED BONUS AND SALARY INCREASE.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
WILLIAM O'CONNELL	EXECUTIVE DIRECTOR	35,940.	DURING THE		X
PAMELA HOPE	BOARD PRESIDENT	9,585.	DURING THE		X
COLETTE O'CONNELL	CHILD OF EXECUTIVE	66,738.	EMPLOYED AS		X
BRENDAN O'CONNELL	CHILD OF EXECUTIVE	8,632.	EMPLOYED AS		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: WILLIAM O'CONNELL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 35,940.

(D) DESCRIPTION OF TRANSACTION: DURING THE YEAR ENDED SEPTEMBER 30, 2018, THE ORGANIZATION RENTED PROPERTY OWNED BY THE CPOC TRUST, WHICH IS OWNED BY THE EXECUTIVE DIRECTOR. THE AMOUNTS PAID FOR RENT TO CPOC TRUST WAS \$35,940 FOR THE FISCAL YEAR.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: PAMELA HOPE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 9,585.

(D) DESCRIPTION OF TRANSACTION: DURING THE YEAR ENDED SEPTEMBER 30, 2018, THE ORGANIZATION MADE PAYMENTS TOTALING \$9,585 TO THEIR BOARD PRESIDENT, PAMELA HOPE, FOR FUNDRAISING CONSULTING SERVICES RELATED TO THE SPECIAL EVENT.

(E) SHARING OF ORGANIZATION REVENUES? = NO

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: COLETTE O'CONNELL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CHILD OF EXECUTIVE DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 66,738.

(D) DESCRIPTION OF TRANSACTION: EMPLOYED AS MAINTENANCE. TRANSACTION

AMOUNT INCLUDES SALARY.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: BRENDAN O'CONNELL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CHILD OF EXECUTIVE DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 8,632.

(D) DESCRIPTION OF TRANSACTION: EMPLOYED AS MAINTENANCE; TRANSACTION

AMOUNT INCLUDES SALARY.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **COLETTE ' S CHILDREN HOME , INC .** Employer identification number **91-1939140**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		12,742.	FMV
5 Clothing and household goods	X		151,242.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	53	9,502.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISCELLANEOUS)	X	372	181,807.	FMV
26 Other ▶ (TOYS)	X	167	49,550.	FMV
27 Other ▶ (EVENT GOODS)	X	336	39,440.	FMV
28 Other ▶ (ELECTRONICS / I)	X	26	15,449.	FMV

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

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

PART I, OTHER TYPES OF PROPERTY:

GIFT CARDS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 71

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 11510.

(D) METHOD OF DETERMINING REVENUE: FMV

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.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

COLETTE'S CHILDREN HOME, INC.

Employer identification number

91-1939140

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

NOWHERE TO TURN. SINCE 1998, WE HAVE PROVIDED OVER 4,000 WOMEN AND
CHILDREN A SAFE HOME AND NURTURING ENVIRONMENT WHERE THEY OBTAIN
COMPASSIONATE SUPPORT AND SERVICES NEEDED TO ACHIEVE SELF-SUFFICIENCY.

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

TRANSITIONED TO PERMANENT HOUSING.

FORM 990, PART VI, SECTION A, LINE 2:

JIM HEANEY AND PATRICIA HEANEY HAVE A FAMILY RELATIONSHIP. HOWEVER, THEIR
BOARD DECISIONS ARE INDEPENDENT & UNBIASED.

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

REVIEW OF 990 BY ORGANIZATION'S GOVERNING BODY:

REVIEWED BY THE EXECUTIVE DIRECTOR AND THE CFO IN DRAFT FORM AND BY THE
BOARD UPON FINAL ISSUANCE DURING SCHEDULED BOARD MEETING.

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

MONITORING AND ENFORCING OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY
THE BOARD OF DIRECTORS HAS THE POWER AND THE AUTHORITY TO SUPERVISE,
CONTROL, DIRECT AND MANAGE THE PROPERTY, AFFAIRS, ACTIVITIES, AND LEGAL
OBLIGATIONS OF THE ORGANIZATION.

THE BOARD:

- SETS THE MISSION AND STRATEGIC DIRECTION OF THE ORGANIZATION.
- OVERSEES STAFF DEVELOPMENT AND IMPLEMENTATION OF PROGRAMS.
- OVERSEES PRESERVATION AND MANAGEMENT OF FINANCIALS, ASSETS, AND

Name of the organization

COLETTE'S CHILDREN HOME, INC.

Employer identification number

91-1939140

RESOURCES.

-ENSURES REGULATORY AND REPORTING COMPLIANCE.

REVIEWS AND ADHERES TO THE CONFLICTS OF INTEREST POLICIES AND ITS INTENT AND REVIEWS POTENTIAL CONFLICTS OF INTEREST DURING BOARD MEETINGS.

- REVIEWS AND APPROVES AN ANNUAL BUDGET AND THE ANNUAL FINANCIAL AUDIT.

IN THE RARE EVENT THAT A POTENTIAL CONFLICT OF INTEREST QUESTION OR OCCURANCE ARISES, IT IS DISCUSSED IN DETAIL BY THE BOARD MEMBERS. IN THE EVENT THAT AN INDIVIDUAL BOARD MEMBER HAS A PERCEIVED CONFLICT, THAT MEMBER RECUSES HIMSELF FROM ALL DISCUSSION AND VOTING REGARDING THE SPECIFIC TOPIC. IN ADDITION, ALL ACTIONS OF THE BOARD ON ALL MATTERS ARE DOCUMENTED FOR THE RECORD IN OUR BOARD MINUTES.

