990-E7

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-1150 2014

Open to Public Inspection

Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Internal Revenue Service A For the 2014 calendar year, or tax year beginning , 2014, and ending C Name of organization D Employer identification number **B** Check if applicable: Address change BROWN COUNTY HOMELESS & HOUSING COA 39-1671533 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return Final return/terminated P O BOX 334 City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Green Bay, WI 54305-0334 Application pending Number **G** Accounting Method: Other (specify) H Check ► X if the organization is **not** required to attach Schedule B ► WWW.BCHHCWI.ORG J Tax-exempt status (check only one) - x 501(c)(3) (Form 990, 990-EZ, or 990-PF). (insert no.) 501(c)(4947(a)(1) or **K** Form of organization: X Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II. column (B) below) are \$500.000 or more, file Form 990 instead of Form 990-EZ 10,445 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances(see the instructions for Part I) Contributions, gifts, grants, and similar amounts received 8,355 2 Program service revenue including government fees and contracts Membership dues and assessments 850 Investment income **5a** Gross amount from sale of assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than Revenue of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract **7a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold **c** Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 1,240 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10,445 Grants and similar amounts paid (list in Schedule O) 10 10 11 Benefits paid to or for members Salaries, other compensation, and employee benefits 12 12 13 Professional fees and other payments to independent contractors 824 Occupancy, rent, utilities, and maintenance 14 364 15 Printing, publications, postage, and shipping 104 16 Other expenses (describe in Schedule O) 4,568 17 Total expenses. Add lines 10 through 16 17 5,860 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 4,585 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 16,310

Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year. Combine lines 18 through 20

20

20,895

20

	m 990-EZ (2014) BROWN COUNTY HOMELESS &	HOUSING COA		39-	1671	.533 Page 2
Pa	Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to respond to	any question in this Par	t II			
			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			16,310	22	20,895
23	Land and buildings			0	23	0
	Other assets (describe in Schedule O)			0	24	0
	Total assets			16,310	25	20,895
	Total liabilities (describe in Schedule O)			0	26	0
	Net assets or fund balances (line 27 of column (B) must agree	with line 21)		16,310	27	20,895
	art III Statement of Program Service Accompl		etructions for Pa			20,893
•		,		······		Expenses
\	Check if the organization used Schedule O to respond t				(Re	quired for section
VVII	at is the organization's primary exempt purpose? Housing ar	ia Support Servi	Lces		501	(c)(3) and 501(c)(4)
Des	scribe the organization's program service accomplishments for eacl	h of its three largest prog	gram services,		orga	anizations; optional for
	measured by expenses. In a clear and concise manner, describe th	•	number of		-	others.)
per	sons benefited, and other relevant information for each program title	Э.				
28	The BCHHC coordinates housing and support	services for t	hose			
	experiencing poverty or on the fringe of	poverty in our				
	community.					
	(Grants \$ 10,445) If this amount in	ncludes foreign grants, c	heck here	▶ 🗌	28a	5,860
29						
	(Grants \$) If this amount in	ncludes foreign grants, c	heck here	▶ □	29a	1
30	(Grane V) in the amount in	Toladoo Toloigii granto, o	11001011010			•
00						
	/Cranto C	antidae fereien erente e	baak bara		20-	
~4		ncludes foreign grants, c	neck nere • •		30a	1
31	Other program services (describe in Schedule O)				•	
		ncludes foreign grants, c		· · · · · · • 📋	31a	
	Total program service expenses (add lines 28a through 31a)				32	
P	List of Officers, Directors, Trustees, and Key Emplo		· ·	ated (see the instruc	ctions f	for Part IV)
	Check if the organization used Schedule O to respond t	o any question in this Pa	art IV • • •			
		(b) Average	(c) Reportable	(d) Health benef		(e) Estimated amount of
	(a) Name and title	hours per week	compensation (Forms W-2/1099-I	contributions to en MISC) benefit plans, a		other compensation
		devoted to position	(if not paid, ente	· · · · · · · · · · · · · · · · · · ·		
OPI	EN POSITION					
PRI	ESIDENT	0.00		О	0	0
KY:	LIE REYNEBEAU					
SE	CRETARY	2.00		o	0	0
RA	CHEL MILLER					
	CE PRESIDENT	10.00		o	0	0
	RY MARKS	10.00				
	EASURER	2.00		o	0	0
IKI	MOUNER	2.00		- 0	-	

