

HOMELESS AND TRAVELERS AID SOCIETY

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SPECIAL EVENT INCOME

2012 AMOUNT: \$ 14,753.

2013 AMOUNT: \$ 7,463.

2014 AMOUNT: \$ 6,556.

2015 AMOUNT: \$ 11,842.

2016 AMOUNT: \$ 4,395.

OTHER

2012 AMOUNT: \$ 292.

2013 AMOUNT: \$ 548.

2014 AMOUNT: \$ 28.

2015 AMOUNT: \$ 653.

2016 AMOUNT: \$ 1,015.

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

OMB No. 1545-0047

2016

Name of the organization

HOMELESS AND TRAVELERS AID SOCIETY
OF THE CAPITAL DISTRICT, INC.

Employer identification number

14-1482188

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) (2016)

Name of organization HOMELESS AND TRAVELERS AID SOCIETY OF THE CAPITAL DISTRICT, INC.	Employer identification number 14-1482188
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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	ALBANY COUNTY DEPT OF MEN HLT 175 GREEN STREET ALBANY, NY 12202	\$ 524,012.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	US DEPT HUD - BUFFALO REGION 465 MAIN STREET BUFFALO, NY 14203	\$ 715,362.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ALBANY COUNTY DSS 162 WASHINGTON AVENUE ALBANY, NY 12210	\$ 101,017.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NYS OTDA 40 NORTH PEARL STREET ALBANY, NY 12243	\$ 164,076.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	NEWKIRK FOUNDATION, INC. 553 CRESCENT AVENUE SARATOGA SPRINGS, NY 12866	\$ 64,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HOMELESS AND TRAVELERS AID SOCIETY OF THE CAPITAL DISTRICT, INC.	Employer identification number 14-1482188
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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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization HOMELESS AND TRAVELERS AID SOCIETY OF THE CAPITAL DISTRICT, INC.	Employer identification number 14-1482188
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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	
(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	
(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	
(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	

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.**

OMB No. 1545-0047

2016

Open to Public Inspection

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization **HOMELESS AND TRAVELERS AID SOCIETY OF THE CAPITAL DISTRICT, INC.** **Employer identification number** **14-1482188**

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 8/17/06, 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

**HOMELESS AND TRAVELERS AID SOCIETY
OF THE CAPITAL DISTRICT, INC.**

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 <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** 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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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				
b Buildings		157,378.	62,353.	95,025.
c Leasehold improvements				
d Equipment		41,331.	10,590.	30,741.
e Other		36,375.	27,529.	8,846.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				134,612.

**HOMELESS AND TRAVELERS AID SOCIETY
OF THE CAPITAL DISTRICT, INC.**

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

HOMELESS AND TRAVELERS AID SOCIETY

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	1,944,785.
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	1,944,785.
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	1,944,785.

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	1,908,861.
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	1,908,861.
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	1,908,861.

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:

CLIENT TRUST ACCOUNT - REPRESENTATIVE PAYEE: REPRESENTATIVE PAYEE CLIENT
TRUST REPRESENTS CASH HELD FOR HATAS CLIENTS UNDER AGENCY AGREEMENTS.

PART X, LINE 2:

HATAS QUALIFIES AS A TAX EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE STATING THAT IT IS EXEMPT FROM FEDERAL INCOME TAXES EXCEPT FOR TAXES ON UNRELATED BUSINESS INCOME. MANAGEMENT BELIEVES THERE ARE NO SOURCES OF UNRELATED BUSINESS TAXABLE INCOME. MANAGEMENT HAS DETERMINED THAT HATAS DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS. THE AGENCY IS REQUIRED TO FILE FEDERAL FORM 990 "RETURN OF ORGANIZATION EXEMPT

HOMELESS AND TRAVELERS AID SOCIETY
OF THE CAPITAL DISTRICT, INC.

Part XIII Supplemental Information *(continued)*

FROM INCOME TAX" AND A COMPARABLE NEW YORK STATE RETURN.

Multiple horizontal lines for supplemental information.

HOMELESS AND TRAVELERS AID SOCIETY

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))
		GINGERBREAD (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	32,164.			32,164.
	2 Less: Contributions	27,769.			27,769.
	3 Gross income (line 1 minus line 2)	4,395.			4,395.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	2,107.			2,107.
	8 Entertainment				
	9 Other direct expenses	3,019.			3,019.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				5,126.
11 Net income summary. Subtract line 10 from line 3, column (d)				-731.	

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 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.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

HOMELESS AND TRAVELERS AID SOCIETY
OF THE CAPITAL DISTRICT, INC.

Employer identification number
14-1482188

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

1) INTERVENTION IN CRISIS SITUATIONS EXPERIENCED BY PERSONS FOUND
HOMELESS, STRANDED OR AT RISK OF BECOMING HOMELESS; 2) STABILIZATION
THROUGH CASE MANAGEMENT SERVICES; 3) RESPOND TO NEEDS FOR THE POOR,
HOMELESS, MENTALLY ILL, DISABLED, AND VICTIMS OF DOMESTIC VIOLENCE.