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

DETERMINATION OF COMPENSATION OF OFFICERS, DIRECTORS, MANAGEMENT & KEY EMPLOYEES REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS FOR EXECUTIVE DIRECTOR AND EMPLOYEES. THE BOARD USES COMPARABILITY REPORTS IN MAKING ITS DECISION.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY & FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT PROCESS HAS NOT CHANGED SINCE PRIOR YEAR.

COLETTE'S CHILDREN'S HOME

Financial Statements
and Supplemental Schedules

Year ended September 30, 2018
(With Comparative Information for the
Year ended September 30, 2017)

COLETTE'S CHILDREN'S HOME

Financial Statements

Year ended September 30, 2018

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Board of Directors
Colette's Children's Home
Huntington Beach, California

Independent Auditor's Report

Report on the Financial Statements

We have audited the accompanying financial statements of Colette's Children's Home (the "Organization"), which comprise the statement of financial position as of September 30, 2018 and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Colette's Children's Home as of September 30, 2018, and the changes in its net assets and its cash flows for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited the Organization's 2017 financial statements, and we expressed an unmodified opinion on those audited financial statements in our reported dated July 9, 2018. In our opinion, the summarized comparative information presented herein as of and for the year ended September 30, 2017 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Matters

Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as listed in the table of contents. The supplemental schedules are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

A handwritten signature in blue ink that reads "Davis Sun UP". The signature is written in a cursive, flowing style.

Irvine, California
July 15, 2019

COLETTE'S CHILDREN'S HOME
Statement of Financial Position
September 30, 2018
(With Comparative Data for the Prior Year)

	2018	2017
<u>Assets</u>		
Current assets:		
Cash and investments (note 2)	\$ 2,509,315	1,991,068
Claims receivable (note 1g)	250,663	195,142
Loans receivable (note 8)	180,000	180,000
Accounts receivable	9,562	7,778
Insurance receivable	-	16,631
Prepaid expenses	32,729	44,675
Total current assets	2,982,269	2,435,294
Noncurrent assets:		
Other assets	46,650	51,853
Property and equipment (note 3):		
Land	10,122,392	9,018,752
Buildings	7,421,279	6,848,178
Vehicles	34,490	34,490
Accumulated depreciation	(1,180,768)	(1,033,961)
Total property and equipment, net	16,397,393	14,867,459
Total noncurrent assets	16,444,043	14,919,312
Total assets	\$ 19,426,312	17,354,606
<u>Liabilities and Net Assets</u>		
Current liabilities:		
Accounts payable	\$ 47,503	56,195
Accrued liabilities	49,968	30,510
Interest payable	13,151	-
Deferred revenue	224,897	194,900
Deposits payable	49,265	55,076
Forgivable notes payable, current portion (note 4)	1,015,750	15,750
Notes payable, current portion (note 4)	525,597	605,661
Total current liabilities	1,926,131	958,092
Noncurrent liabilities (note 4):		
Forgivable notes payable	1,306,913	3,907,898
Notes payable	5,190,842	4,177,309
Total noncurrent liabilities	6,497,755	8,085,207
Total liabilities	8,423,886	9,043,299
Net Assets (note 7):		
Unrestricted net assets	11,002,426	8,311,307
Temporarily restricted net assets	-	-
Permanently restricted net assets	-	-
Total net assets	11,002,426	8,311,307
Total liabilities and net assets	\$ 19,426,312	17,354,606

See accompanying notes to financial statements.

COLETTE'S CHILDREN'S HOME
Statement of Activities
Year ended September 30, 2018
(With Comparative Data for the Prior Year)

	<u>2018</u>	<u>2017</u>
Support, revenues and gains:		
Grants	\$ 1,300,231	1,288,738
Contributions	886,929	1,658,494
Special events, net (note 9)	327,181	308,217
Donated goods	471,241	464,894
Loans forgiven	2,000,987	867,352
Interest forgiven	-	67,841
Other income	<u>410,778</u>	<u>380,006</u>
Total support, revenues and gains	<u>5,397,347</u>	<u>5,035,542</u>
Expenses:		
Program services:		
Shelter	<u>2,437,962</u>	<u>2,478,356</u>
Total program services	<u>2,437,962</u>	<u>2,478,356</u>
Supporting services:		
General and administrative	228,825	185,972
Fundraising	<u>39,441</u>	<u>9,879</u>
Total supporting services	<u>268,266</u>	<u>195,851</u>
Total expenses	<u>2,706,228</u>	<u>2,674,207</u>
Increase in net assets	2,691,119	2,361,335
Net assets at beginning of year	<u>8,311,307</u>	<u>5,949,972</u>
Net assets at end of year	<u>\$ 11,002,426</u>	<u>8,311,307</u>

See accompanying notes to financial statements.

COLETTE'S CHILDREN'S HOME
Statement of Functional Expenses
Year ended September 30, 2018
(With Comparative Data for the Prior Year)