33

34

35 a

36

37 a b 38 a

b 39

40 a

41 42 a

43

	990-EZ (2014) BROWN COUNTY HOMELESS & HOUSING COA 39-1671	<u> 333</u>	F	2 age 3
'a	other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	• • •	• • •	<u>- L L</u>
			Yes	No
,	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Χ
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		Χ
а	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Χ
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
;	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
a		00		21
	Did the organization file Form 1120-POL for this year?	37b		Х
	•	3/0		Λ
а	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	200		V
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
D	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
1	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	-		
	Gross receipts, included on line 9, for public use of club facilities	_		
а	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ; section 4912 ; section 4955 ; section 4955			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Χ
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
	List the states with which a copy of this return is filed			
а	The organization's books are in care of Mary Marks Telephone no. 920-6	60-9	426	
_	Located at PO Box 334, Green Bay, WI ZIP+4 54305			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	X
	If "Yes," enter the name of the foreign country:	720		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
_	Financial Accounts (FBAR).	40-		37
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<u>X</u>
	If "Yes," enter the name of the foreign country:			_
•	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here		•	· L
	and enter the amount of tax-exempt interest received or accrued during the tax year	<u></u>	T	
			Yes	No
а	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
h	Did the organization operate one or more hospital facilities during the year? If "Yes." Form 990 must be			

44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		
	completed instead of Form 990-EZ	44a	Χ
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		
	completed instead of Form 990-EZ	44b	X
С	Did the organization receive any payments for indoor tanning services during the year?	44c	X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		
	explanation in Schedule O	44d	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		
	Form 990-EZ (see instructions)	45b	Χ

Form 9	990-EZ (201	14)	BROWN COUNTY HO	MELESS & HOUSING	COA			39	9-1671	533	P	age 4
											Yes	No
46	Did the	organization engag	e, directly or indirectly, in	political campaign activitie	s on behalf o	f or in oppos	ition					
			ice? If "Yes," complete S							46		Χ
Par)(3) organizations									
	4	All section 501	(c)(3) organizations	s must answer questi	ons 47-49	b and 52	and co	omplete th	ne table	es for l	ines	
		50 and 51.										
	(Check if the or	ganization used So	hedule O to respond	to any qu	estion in	this Pa	rt VI				
											Yes	No
47	Did the	organization engag	e in lobbying activities or	have a section 501(h) elec	tion in effect	during the ta	ax					
		"Yes," complete So				-				47		Χ
48	•		· ·	170(b)(1)(A)(ii)? If "Yes," o	complete Sch	nedule F				48		Х
49a		-		pt non-charitable related or	-					49a		X
b		-	ganization a section 527		gariization:					49b		- 21
	-		•	st compensated employees						490		
50									у			
	employe	ees) wno each rece	eived more than \$100,000	of compensation from the	organization	. If there is r						
				(b) Average	(c) Rep	ortable		ealth benefits, ions to employe	e (e)	Estimate	ed amoui	nt of
		(a) Name and title of e	ach employee	hours per week		ensation	benefit pl	ans, and deferre		other co		
				devoted to position	(Forms W-2	/1099-MISC)	co	mpensation				
NON	E											
f	Total nu	mber of other empl	loyees paid over \$100,00	0	ı							
51			•	st compensated independe	nt contractor	s who each i	eceived r	nore than				
-	•		· ·	f there is none, enter "None								
	ψ.σσ,σσ	, o e. eepeeae	o to o.gaat.o									
	(a)	Name and business ad	dress of each independent con-	tractor	(b)	Type of service	9		(c) Co	mpensatio	n	
NON	r.											
11011												
d	Total nu	mber of other indep	pendent contractors each	receiving over \$100,000		•						
52	Did the	organization compl	ete Schedule A? Note. A	III section 501(c)(3) organiz	ations must	attach a			_	_		
	complet	ed Schedule A •							. ► <u>]</u>	X Yes		No
Under	penalties o	f perjury, I declare that I	have examined this return, inclu	iding accompanying schedules an	d statements, ar	nd to the best of	my knowled	dge and belief, i	t is			
true, c	orrect, and	complete. Declaration o	of preparer (other than officer) is	based on all information of which	preparer has an	y knowledge.						
		MARY MAR	RKS									
Sig	n	Signature of office	er				Date					
Her		MARY MAR	RKS, TREASURER									
		Type or print name										
		Print/Type preparer's r	name	Preparer's signature		Date		Check	if P	TIN		
Paid		THERESA AUDI		HERESA AUDE RTRP				self-employe		15160	150	
Prep			ZOELLER FINANCI			I	_:	n's EIN	FU		,50	
Use			115 S BROADWAY	WT SEVATORS			Firr	II S EIIN "				
Jac	City	Firm's address	De Pere WI 5411	E					20. 22.	0100		
Marci	the IDS 4	lication this return	vith the preparer shown a						20-336 - ▶ 「	\neg	$\overline{}$	No
ividy	1116 1U 9 0	iiscuss triis return v	with the preparer shown a	above: See instructions	<u> </u>	<u></u>		<u>.</u> .		X Yes	<u> </u>	MO

