

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning 7/01, 2005, and ending 6/30, 2006

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instruc-
tions.

NATIONAL HEALTH CARE FOR THE HOMELESS
 COUNCIL, INC.
 P.O. BOX 60427
 NASHVILLE, TN 37206

D Employer identification number

62-1475145

E Telephone number

(615) 226-2292

F Accounting method:

☐ Cash ☒ Accrual☐ Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt
 charitable trusts must attach a completed Schedule A
 (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates: _____

H (c) Are all affiliates included? ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number: _____

M Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: N/A

J Organization type

(check only one) ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,140,282.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1 Contributions, gifts, grants, and similar amounts received:					
a	Direct public support	1a	72,349.		
b	Indirect public support	1b	2,675.		
c	Government contributions (grants)	1c	906,221.		
d	Total (add lines 1a through 1c) (cash \$ 981,245. noncash \$)	1d	981,245.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	41,369.		
3	Membership dues and assessments	3	108,150.		
4	Interest on savings and temporary cash investments	4	9,518.		
5	Dividends and interest from securities	5			
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe: _____)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less: cost or other basis and sales expenses	8a		8b	
c	Gain or (loss) (attach schedule)	8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,140,282.		
13	Program services (from line 44, column (B))	13	1,012,531.		
14	Management and general (from line 44, column (C))	14	112,824.		
15	Fundraising (from line 44, column (D))	15	16,538.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	1,141,893.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-1,611.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	310,573.		
20	Other changes in net assets or fund balances (attach explanation)	20			
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	308,962.		

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23	Specific assistance to individuals (att sch)	23				
24	Benefits paid to or for members (att sch)	24				
25	Compensation of officers, directors, etc	25	97,794.	79,213.	9,779.	
26	Other salaries and wages	26	273,910.	213,881.	56,222.	
27	Pension plan contributions	27				
28	Other employee benefits	28	41,400.	32,957.	7,125.	
29	Payroll taxes	29	29,583.	23,424.	5,142.	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	7,960.	7,198.	727.	
34	Telephone	34	20,913.	17,206.	3,476.	
35	Postage and shipping	35	15,872.	14,973.	429.	
36	Occupancy	36	14,779.	9,607.	5,172.	
37	Equipment rental and maintenance	37				
38	Printing and publications	38	70,012.	69,839.		
39	Travel	39	89,654.	88,846.	808.	
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	9,280.		9,280.	
43	Other expenses not covered above (itemize):					
a	SEE STATEMENT 1	43a	470,736.	455,387.	14,664.	
b	-----	43b				
c	-----	43c				
d	-----	43d				
e	-----	43e				
f	-----	43f				
g	-----	43g				
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	1,141,893.	1,012,531.	112,824.	16,538.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

BAA

Form 990 (2005)

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► **MEMBERSHIP SUPPORT**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)

a SEE STATEMENT 2

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

1,012,531.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services.

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 1,012,531.

BAA

Form 990 (2005)

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing.....	69,766.	45	52,766.
	46 Savings and temporary cash investments.....	185,000.	46	235,289.
	47 a Accounts receivable.....	47 a 2,491.		
	b Less: allowance for doubtful accounts.....	47 b	47 c	2,491.
	48 a Pledges receivable.....	48 a		
	b Less: allowance for doubtful accounts.....	48 b	48 c	
	49 Grants receivable.....	71,684.	49	52,442.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule).....		50	
	51 a Other notes & loans receivable (attach sch).....	51 a		
	b Less: allowance for doubtful accounts.....	51 b	51 c	
	52 Inventories for sale or use.....		52	
	53 Prepaid expenses and deferred charges.....	1,084.	53	876.
	54 Investments — securities (attach schedule).....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments — land, buildings, & equipment: basis.....	55 a		
	b Less: accumulated depreciation (attach schedule).....	55 b	55 c	
56 Investments — other (attach schedule).....		56		
57 a Land, buildings, and equipment: basis.....	57 a 71,345.			
b Less: accumulated depreciation (attach schedule).....	57 b 50,344.	57 c	21,001.	
58 Other assets (describe ▶.....)		58		
59 Total assets (must equal line 74). Add lines 45 through 58.....	358,050.	59	364,865.	
LIABILITIES	60 Accounts payable and accrued expenses.....	47,477.	60	55,903.
	61 Grants payable.....		61	
	62 Deferred revenue.....		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule).....		63	
	64 a Tax-exempt bond liabilities (attach schedule).....		64 a	
	b Mortgages and other notes payable (attach schedule).....		64 b	
	65 Other liabilities (describe ▶.....)		65	
	66 Total liabilities. Add lines 60 through 65.....	47,477.	66	55,903.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted.....	310,573.	67	308,962.
	68 Temporarily restricted.....		68	
	69 Permanently restricted.....		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds.....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund.....		71	
	72 Retained earnings, endowment, accumulated income, or other funds.....		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21).....	310,573.	73	308,962.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.....	358,050.	74	364,865.