	Program Services		Supporting Services					
	Shelter	Total	General and Administrative	Fund- raising	Total Supporting Services	Total		
		Program Services				2018	2017	
Salaries and wages	\$ 700,975	700,975	123,932	6,987	130,919	831,894	706,900	
Fringe benefits	113,698	113,698	16,769	710	17,479	131,177	88,663	
Payroll taxes and expenses	101,327	101,327	12,157	906	13,063	114,390	101,346	
Professional services	22,285	22,285	2,516	17,665	20,181	42,466	50,811	
Travel and mileage	16,617	16,617	11,155	226	11,381	27,998	23,117	
Rent (note 6)	274,785	274,785	7,400	-	7,400	282,185	407,812	
Utilities	120,288	120,288	-	-	-	120,288	128,870	
Repairs and maintenance	44,937	44,937	477	-	477	45,414	51,004	
Property expense and taxes	52,646	52,646	-	-	-	52,646	53,067	
Client food	32,435	32,435	-	-	-	32,435	42,755	
Client child care	13,947	13,947	-	-	-	13,947	15,446	
Client drug testing	5,198	5,198	-	-	-	5,198	5,307	
Client transportation	17,968	17,968	-	-	-	17,968	26,426	
Client services and supplies	42,739	42,739	-	141	141	42,880	38,820	
Shelter equipment, furniture and supplies	59,675	59,675	-	-	-	59,675	93,790	
Office supplies	29,326	29,326	9,791	220	10,011	39,337	9,533	
Communications	37,525	37,525	10,041	11,933	21,974	59,499	58,940	
Insurance	44,548	44,548	623	-	623	45,171	44,920	
Workshops and events	3,920	3,920	33,478	51,507	84,985	88,905	63,994	
Interest expense	124,514	124,514	486	-	486	125,000	136,111	
Depreciation	146,807	146,807	-	-	-	146,807	135,345	
Donated goods	431,802	431,802	-	39,440	39,440	471,242	464,894	
Total expenses	\$ 2,437,962	2,437,962	228,825	129,735	358,560	2,796,522	2,747,871	
Direct benefit to donors at special event (note 9)				(90,294)				
				<u>\$ 39,441</u>				

See accompanying notes to financial statements.

COLETTE'S CHILDREN'S HOME
Statement of Cash Flows
Year ended September 30, 2018
(With Comparative Data for the Prior Year)

	<u>2018</u>	<u>2017</u>
Cash flows from operating activities:		
Increase (decrease) in net assets	\$ 2,691,119	2,361,335
Adjustments to increase (decrease) net assets to net cash provided by (used for) operating activities:		
Depreciation expense	146,807	135,345
Forgiveness of notes	(2,000,987)	(867,352)
(Increase) decrease in claims receivables	(55,521)	151,084
(Increase) decrease in loans receivables	-	(5,736)
(Increase) decrease in accounts receivables	(1,784)	-
(Increase) decrease in insurance receivable	16,631	80,978
(Increase) decrease in prepaid expenses	11,946	(21,288)
(Increase) decrease in other assets	5,203	(6,992)
Increase (decrease) in accounts payable	(8,692)	(108,303)
Increase (decrease) in accrued liabilities	19,458	10,901
Increase (decrease) in interest payable	13,151	(47,330)
Increase (decrease) in deferred revenue	29,997	111,495
Increase (decrease) in deposits payable	(5,811)	(14,156)
Total adjustments	<u>(1,829,602)</u>	<u>(581,354)</u>
Net cash provided by (used for) operating activities	<u>861,517</u>	<u>1,779,981</u>
Cash flows from investing activities:		
Purchase of property, plant, and equipment	(1,676,741)	(48,755)
Gain on disposal of assets	-	15,824
Net cash provided by (used for) investing activities	<u>(1,676,741)</u>	<u>(32,931)</u>
Cash flows from financing activities:		
Proceeds from notes payable	1,400,002	366,546
Payments on debt	(66,531)	(1,558,990)
Net cash provided by (used for) financing activities	<u>1,333,471</u>	<u>(1,192,444)</u>
Net increase (decrease) in cash and cash equivalents	518,247	554,606
Cash and cash equivalents at beginning of year	<u>1,991,068</u>	<u>1,436,462</u>
Cash and cash equivalents at end of year	<u>\$ 2,509,315</u>	<u>1,991,068</u>
Supplemental Information:		
Interest paid	<u>\$ 125,000</u>	<u>136,111</u>
Noncash investing and financing activities:		
Forgiveness of notes	<u>\$ 2,000,987</u>	<u>867,352</u>
Total noncash investing and financing activities	<u>\$ 2,000,987</u>	<u>867,352</u>

See accompanying notes to financial statements.

COLETTE'S CHILDREN'S HOME

Notes to Financial Statements

(Continued)

(1) Summary of Significant Accounting Policies

(a) Organization and Background

Colette's Children's Home, Inc. (the Organization) is a nonprofit organization incorporated in the State of California on November 6, 1998. The purpose of the Organization is to serve homeless women and children and aid them in becoming independent and self-sufficient.

The Organization operates mainly from contributions and grants solicited by key members of the Organization.

(b) Basis of Accounting

The Organization utilizes the accrual basis of accounting. Financial statements are presented in conformity with the standards in the AICPA Audit and Accounting Guide, *Not-for-Profit Organizations*.

(c) Restricted and Unrestricted Revenue and Support

The Organization follows Auditing Standards Codification (ASC) 958-605, Revenue Recognition, as recommended by the Financial Accounting Standards Board. In accordance with ASC 958-605, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions.

Unconditional promises to give are recognized as revenues or gains in the period received and as assets, decreases in liabilities, or expenses depending on the form of the benefits received. Conditional promises to give are recognized when the conditions on which they depend are substantially met.

Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other support that is restricted by the donor is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the "Statement of Activities" as net assets released from restrictions.

(d) Income Tax Status

The Organization qualifies as a tax-exempt organization under Section 501(c)(3) as described in Sections 509(a)(1) and 170(b)(1)(A)(VI) of the Internal Revenue Code (the "Code") and Section 23701(d) of the California Revenue and Taxation Code, accordingly, there is no provision for federal income or California franchise taxes. In addition, the Organization qualifies for the charitable contribution deduction under Section 170 of the Code and has been classified as an organization that is not a private foundation. Income determined to be unrelated business taxable income (UBTI) would be taxable.