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

TO END HOMELESSNESS, PRESERVE THE DIGNITY OF ALL PERSONS, AND PROMOTE
SELF-SUFFICIENCY.

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

ALBANY HANDS - MENTAL HEALTH/CRIMINAL JUSTICE PROGRAM WORKS WITH
HOMELESS AND "AT RISK" INDIVIDUALS WHO ARE NON-VIOLENT OFFENDERS LIVING
WITH MENTAL ILLNESS AND CO-OCCURRING SUBSTANCE ABUSE DISORDERS.

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

HOMELESSNESS RAPID RE-HOUSING - COMBINES INTENSIVE CASE MANAGEMENT WITH
A RENTAL SUBSIDY TO HOMELESS SINGLE ADULTS WITH MULTIPLE BARRIERS.

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

AS PART OF THE ANNUAL AUDIT, OUR INDEPENDENT CERTIFIED PUBLIC ACCOUNTING
FIRM PREPARES A DRAFT OF OUR FORM 990 AND RELATED SUPPORTING SCHEDULES FROM
OUR INTERNAL RECORDS. WE DESIGNATE AN INDIVIDUAL(S) WITH SUITABLE SKILL,
KNOWLEDGE, OR EXPERIENCE TO OVERSEE THESE SERVICES AND HAVE MADE ALL
MANAGEMENT DECISIONS AND PERFORMED ALL MANAGEMENT FUNCTIONS. ADDITIONALLY,

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization	HOMELESS AND TRAVELERS AID SOCIETY OF THE CAPITAL DISTRICT, INC.	Employer identification number	14-1482188
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THE FINANCE COMMITTEE REVIEWS FORM 990 AND THE RELATED SUPPORTING SCHEDULES PRIOR TO SUBMISSION. WE HAVE REVIEWED, APPROVED, AND ACCEPTED RESPONSIBILITY FOR FORM 990 AND THE RELATED SUPPORTING SCHEDULES AND BELIEVE THEY ARE ADEQUATELY SUPPORTED BY THE BOOKS AND RECORDS OF HATAS.

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

ALL MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY.

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

ON AN ANNUAL BASIS, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE ANNUAL SALARY OF THE EXECUTIVE DIRECTOR. COMPENSATION IS BASED ON THE AGENCY'S ANNUAL BUDGET AND THE SKILLS AND EXPERIENCE POSSESSED BY THE EXECUTIVE DIRECTOR THAT ARE NECESSARY TO PERFORM THE JOB FUNCTION. ANY SALARY INCREASES, IF APPLICABLE, ARE RECOMMENDED BY THE EXECUTIVE COMMITTEE TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL.

NO MEMBER OF THE BOARD OF DIRECTORS RECEIVES COMPENSATION.

THE EXECUTIVE DIRECTOR IS THE ONLY HATAS EMPLOYEE MEETING THE DEFINITION OF A "TOP MANAGEMENT OFFICIAL". THERE ARE NO "KEY EMPLOYEES".

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HOMELESS AND TRAVELERS AID SOCIETY
OF THE CAPITAL DISTRICT, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
1	138 CENTRAL AVENUE	061402	SL	39.00	16	141,961.			141,961.	49,140.		3,640.
	NEW ROOF-138											
2	CENTRAL AVE	072104	SL	20.00	16	15,417.			15,417.	8,802.		771.
	* 990 PAGE 10 TOTAL											
	BUILDINGS					157,378.		0.	157,378.	57,942.		4,411.
	MACHINERY & EQUIPMENT											
5	STAIR-TRAC WHEEL CHAIR	090508	SL	7.00	16	5,295.			5,295.	5,295.		0.
	(D)PHONE SYSTEM											
8	(GRACECOM)	062210	SL	5.00	16	10,303.			10,303.	10,303.		0.
	DELL POWEREDGE T420											
9	SERVE	080113	SL	5.00	16	3,476.			3,476.	1,680.		695.
	APPLE LAPTOP											
10	(STEHP)	111515	SL	5.00	16	1,299.			1,299.	43.		260.
	PHONE SYSTEM											
11	(GRACECOM)	030816	SL	5.00	16	11,811.			11,811.			1,969.
	* 990 PAGE 10 TOTAL											
	MACHINERY & EQUIPM					32,184.		0.	32,184.	17,321.		2,924.
	TRANSPORTATION EQUIPMENT											
12	2011 ISUZU VAN/LIFT GATE	110116	SL	5.00	16	19,450.			19,450.			648.
	* 990 PAGE 10 TOTAL											
	TRANSPORTATION EQU					19,450.		0.	19,450.	0.		648.
	MANAGEMENT AND GENERAL											
3	FLOOR COVERING - LINOLEUM	040606	SL	10.00	16	12,500.			12,500.	12,188.		312.
4	SEWER LINE	082107	SL	10.00	16	8,100.			8,100.	6,750.		810.
6	HVAC SYSTEM	120109	SL	15.00	16	13,250.			13,250.	5,298.		883.