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2014

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Inspection Employer identification number

Name	lame of the organization Employer identification number											
BRO	WN	COUNTY HOMELESS & HOUSIN					39-16715					
Pa	rt I	Reason for Public Charit	t y Status (All o	rganizations must o	complete	this par	t.) See instructio	ns.				
The	orga	nization is not a private foundation beca	ause it is: (For lines	1 through 11, check only	one box.)							
1	\sqcup	A church, convention of churches, or	association of churc	ches described in sectio	n 170(b)(1))(A)(i).						
2	Ц	A school described in section 170(b)	(1)(A)(ii). (Attach S	schedule E.)								
3	Ц	A hospital or a cooperative hospital se	ervice organization d	lescribed in section 170	b)(1)(A)(iii).						
4	Ш	A medical research organization opera	ated in conjunction	with a hospital described	in section	170(b)(1)	(A)(iii). Enter the					
		hospital's name, city, and state:										
5	Ш	An organization operated for the bene section 170(b)(1)(A)(iv) (Complete	ŭ	niversity owned or operate	ed by a gove	ernmental	unit described in					
6	П	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X	An organization that normally receives	ŭ			•	the general public					
•		described in section 170(b)(1)(A)(vi)	•		TITIOTICA G	01 11 01 11	tho gonoral pasho					
8	П	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9	Ħ	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 ex	` '	• • • • • • • • • • • • • • • • • • • •								
		support from gross investment incom-	•	•	. ,							
		acquired by the organization after Jun	e 30, 1975. See se	ction 509(a)(2). (Comple	te Part III.)							
10		An organization organized and operate	ed exclusively to tes	t for public safety. See s e	ection 509	(a)(4).						
11		An organization organized and operat	ed exclusively for th	e benefit of, to perform th	ne functions	of, or to c	arry out the purposes	of				
		one or more publicly supported organi	zations described in	n section 509(a)(1) or se	ction 509(a)(2). See	section 509(a)(3). C	heck				
		the box in lines 11a through 11d that of	describes the type o	f supporting organization	and compl	ete lines 1	1e, 11f, and 11g.					
	а	Type I. A supporting organization	operated, supervis	ed, or controlled by its su	pported or	ganization(s), typically by giving					
		the supported organization(s) the	power to regularly a	appoint or elect a majority	of the dire	ctors or tru	stees of the supporting	ng				
		organization. You must complet	e Part IV, Sections	s A and B.								
	b	Type II. A supporting organization	•			•	. ,					
		control or management of the sup		·	ons that co	ontrol or ma	anage the supported					
		organization(s). You must comp										
	С	Type III functionally integrated		·				1				
		its supported organization(s) (see	,	•								
	d	Type III non-functionally integr	•	•				S)				
		that is not functionally integrated.		•		•	and an attentiveness					
		requirement (see instructions). Yo	•				II T III					
	е	Check this box if the organization				a rype i, i	ype II, Type III					
		functionally integrated, or Type III Enter the number of supported organi	•	egrated supporting organ								
	f	Provide the following information about										
	9 /	i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	ragnization	(v) Amount of monetary	(vi) Amount of				
	(y Name of supported organization	(11) = 114	(described on lines 1-9	1 ' '	r governing	support (see	other support (see				
				above or IRC section (see instructions))	docum	ent?	instructions)	instructions)				
				(See Instructions))	Yes	No	-					
(A)												
(B)												
(C)												
(D)												
(E)												
Tota	ıl											

990 or 990-EZ) 2014 BROWN COUNTY HOMELESS & HOUSING COA 39-1671533

Support Schedule for Organization's Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II (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.)