COLETTE'S CHILDREN'S HOME

Notes to Financial Statements

(Continued)

(1) Summary of Significant Accounting Policies, (Continued)

(d) Income Tax Status, (Continued)

The Organization evaluates its uncertain tax positions, if any, on a continual basis through review of its policies and procedures, review of its regular tax filings, and discussions with outside experts. The Organization's Federal Return of Organization Exempt from Income Tax (Form 990) for the fiscal years ended 2014, 2015 and 2016 are subject to IRS examination, generally for three years after filing. As of the date of this report, the Organization's fiscal year 2017 return had not yet been filed.

(e) Cash and Cash Equivalents

For purposes of the Statement of Cash Flows, the Organization considers all unrestricted highly liquid investments with a maturity of three months or less at time of purchase to be cash equivalents. These amounts may, at times, exceed federally insured limits. The Organization has not experienced any losses in such accounts and does not believe it is exposed to any significant credit risk on cash and cash equivalents. As of September 30, 2018, cash held in excess of FDIC was \$1,828,399.

(f) Financial Statement Presentation

The Organization also follows the financial statement presentation recommended by the Financial Accounting Standards Board in its ASC 958-205, *Presentation of Financial Statements*. Under ASC 958-205, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

(g) Claims Receivable

The Organization records claims receivable to reflect its entitlement to receive reimbursement for expenses incurred during the fiscal year. The Organization did not receive the reimbursements until subsequent to the date of the financial statements. As of September 30, 2018, the Organization had claims receivable of \$250,663.

(h) Expense Allocation

The costs of providing the various programs and other activities have been summarized on a functional basis in the "Statement of Activities" and in the "Statement of Functional Expenses". Accordingly, certain costs have been allocated among the program and supporting services benefited. The general and administration costs are those associated with administration and fund development of the Organization. Fundraising costs consist of expenses associated with the Organization's annual fundraising event. Shelter expenses are those that are directly related to operating the Organization's housing programs.

COLETTE'S CHILDREN'S HOME

Notes to Financial Statements

(Continued)

(1) Summary of Significant Accounting Policies, (Continued)

(i) Property and Equipment

The Organization records donated equipment at the fair market value of the equipment on the date of the donation. Property and equipment, other than land, is depreciated over its estimated useful life using the straight-line method. The estimated useful lives of the Organization's assets are as follows:

Buildings	50-60 years
Furniture	7 years
Equipment	7 years
Vehicles	7 years

(j) Use of Estimates

The preparation of these financial statements requires management to make estimates and assumptions. Those estimates and assumptions affect the reported amount of assets, liabilities, revenues, and expenses, as well as any contingent assets and liabilities. Actual results could differ from those estimates. Management also determines the accounting principles to be used in the preparation of financial statements.

(k) Donated Materials, Services, and Facilities

Donated facilities, materials and other non-cash contributions are reflected in the accompanying statements at their estimated market values at date of receipt. Contributions of services are recognized if the services received create or enhance non-financial assets or require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. The organization received donations of clothing, toys and other household items valued at \$471,241 for the year ended September 30, 2018.

(l) Concentrations of Revenues

The Organization received approximately 25% of its total support and revenue from federal, state and local government grants for the year ended September 30, 2018. The largest contributor of grant monies to the Organization was the U.S. Department of Housing and Urban Development. Of the total government grants received during 2018, 38% was received from this source.

COLETTE'S CHILDREN'S HOME

Notes to Financial Statements

(Continued)

(1) Summary of Significant Accounting Policies, (Continued)

(m) Revenue Recognition - Grants

The Organization receives significant revenue in the form of governmental grants. Some of these amounts represent contracts with governmental agencies to assist those governmental agencies in the performance of essential community programs. For accounting purposes, these contracts are considered to be exchange transactions whereby the funding agencies benefit by entering into contracts with the Organization to perform program services on behalf of the funding agencies. Amounts received from grants are not reported as revenue until the resources are expended for the purpose specified.

(n) Fair Value of Financial Instruments

Financial and Non financial assets and liabilities are recorded at their fair market value in accordance with *ASC 820, Fair Value Measurements*. This standard defines fair value and establishes a hierarchy for reporting the reliability of input measurements used to assess fair value for all assets and liabilities. ASC 820 defines fair value as the selling price that would be received for an asset, or paid to transfer a liability, in the principal or most advantageous market on the measurement date. The hierarchy prioritizes fair value measurements based on the types of inputs used in the valuation technique. The inputs are categorized in the following levels:

Level 1 – Observable inputs such as quoted prices in active markets for identical assets or liabilities

Level 2 – Directly or indirectly observable input for quoted and other than quoted prices for identical or similar assets and liabilities in active or non-active markets

Level 3 – Unobservable inputs not corroborated by market data, therefore requiring the entity to use the best information available in the circumstances, including the entity's own data

Certain assets and liabilities are carried at cost on the statement of financial position and thus are not considered financial instruments. These instruments include cash and cash equivalents, grants and accounts receivable, prepaid expenses and deposits, property and equipment, account payable, accrued expenses, notes payable and forgivable notes payable.

COLETTE'S CHILDREN'S HOME

Notes to Financial Statements

(Continued)

(1) Summary of Significant Accounting Policies, (Continued)

(o) Prior Year Data

Selected information regarding the prior year has been included in the accompanying financial statements. This information has been included for comparison purposes only and does not represent a complete presentation in accordance with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the prior year financial statements, from which the selected financial data was derived. Certain amounts presented in the prior year data have been reclassified in order to be consistent with current year's presentation and to enhance their comparability with current year figures.