2017 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

HOMELESS AND TRAVELERS AID SOCIETY
OF THE CAPITAL DISTRICT, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS								
1	138 CENTRAL AVENUE	061402	SL	39.00	141,961.		141,961.	52,780.	3,640.
2	NEW ROOF-138 CENTRAL AVE	072104	SL	20.00	15,417.		15,417.	9,573.	771.
	* 990 PAGE 10 TOTAL BUILDINGS				157,378.		157,378.	62,353.	4,411.
	MACHINERY & EQUIPMENT								
5	STAIR-TRAC WHEEL CHAIR	090508	SL	7.00	5,295.		5,295.	5,295.	0.
9	DELL POWEREDGE T420 SERVE	080113	SL	5.00	3,476.		3,476.	2,375.	695.
10	APPLE LAPTOP (STEHP)	111515	SL	5.00	1,299.		1,299.	303.	260.
11	PHONE SYSTEM (GRACECOM)	030816	SL	5.00	11,811.		11,811.	1,969.	2,362.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				21,881.		21,881.	9,942.	3,317.
	TRANSPORTATION EQUIPMENT								
12	2011 ISUZU VAN/LIFT GATE	110116	SL	5.00	19,450.		19,450.	648.	3,890.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT				19,450.		19,450.	648.	3,890.
	MANAGEMENT AND GENERAL								
3	FLOOR COVERING - LINOLEUM	040606	SL	10.00	12,500.		12,500.	12,500.	0.
4	SEWER LINE	082107	SL	10.00	8,100.		8,100.	7,560.	540.
6	HVAC SYSTEM	120109	SL	15.00	13,250.		13,250.	6,181.	883.
7	FRONT DOOR	042909	SL	15.00	2,525.		2,525.	1,288.	168.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL				36,375.		36,375.	27,529.	1,591.
	* GRAND TOTAL 990 PAGE 10 DEPR				235,084.		235,084.	100,472.	13,209.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING
DECEMBER 31, 2016

Prepared for	ELIZABETH M. HITT, EXECUTIVE DIRECTOR HOMELESS AND TRAVELERS AID SOCIETY, INC. 138 CENTRAL AVENUE ALBANY, NY 12206
Prepared by	MARVIN AND COMPANY, P.C. 11 BRITISH AMERICAN BLVD. LATHAM, NY 12110-1405
Amount due or refund	BALANCE DUE OF \$125.00
Make check payable to	DEPARTMENT OF LAW
Mail tax return and check (if applicable) to	NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
Return must be mailed on or before	MAY 15, 2017
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). THE ATTACHED COPY OF FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2016
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Inspection**

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2016 and Ending (mm/dd/yyyy) 12/31/2016		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: HOMELESS AND TRAVELERS AID SOCIETY OF TH	Employer Identification Number (EIN): 14-1482188
	Mailing Address: 138 CENTRAL AVENUE	NY Registration Number: 00-93-92
	City / State / ZIP: ALBANY, NY 12206	Telephone: 518 463-2124
	Website: WWW.HATAS.ORG	Email: LHITT@HATAS.ORG
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT		
Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com		

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:	<u>ELIZABETH M. HITT</u>	Print Name and Title	Date
	Signature	EXECUTIVE DIREC	
Chief Financial Officer or Treasurer:	<u>BRIAN SHEA</u>	Print Name and Title	Date
	Signature	CONTROLLER	

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>100.</u>	Total fee: \$ <u>125.</u>	Make a single check or money order payable to: "Department of Law"
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CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors).
- Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
 Charities Bureau Registration Section
 120 Broadway
 New York, NY 10271

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2016

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If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
HOMELESS AND TRAVELERS AID SOCIETY OF THE CAPITAL DIS	00-93-92

2. Government Grants

Name of Government Agency	Amount of Grant
1.COUNTY OF ALBANY DSS	1. 99,734.
2.NYS OFFICE OF TEMPORARY & DISABILITY ASSISTANCE (C021	2. 164,076.
3.US DEPARTMENT OF HUD (COC)	3. 5,571.
4.US DEPARTMENT OF HUD (PAT)	4. 329,041.
5.US DEPARTMENT OF HUD (PAT II)	5. 380,751.
6.US DEPARTMENT OF HUD PASS THROUGH INTERFAITH PARTNERS	6. 4,512.
7.ALBANY HOUSING AUTHORITY	7. 7,319.
8.ALBANY COUNTY DEPARTMENT OF MENTAL HEALTH - OMH	8. 395,497.
9.ALBANY COUNTY DEPARTMENT OF MENTAL HEALTH - RCM	9. 109,426.
10.ALBANY COUNTY DEPARTMENT OF MENTAL HEALTH - BED	10. 19,089.
11.NYS OFFICE OF MENTAL HEALTH	11. 3,071.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 1,518,087.