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Form 990 (2005)

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	1,140,282.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	1,140,282.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	1,140,282.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a Total expenses and losses per audited financial statements		a	1,141,893.
b Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify):	b4		
Add lines b1 through b4		b	
c Subtract line b from line a		c	1,141,893.
d Amounts included on Part I, line 17, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2		d	
e Total expenses (Part I, line 17). Add lines c and d		e	1,141,893.

Part V-A	Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)	1,111,058
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(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
JOHN N. LOZIER ----- ----- /	45	97,794.	4,890.	0.
PLEASE SEE ATTACHED LISTING ----- ----- /	0	0.	0.	0.
----- ----- ----- ----- -----				
----- ----- ----- ----- -----				
----- ----- ----- ----- -----				
----- ----- ----- ----- -----				

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85b	N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members. 85c N/A			
d Section 162(e) lobbying and political expenditures. 85d N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. 85e N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12. 86a N/A		
b Gross receipts, included on line 12, for public use of club facilities. 86b N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders. 87a N/A		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization. ▶ 0.			
90 a	List the states with which a copy of this return is filed ▶ NONE		
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) 90b 8			
91 a	The books are in care of ▶ LISA WILLIAMS, MBA Telephone number ▶ (615) 226-2292 Located at ▶ PO BOX 60427; NASHVILLE, TN, ZIP + 4 ▶ 37206		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		91b	X
If 'Yes,' enter the name of the foreign country ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements			
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c	X
If 'Yes,' enter the name of the foreign country ▶			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. N/A ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 92 N/A		

BAA

Form 990 (2005)

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PROGRAM SERVICE FEES					41,369.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					108,150.
95 Interest on savings & temporary cash invmnts			14	9,518.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				9,518.	149,519.
105 Total (add line 104, columns (B), (D), and (E))					159,037.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	FEES EARNED WHILE PROVIDING SERVICES TO VARIOUS AGENCIES CONCERNING HOMELESS ISSUES.
94	DUES PAID BY MEMBER ORGANIZATIONS TO RECEIVE BENEFITS OF STUDIES DONE BY THE AGENCY.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer 	Date 10/16/06
Paid Preparer's Use Only	Type or print name and title JOHN N. LOZICK, EXECUTIVE DIRECTOR	
	Preparer's signature 	Date 10/9/06
	Firm's name (or yours if self-employed), address, and ZIP + 4 BELLENFANT & MILES, P.C., CPAS 136 WILSON PIKE CIRCLE BRENTWOOD, TN 37027	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN (See General Instruction W) P00285790 EIN 62-1298458 Phone no. (615) 370-8700

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No. 1545-0047

2005

Name of the organization **NATIONAL HEALTH CARE FOR THE HOMELESS
COUNCIL, INC.**

Employer identification number
62-1475145

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 4		222,136.	10,778.	0.
Total number of other employees paid over \$50,000 ▶		0		

Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
METRO NASHVILLE PUBLIC HEALTH DEPT 311 23RD AVENUE NORTH NASHVILLE, TN	PROJECT DIRECTOR	53,100.
JEFF OLIVET 4 AVON STREET, #2 CAMBRIDGE, MA 02138	TRAINING	56,875.
SUZANNE ZERGER 915 KING STREET W. STE 308 TORONTO, CANADA	RESEARCH SPECIALIST	58,640.
Total number of others receiving over \$50,000 for professional services ▶		0

Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		0

Part III Statements About Activities (See instructions.)

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. \$ 0.	1	X	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)	2a	X	
	a Sale, exchange, or leasing of property?	2b	X	
	b Lending of money or other extension of credit?	2c	X	
	c Furnishing of goods, services, or facilities?	2d	X	
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2e	X	
	e Transfer of any part of its income or assets?	3a	X	
	3a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3b	X	
	b Do you have a section 403(b) annuity plan for your employees?	3c	X	
	c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	4a	X	
	4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4b	X	
	b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?			