(2) Cash and Investments

Cash and investments at September 30, 2018 are composed of the following:

Investments	\$ 3,867
Cash and cash equivalents	<u>2,505,448</u>
Total cash and investments	<u>\$2,509,315</u>

Fair values of cash and investments at September 30, 2018 are categorized as follows:

<u>Description</u>	<u>Fair Value</u>	<u>Fair Value at Reporting Date Using</u>		
		<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Equity securities	<u>\$ 3,867</u>	<u>3,867</u>	<u>-</u>	<u>-</u>
Total	<u>\$ 3,867</u>	<u>3,867</u>	<u>-</u>	<u>-</u>

COLETTE'S CHILDREN'S HOME

Notes to Financial Statements

(Continued)

(3) Property and Equipment

Property and equipment consist of the following at September 30, 2018:

Land	\$ 10,122,392
Buildings	7,421,279
Vehicles	<u>34,490</u>
	17,578,161
Less: Accumulated depreciation	<u>(1,180,768)</u>
Total	<u>\$ 16,397,393</u>

Depreciation expense for property and equipment amounted to \$146,807 for the year ended September 30, 2018.

(4) Long-Term Liabilities

Long term debt consisted of the following as of September 30, 2018:

Forgivable Notes

On October 21, 2004, the Organization received a 60 year non-interest bearing note payable to the City of Huntington Beach in the amount of \$400,000 for property located in Huntington Beach, CA. An annual amount of \$6,667 is forgiven annually as long as the secured property is used for the purpose designated in the note.

\$ 306,666

On April 4, 2006, the Organization received a 60 year non-interest bearing note payable to the City of Huntington Beach in the amount of \$545,000 for property located in Huntington Beach, CA. An annual amount of \$9,083 is forgiven annually as long as the secured property is used for the purpose designated in the note.

435,997

On July 20, 2009, the Organization received a note payable to the State of California Department of Housing and Community Development, in the amount of \$1,000,000, bearing interest at a rate of 3% annually, the outstanding balance of which will be forgiven on July 20, 2019 as long as the secured property in Huntington Beach, CA is used for the purpose designated in the note.

1,000,000

COLETTE'S CHILDREN'S HOME

Notes to Financial Statements

(Continued)

(4) Long-Term Liabilities, (Continued)

In November 2017, as part of the purchase of a property in the city of Garden Grove, CA the Organization assumed a loan of \$400,000 from the Department of Housing and Urban Development (HUD), bearing no interest. Per the agreement, if the property is used for supportive housing, HUD will reduce the amount required to be repaid by 10 percent each year for 10 years starting June 2019.

400,000

In January 2012, the Organization received a note payable from Security Business Bank of San Diego in the amount of \$180,000 for Pacific Sun Apartments property located in Huntington Beach, CA, bearing no interest, the outstanding balance of which will be forgiven May 1, 2027 as long as the secured property is used for the purpose designated in the note. See footnote 8.

180,000

Subtotal forgivable notes payable

2,322,663

Notes Payable

On December 15, 2008, the Organization received a non-interest bearing note payable to the City of Huntington Beach in the amount of \$2,262,833 for a property located in Huntington Beach, CA. The outstanding balance of the loan shall be due in full on December 15, 2068.

2,182,862

On November 16, 2009, the Organization received a non-interest bearing note payable to the City of Anaheim in the amount of \$530,000 for property located in Anaheim, CA. The outstanding balance of the loan shall be due in full on November 16, 2064.

530,000

On February 2, 2009, the Organization received a note payable to the Clearinghouse CDFI, in the amount of \$560,000, bearing interest at a rate of 7.25% annually, with monthly payments of \$3,823 until the note matured on August 1, 2018. The note was used to secure property in Huntington Beach, CA. As of September 30, 2018 the Organization and the CDFI were negotiating the terms of paying off the note.

489,395

COLETTE'S CHILDREN'S HOME

Notes to Financial Statements

(Continued)

(4) Long-Term Liabilities, (Continued)

On August 19, 2016, the Organization received two promissory note payables to the Pacific Premier Bank in the amount of \$615,000 each, bearing simple interest (not compounding interest) at a rate of 4.5% annually, with monthly payments of \$3,446 until September 1, 2023 at which time the interest becomes variable based on an independent index. The outstanding principal and interest balances of these notes shall be due in full on September 1, 2026. The notes were used to secure property in Placentia, CA.

1,175,928

In April 2018, the Organization received a promissory note payable to Teamsters Local 986 Charity Fund, Inc. in the amount of \$1,000,000, bearing simple interest (not compounding interest) at a rate of 3% annually. The outstanding principal and interest balance of this note shall be due in full in March 2023. The note was used to secure property in Garden Grove, CA.

1,000,000

On June 8, 2017, the Organization received a promissory note payable to the Pacific Premier Bank in the amount of \$347,000, bearing simple interest (not compounding interest) at a rate of 4.5% annually, with monthly payments of \$1,941 until August 1, 2024 at which time the interest becomes variable based on an independent index. The outstanding principal and interest balances of these loans shall be due in full on July 1, 2027. The notes were used to refund prior debt used to secure property in Placentia, CA.

338,254

Subtotal notes payable 5,716,439

Total long-term liabilities \$ 8,039,102

COLETTE'S CHILDREN'S HOME

Notes to Financial Statements

(Continued)

(4) Long-Term Liabilities, (Continued)

Future debt service requirements on non-forgivable notes payable are as follows:

<u>September 30,</u>	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
2019	\$ 525,597	97,446	623,043
2020	37,804	95,786	133,590
2021	39,540	94,049	133,589
2022	41,357	92,233	133,590
2023	1,043,257	77,182	1,120,439
Thereafter	<u>4,028,884</u>	<u>178,298</u>	<u>4,207,182</u>
Total payments	<u>\$ 5,716,439</u>	<u>634,994</u>	<u>6,351,433</u>

(5) Contingencies

Certain forgivable notes payable in footnote 4 include interest payments that would be required to be paid if the properties acquired were not used for the intended purpose. Since management believes that payment of interest on these notes is not probable because the properties will be used for the intended purpose until the notes have been forgiven, the contingent interest in the amount of \$342,685 has not been reflected in the accompanying financial statements.