Sec	tion A. Public Support	, ,			•	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	44,179	20,617	5,314	7,191	10,445	87,746			
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	44,179	20,617	5,314	7,191	10,445	87,746			
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)									
6	Public support. Subtract line 5 from line 4 • •						87,746			
Sec	tion B. Total Support			'		<u>'</u>	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
7	Amounts from line 4	44,179		5,314	7,191	10,445	87,746			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	,	,	ŕ	ŕ	·	,			
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						87,746			
12	Gross receipts from related activities, etc. (s	ee instructions)				12				
13	First five years. If the Form 990 is for the o organization, check this box and stop here						▶□			
	tion C. Computation of Public St					44				
14	Public support percentage for 2014 (line 6, c						00.00 %			
15	Public support percentage from 2013 Scheo				,		00.00 %			
16a	33 1/3% support test - 2014. If the organization and the base of the control of t		•		· · · · · · · · · · · · · · · · · · ·	ınıs • • • • • • • • • • •	▶ 57			
_	box and stop here. The organization qualified		=				▶ 🏻			
b	33 1/3% support test - 2013. If the organiza						▶ □			
17-	check this box and stop here. The organiza			gameanon						
1/a	10%-facts-and-circumstances test - 2014	ŭ			•					
	10% or more, and if the organization meets t		· ·		•					
	Part VI how the organization meets the "fact		_	=						
	organization						· · · · • 🗀			
b	10%-facts-and-circumstances test - 2013. 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 m									
	Explain in Part VI how the organization meet			-			⊾ □			
10	11						··· • 🗆			
18	Private foundation. If the organization did rinstructions						▶ □			

990 or 990-EZ) 2014 BROWN COUNTY HOMELESS & HOUSING COA Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
С	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.)						
	First five years. If the Form 990 is for the org organization, check this box and stop here					3)	▶ □
Se	ction C. Computation of Public Su	• •					
15	Public support percentage for 2014 (line 8, col						%
16 Sa	Public support percentage from 2013 Schedul ction D. Computation of Investment					16	%
3E	Investment income percentage for 2014 (line 1			umn (f))		17	
18	Investment income percentage for 2014 (line in Investment income percentage from 2013 Sch					18	
	33 1/3% support tests - 2014. If the organizate 17 is not more than 33 1/3%, check this box at	tion did not check	the box on line 14,			d line	▶□
b	33 1/3% support tests - 2013. If the organization 18 is not more than 33 1/3%, check this both	tion did not check	a box on line 14 or	line 19a, and line	16 is more than 33	1/3%, and	
20	Private foundation. If the organization did no	t check a box on li	ine 14, 19a, or 19b	, check this box an	d see instructions		▶ 📋

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number BROWN COUNTY HOMELESS & HOUSING COA 39-1671533

01.	Description of oth	er revenue	(Part I,	line 8)
Desci	ription		Amount	<u>:</u>
WORKS	SHOP FEES		1,240)
02.	Description of oth	er expense:	s (Part I,	, line 16)
Desci	ription		Amount	<u>. </u>
INSU	RANCE		493	3
DUES	AND SUBSCRIPTIONS		500)
LICE	NSES AND FEES		10)
SUPPO	ORT SERVICES FOR HOMELESS		3,565	<u>.</u>

ZOELLER FINANCIAL SERVICES

115 S BROADWAY De Pere, WI 54115 info@dbcllc.com Phone: (920)336-0103 | Fax: (920)336-1844

BROWN COUNTY HOMELESS & HOUSING COA Invoice Date: 04/21/2015 P O BOX 334 Green Bay, WI 54305-0334

Your 2014 tax return was prepared by THERESA AUDE RTRP.

Description of Charges

<u>Price</u>

Federal and Supplemental Forms

Form 990EZ	- Organization Exempt from Income Tax EZ Page 1
Form 990EZ	- Organization Exempt from Income Tax EZ Page 2
Form 990EZ	- Organization Exempt from Income Tax EZ Page 3
Form 990EZ	- Organization Exempt from Income Tax EZ Page 4
Form 8879E0	- E-file Signature Auth for an Exempt Org
Schedule A	- Organization Exempt Under Sec 501(c)(3) pg 1
Schedule A	- Organization Exempt Under Sec 501(c)(3) pg 2
Schedule A	- Organization Exempt Under Sec 501(c)(3) pg 3
Schedule 0	- Supplemental Information Page 1

Total Forms: 9 Forms Subtotal \$ 235.00

> Total Balance Due \$ 235.00