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

<input type="checkbox"/>	5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
<input type="checkbox"/>	6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
<input type="checkbox"/>	7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
<input type="checkbox"/>	8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
<input type="checkbox"/>	9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
<input type="checkbox"/>	10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
<input checked="" type="checkbox"/>	11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
<input type="checkbox"/>	11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
<input type="checkbox"/>	12 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 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). (Also complete the Support Schedule in Part IV-A.)
<input type="checkbox"/>	13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)..... ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)...	861,924.	927,885.	895,687.	806,168.	3,491,664.
16 Membership fees received.....	95,410.	88,340.	52,720.	44,280.	280,750.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose.....	82,710.	47,860.	99,575.	26,804.	256,949.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.....	4,352.	2,336.	3,534.	8,916.	19,138.
19 Net income from unrelated business activities not included in line 18.....					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.....					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.....					0.
23 Total of lines 15 through 22.....	1,044,396.	1,066,421.	1,051,516.	886,168.	4,048,501.
24 Line 23 minus line 17.....	961,686.	1,018,561.	951,941.	859,364.	3,791,552.
25 Enter 1% of line 23.....	10,444.	10,664.	10,515.	8,862.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24..... ▶					26a 75,831.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts..... ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)..... ▶					26c 3,791,552.
d Add: Amounts from column (e) for lines: 18 19,138. 19..... ▶					26d 19,138.
22 26b..... ▶					26e 3,772,414.
e Public support (line 26c minus line 26d total)..... ▶					26f 99.50 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))..... ▶					
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add: Line 27a total..... and line 27b total.....					27d
e Public support (line 27c total minus line 27d total)..... ▶					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)..... ▶					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))..... ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))..... ▶					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			

34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered 'Yes' to either 34a or b, please explain using an attached statement.			

35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35	

2005

FEDERAL STATEMENTS

PAGE 1

CLIENT NHCHC

NATIONAL HEALTH CARE FOR THE HOMELESS
COUNCIL, INC.

62-1475145

9/19/06

04:31PM

STATEMENT 1
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
CONSULTANTS	55,740.	55,740.		
CONTRACTORS	317,506.	313,506.	4,000.	
DUES & REGISTRATIONS	3,010.	2,665.		345.
MEETING EXPENSES	33,572.	31,365.	2,207.	
RECOGNITIONS	1,272.	1,272.		
RELIEF FUND	49,668.	49,668.		
SERVICE FEES	9,906.	1,109.	8,457.	340.
SUBSCRIPTIONS	62.	62.		
TOTAL	\$ 470,736.	\$ 455,387.	\$ 14,664.	\$ 685.

STATEMENT 2
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
PROJECT SUPPORT: TWO MEETINGS OF ORGANIZATIONAL MEMBERS; MONTHLY CONFERENCE CALL MEETINGS OF PROGRAM COMMITTEES AND BOARD OF DIRECTORS. SITE VISITS TO SEVERAL HCH PROGRAMS INCLUDING NEW STARTS. NUMEROUS MEETINGS, TELEPHONE CONVERSATIONS AND INDIVIDUAL MEETINGS PROVIDING TECHNICAL ASSISTANCE AND INFORMATION EXCHANGE. OPERATION OF HCH CLINICIANS' NETWORK FOR OVER 500 INDIVIDUAL MEMBERS WITH ACTIVE PROGRAM AND GOVERNANCE COMMITTEES MEETING MONTHLY BY CONFERENCE CALL; ONE MEMBERSHIP MEETING OF NETWORK. PARTICIPATED IN DIABETES COLLABORATIVES; SUPPORTED RESPITE CARE PROVIDERS NETWORK AND ORGANIZED NATIONAL RESPITE CONFERENCE; SUPPORTED NATIONAL CONSUMER ADVISORY BOARD. ACTIVE PARTICIPATION IN PLANNING NATIONAL HEALTH CARE FOR THE HOMELESS CONFERENCE. MAINTAINED WEBSITE WITH HELPFUL INFORMATION. PUBLISHED VARIOUS MONOGRAPHS AND NEWSLETTERS. INCLUDES FOREIGN GRANTS: NO		201,372.
ADVOCACY & EDUCATION: IDENTIFIED POTENTIAL APPLICANTS AND INFORMED THEM ABOUT AVAILABLE HCH FUNDING. PUBLISHED NEWSLETTERS FOR MEMBERS AND SUBSCRIBERS. ORGANIZED NATIONAL EDUCATIONAL SYMPOSIUM ON HEALTH POLICY AND HOMELESSNESS FOR 800 PARTICIPANTS. PUBLISHED STATEMENTS ON PUBLIC POLICY ISSUES. COMMUNICATED WITH MEMBERS OF CONGRESS OR THEIR STAFFS ON ISSUES OF HEALTH CARE AND WITH HHS OFFICIALS REGARDING HCH. SEVERAL SPEAKING ENGAGEMENTS REGARDING HCH. PARTICIPATED IN VARIOUS NATIONAL ORGANIZATIONS TO PROMOTE UNDERSTANDING OF LINKS BETWEEN HOMELESSNESS AND HEALTH ISSUES. TRAINED TENNESSEE SHELTER PROVIDERS REGARDING HEALTH INSURANCE ENROLLMENT ISSUES. INCLUDES FOREIGN GRANTS: NO		811,159.
	\$ 0.	\$ 1,012,531.