(6) Commitments

The Organization pays rent in accordance with lease agreements for their office space and client housing. The future obligations for these leases are as follows:

<u>Year Ending</u> <u>September 30</u>	
2019	<u>\$ 51,650</u>
Total	<u>\$ 51,650</u>

The Organization also pays monthly rent of \$2,995 in accordance with a month to month lease agreement with CPOC Trust which is owned by the Executive Director of the Organization. The building is used for client housing. Total rent expense to CPOC Trust for the year ended September 30, 2018 was \$35,940. The Organization also pays \$9,630 per month total for six month-to-month property leases with unaffiliated landlords.

Rent expense for the year ended September 30, 2018 was \$282,185.

COLETTE'S CHILDREN'S HOME

Notes to Financial Statements

(Continued)

(7) Net Assets

Net assets consisted of the following at September 30, 2018:

Unrestricted net assets:

Invested in property and equipment, net of related debt	\$ 8,358,291
Undesignated, available for programs	<u>2,644,135</u>
Total unrestricted net assets	<u>11,002,426</u>
Total net assets	<u>\$ 11,002,426</u>

(8) Investment in Partnership

On July 13, 2010, the Organization entered into a partnership agreement with CIC Pacific Sun Apartments, LLC for the purpose of acquiring, development, constructing, rehabilitating, owning, leasing, managing, and financing of a low-income rental housing project, to be known as Pacific Sun Apartments. The Organization is the Managing General Partner, CIC Pacific Sun Apartments, LLC is the Administrative General Partner, and Raymond James Tax Credit Fund 37 is the Limited Partner. Profits, Losses, and Distributions will be shared at .005% for the Organization, .005% by Pacific Sun Apartments, and 99% by Raymond James Tax Credit Fund 37. The same percentages apply upon dissolution of the Partnership. CIC Pacific Sun Apartments is responsible for maintaining the accounting records of the Apartment Complex and is responsible for tax filings.

The Organization records its investment in partnership under the equity method based on values provided by the partnership agreement and fair market value of the investment. These inputs are based on unobservable inputs not corroborated by market data and are considered Level 3 for the year ended September 30, 2018. The December 31, 2018 Schedule K-1 was used to evaluate the Organization's equity in the partnership. The K-1 also reported that the Organization had a recourse liability in the amount of \$85,297 related to the partnership. As of September 30, 2018, the Organization reported \$10 of ownership reported in Other Assets on the Statement of Financial Position.

Per agreement with CIC Pacific Sun Apartments, the Organization provides property management services to the partnership. The Organization is paid on a monthly basis in the amount of \$483 per month beginning January 2012 which is increased annually by 3.5% and the total is not to exceed 10% of the property's annual gross receipts. The Organization received \$6,062 during the fiscal year for these services.

In January 2012 the Organization received a note payable from Security Business Bank of San Diego in the amount of \$180,000 for Pacific Sun Apartments property located in Huntington Beach, California. The outstanding balance of which will be forgiven 15 years after the development of the property, as long as the secured property is used for the purpose designated in the note. The loan bears no interest as long as there are no defaults on the loan terms. The loan is secured by the property.

COLETTE'S CHILDREN'S HOME

Notes to Financial Statements

(Continued)

(8) Investment in Partnership, (Continued)

The Organization loaned the funds received to the Administrative General Partner at an interest rate of 3% with a maturity on January 2067. The interest and principal payments on the loan are limited to the amounts, if any, paid to Security Business Bank. The loan outstanding loan receivable balance at September 30, 2018 was \$180,000.

(9) Special Event

Special event revenue net of direct expenses consisted of the following for the year ended September 30, 2018:

Special event revenue	\$ 417,475
Less: direct expenses	<u>(90,294)</u>
Net support from special event	<u>\$ 327,181</u>

(10) Related Party Transactions

During the year ended September 30, 2018, the Organization made payments totaling \$11,780 to their Board President, Pamela Hope, for fundraising consulting services related to the special event.

During the year ended September 30, 2018, the Organization rented property owned by the CPOC Trust, which is owned by the Executive Director. The amounts paid for rent to CPOC Trust was \$35,940 for the fiscal year.

(11) Subsequent Events

Subsequent events have been evaluated by management through July 15, 2019, which is the date the financial statements were available to be issued. Events occurring after that date have not been evaluated to determine whether a change in the financial statements would be required.

SUPPLEMENTAL SCHEDULES

COLETTE'S CHILDREN'S HOME
Combined Balance Sheet
as of
September 30, 2018

ACCOUNT	TITLE	COLETTE'S CHILDREN'S HOME COMBINED	COLETTE'S CHILDREN'S HOME, INC.	CCH AFFORDABLE HOUSING
Assets				
	1000 Cash / Reserves	\$2,505,446.96	\$2,451,570.64	\$53,876.32
	1100 Accounts Receivables	\$264,446.10	\$258,810.10	\$5,636.00
	1200 Pledges Receivables	\$0.00	\$0.00	\$0.00
	1300 Prepaid & Deposits	\$79,368.04	\$71,868.04	\$7,500.00
	Current Assets Sub-Total	\$2,849,261.10	\$2,782,248.78	\$67,012.32
	1500 Long Term Accounts Receivable	\$180,000.00	\$180,000.00	\$0.00
	Long Term Assets Sub-Total	\$180,000.00	\$180,000.00	\$0.00
	1640 Equipment & Furniture	\$34,490.00	\$34,490.00	\$0.00
	1650 Buildings	\$7,421,278.25	\$5,672,027.94	\$1,749,250.31
	1680 Land	\$10,122,392.34	\$9,189,228.34	\$933,164.00
	(Accumulated Depreciation)	(\$1,180,767.41)	(\$941,950.85)	(\$238,816.56)
	Fixed Assets Sub-Total	\$16,397,393.18	\$13,953,795.43	\$2,443,597.75
	1700 Other Assets	\$3,877.00	\$3,867.00	\$10.00
	1900 Inter-fund Transactions	\$0.00	\$0.00	\$0.00
	Total Assets	\$19,430,531.28	\$16,919,911.21	\$2,510,620.07
Liabilities				
	2000 Accounts Payable	\$55,151.71	\$50,930.33	\$4,221.38
	2100 Payroll Liabilities	\$0.00	\$0.00	\$0.00
	2200 Accrued Liabilities	\$76,499.94	\$75,248.78	\$1,251.16
	2300 Advances & Deposits payable	\$244,202.27	\$239,124.27	\$5,078.00
	Current Liabilities Sub-Total	\$375,853.92	\$365,303.38	\$10,550.54
	2630 Loans Payable	\$1,180,000.00	\$1,180,000.00	\$0.00
	2640 Mortgage Loans - Private Banks	\$2,003,577.94	\$1,514,181.99	\$489,395.95
	2650 Mortgage Loans - Government	\$4,868,675.18	\$2,685,813.70	\$2,182,861.48
	Long Term Liabilities Sub-Total	\$8,052,253.12	\$5,379,995.69	\$2,672,257.43
	2900 Inter-fund Transactions	\$0.00	\$0.00	\$0.00
	Total Liabilities	\$8,428,107.04	\$5,745,299.07	\$2,682,807.97
Equity				
	3000 Net Assets / Equity	\$8,297,791.80	\$8,438,864.13	(\$141,072.33)
	3100 Current Year Equity - Additions	\$2,704,632.44	\$2,735,748.01	(\$31,115.57)
	Total Equity	\$11,002,424.24	\$11,174,612.14	(\$172,187.90)
	Total Liabilities & Equity	\$19,430,531.28	\$16,919,911.21	\$2,510,620.07

COLETTE'S CHILDREN'S HOME

Balance Sheet

as of

September 30, 2018

ACCOUNT	TITLE	COLETTE'S CHILDREN'S HOME
<u>Assets</u>		
1000	Cash / Reserves	\$2,451,570.64
1100	Accounts Receivables	\$258,810.10
1200	Pledges Receivables	\$0.00
1300	Prepaid & Deposits	\$71,868.04
Current Assets Sub-Total		\$2,782,248.78
1500	Long Term Accounts Receivable	\$180,000.00
Long Term Assets Sub-Total		\$180,000.00
1640	Equipment & Furniture	\$34,490.00
1650	Buildings	\$5,672,027.94
1680	Land	\$9,189,228.34
	(Accumulated Depreciation)	(\$941,950.85)
Fixed Assets Sub-Total		\$13,953,795.43
1700	Investments	\$3,867.00
1900	Inter-fund Transactions	\$0.00
Total Assets		\$16,919,911.21
<u>Liabilities</u>		
2000	Accounts Payable	\$50,930.33
2100	Payroll Liabilities	\$0.00
2200	Accrued Liabilities	\$75,248.78
2300	Advances & Deposits Payable	\$239,124.27
Current Liabilities Sub-Total		\$365,303.38
2630	Loans Payable	\$1,180,000.00
2640	Mortgage Loans - Private Banks	\$1,514,181.99
2650	Mortgage Loans - Government	\$2,685,813.70
Long Term Liabilities Sub-Total		\$5,379,995.69
2900	Inter-fund Transactions	\$0.00
Total Liabilities		\$5,745,299.07
<u>Equity</u>		
3000	Net Assets / Equity	\$8,438,864.13
3100	Current Year Equity - Additions	\$2,735,748.01
Total Equity		\$11,174,612.14
Total Liabilities & Equity		\$16,919,911.21

CCH AFFORDABLE HOUSING

Balance Sheet

as of
September 30, 2018

ACCOUNT	TITLE	CCH AFFORDABLE HOUSING COMBINED
Assets		
1000	Cash / Reserves	\$53,876.32
1100	Accounts Receivables	\$5,636.00
1200	Pledges Receivables	\$0.00
1300	Prepaid & Deposits	\$7,500.00
Current Assets Sub-Total		\$67,012.32
1500	Long Term Accounts Receivable	\$0.00
Long Term Assets Sub-Total		\$0.00
1640	Equipment & Furniture	\$0.00
1650	Buildings	\$1,749,250.31
1680	Land	\$933,164.00
	(Accumulated Depreciation)	(\$238,816.56)
Fixed Assets Sub-Total		\$2,443,597.75
1700	Other Assets (Investment in Partnership)	\$10.00
Total Assets		\$2,510,620.07
Liabilities		
2000	Accounts Payable	\$4,221.38
2100	Payroll Liabilities	\$0.00
2200	Accrued Liabilities	\$1,251.16
2300	Advances & Deposits Payable	\$5,078.00
Current Liabilities Sub-Total		\$10,550.54
2630	Loans Payable	\$0.00
2640	Mortgage Loans - Private Banks	\$489,395.95
2650	Mortgage Loans - Government	\$2,182,861.48
Long Term Liabilities Sub-Total		\$2,672,257.43
2900	Inter-fund Transactions	\$0.00
Total Liabilities		\$2,682,807.97
Equity		
3000	Net Assets / Equity	(\$141,072.33)
3100	Current Year Equity - Additions	(\$31,115.57)
Total Equity		(\$172,187.90)
Total Liabilities & Equity		\$2,510,620.07