2005

FEDERAL STATEMENTS

PAGE 2

CLIENT NHCHC

NATIONAL HEALTH CARE FOR THE HOMELESS
COUNCIL, INC.

62-1475145

10/09/06

10:33AM

STATEMENT 3
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 71,345.	\$ 50,344.	\$ 21,001.
TOTAL	\$ 71,345.	\$ 50,344.	\$ 21,001.

STATEMENT 4
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUTIO EBP & DC	EXPENSE ACCOUNT
JOHN LOZIER 807 MCCARN ST NASHVILLE, TN 37204	EXECUTIVE DIREC 45	97,794.	4,725.	0.
BRENDA PROFITT 3533 CAMPBELLCT.NW ALBUQUERQUE, NM	CN DIRECTOR 40	67,691.	3,220.	0.
KEN KRAYBILL 2822 NW 62ND ST SEATTLE, WA 98107	TRAINING SPECIA 40	56,651.	2,833.	0.
TOTAL		\$ 222,136.	\$ 10,778.	\$ 0.

STATEMENT 5
SCHEDULE A, PART VI-B, LINE I
DESCRIPTIONS OF THE LOBBYING ACTIVITIES

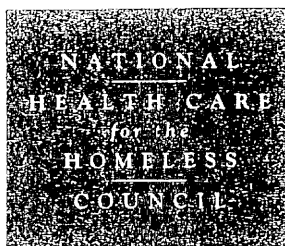
B. PAID STAFF ENGAGED IN THE ACTIVITIES DESCRIBED BELOW IN ORDER TO INFLUENCE PUBLIC OPINION ON NATIONAL LEGISLATION REGARDING UNIVERSAL HEALTH CARE, HOUSING, AND OTHER POLICY ISSUES RELATED TO ENDING HOMELESSNESS.

D. ACTION ALERTS WERE DISTRIBUTED TO MEMBERS AND SUBSCRIBERS BY E-MAIL. COPIES OF ACTION ALERTS WERE MADE AVAILABLE AT TABLES AT VARIOUS CONFERENCES AND MEETINGS.

E. POSITION PAPERS WERE PUBLISHED ON OUR WEBSITE AND OCCASIONAL MEDIA INTERVIEWS OR LETTERS TO THE EDITOR ADDRESSED LEGISLATIVE ISSUES.

G. DISCUSSED HEALTHCARE REAUTHORIZATION AND APPROPRIATIONS ISSUES WITH MEMBERS OF CONGRESS AND THEIR STAFF.

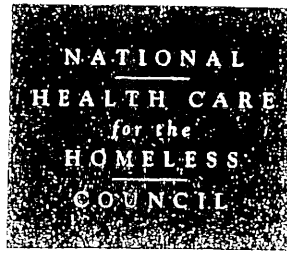
H. A POLICY SYMPOSIUM EXAMINING HUMAN RIGHTS AND HOMELESSNESS INCLUDED DISCUSSION OF SPECIFIC LEGISLATIVE MATTERS IN WORKSHOPS AND SPEECHES.



**National Health Care for the Homeless Council: Officers and Board of Directors
as of June 2006**

Officers

President	Jeff Singer President and CEO Health Care for the Homeless, Inc. 111 Park Avenue Baltimore, MD 21201
Vice President	Allan Ainsworth Executive Director Wasatch Homeless Health Care, Inc. 404 South 400 West Salt Lake City, UT 84101
Secretary	Janna Wilson Program Manager Seattle-King County Department of Public Health/ Health Care for the Homeless Network 999 3 rd Avenue, Suite 900 Seattle, WA 98104
Treasurer	Lee Carroll Executive Director Health Care for the Homeless of Milwaukee, Inc. 711 West Capitol Drive Milwaukee, WI 53206



**National Health Care for the Homeless
Board of Directors**

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Wasatch Homeless Health Care, Inc.
404 South 400 West
Salt Lake City, UT 84101

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SRO/Homeless Program Director
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House of Hope, Inc.
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Fort Lauderdale, FL 33312

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Executive Director
Camillus Health Concern, Inc.
336 NW Fifth Street
Miami, FL 33128

Christine Reller
Clinic Manager
Hennepin County Human Services and Public Health Department - HCH
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Dennis Royal
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Community Action Partnership of Natrona County - HCH Clinic
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