COLETTE'S CHILDREN'S HOME

Combined Statement of Activities

Period Ending

September 30, 2018

ACCOUNT	TITLE	AMOUNT	Colette's Children's Home Amount	CCH Affordable Housing Amount
Revenues				
	5100 Contributions	\$656,755.13	\$656,755.13	\$0.00
	5200 Direct Public Support	\$230,174.37	\$230,174.37	\$0.00
	5300 Indirect Public Support	\$417,474.61	\$417,474.61	\$0.00
	5400 Government Contributions	\$1,300,230.87	\$1,300,230.87	\$0.00
	5500 Rental Rev.	\$390,219.67	\$284,343.67	\$105,876.00
	5600 Program Rev.	\$2,375.42	\$2,375.42	\$0.00
	5700 Earned Rev.	\$66,893.86	\$66,891.88	\$1.98
	Total Revenues	\$3,064,123.93	\$2,958,245.95	\$105,877.98
Expenditures				
	7200 Salaries & Wages	\$1,076,362.87	\$1,076,362.87	\$0.00
	7300 Contracts - Professional Services	\$74,539.68	\$39,065.63	\$35,474.05
	7400 Travel - Mileage	\$27,998.26	\$27,998.26	\$0.00
	7500 Occupancy - Leases	\$500,533.32	\$478,932.83	\$21,600.49
	7600 Client Support Services	\$112,428.23	\$112,428.23	\$0.00
	7700 Supplies / Equipment / Furniture	\$84,761.24	\$84,675.89	\$85.35
	7800 Communications	\$59,498.42	\$59,498.42	\$0.00
	7900 Operations	\$259,075.52	\$211,771.24	\$47,304.28
	Total Expenditures	\$2,195,197.54	\$2,090,733.37	\$104,464.17
	NET ORDINARY REVENUES	\$868,926.39	\$867,512.58	\$1,413.81
Other Revenues				
	6100 Loans/Notes Forgiveness	\$2,000,985.00	\$2,000,985.00	\$0.00
	6200 Donated Goods	\$471,241.27	\$471,241.27	\$0.00
	Total Other Revenues	\$2,472,226.27	\$2,472,226.27	\$0.00
Other Expenditures				
	8100 Depreciation	\$146,807.00	\$118,499.00	\$28,308.00
	8200 Non-Cash Expense	\$471,241.27	\$471,241.27	\$0.00
	8300 Net Residual Sharing	\$4,221.38	\$0.00	\$4,221.38
	9100 Capital Purchases	\$14,250.57	\$14,250.57	\$0.00
	Total Other Expenditures	\$636,520.22	\$603,990.84	\$32,529.38
	Net Operations	\$2,704,632.44	\$2,735,748.01	(\$31,115.57)

COLETTE'S CHILDREN'S HOME
Statement of Activities
Period Ending
September 30, 2018

ACCOUNT	TITLE	AMOUNT
<u>Revenues</u>		
5100	Contributions	\$656,755.13
5200	Direct Public Support	\$230,174.37
5300	Indirect Public Support	\$417,474.61
5400	Government Contributions	\$1,300,230.87
5500	Rental Revenue	\$284,343.67
5600	Program Revenue	\$2,375.42
5700	Earned Revenue	\$66,891.88
Total Revenues		\$2,958,245.95
<u>Expenditures</u>		
7200	Salaries & Wages	\$1,076,362.87
7300	Contracts - Professional Services	\$39,065.63
7400	Travel - Mileage	\$27,998.26
7500	Occupancy - Leases	\$478,932.83
7600	Client Support Services	\$112,428.23
7700	Supplies / Equipment / Furniture	\$84,675.89
7800	Communications	\$59,498.42
7900	Operations	\$211,771.24
Total Expenditures		\$2,090,733.37
NET ORDINARY REVENUES		\$867,512.58
<u>Other</u>		
6100	Loan Forgiveness	\$2,000,985.00
6200	Non-Cash Donations	\$471,241.27
Total Other Revenue		\$2,472,226.27
8100	Depreciation	\$118,499.00
8200	Non-Cash Expenses	\$471,241.27
9100	Capital Purchases	\$14,250.57
9200	Contra - Capital Purchases	\$0.00
Total Other Expenditures		\$603,990.84
Net Operations		\$2,735,748.01

CCH AFFORDABLE HOUSING
Statement of Activities

Period Ending
September 30, 2018

ACCOUNT	TITLE	AMOUNT
<u>Revenues</u>		
5100	Contributions	\$0.00
5200	Direct Public Support	\$0.00
5300	Indirect Public Support	\$0.00
5400	Government Contributions	\$0.00
5500	Rental Revenue	\$105,876.00
5600	Program Revenue	\$0.00
5700	Earned Revenue	\$1.98
Total Revenues		\$105,877.98
<u>Expenditures</u>		
7200	Salaries & Wages	\$0.00
7300	Contracts - Professional Services	\$35,474.05
7400	Travel - Mileage	\$0.00
7500	Occupancy - Leases	\$21,600.49
7600	Client Support Services	\$0.00
7700	Supplies / Equipment / Furniture	\$85.35
7800	Communications	\$0.00
7900	Operations	\$47,304.28
Total Expenditures		\$104,464.17
NET ORDINARY REVENUES		\$1,413.81
<u>Other</u>		
6100	Non-Cash Revenues	\$0.00
6200	Non-Cash Donations	\$0.00
Total Other Revenue		\$0.00
8100	Depreciation	\$28,308.00
8200	Non-Cash Expenses	\$0.00
8300	Residual Receipts Payment	\$4,221.38
9100	Capital Purchases	\$0.00
9200	Contra - Capital Purchases	\$0.00
Total Other Expenditures		\$32,529.38
Net Operations		(\$31,115.57)