

0-136-25

**NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form**

Applicant/Program: The Coalition for the Homeless, Inc. - ~~Project Standdown/Rx: Housing~~
Applicant Requested Amount: 20,000.00 *Stand Down / Project Homeless Connect*
Appropriation Request Amount: 2,000.00

Executive Summary of Request

The purpose is to create a day where the homeless can come to a single site and get a myriad of services at once. The event will take place in October of 2025. We will provide employment opportunities, Veteran benefits, health resources, housing, food, disability services, harm reduction and more. The Community Care Campus next door, is available as a back up if construction is not complete. *These funds will assist w/ back packs, blankets, clothing, laundry items, food, furniture, rent deposits, event space & tables, chairs, and tent.*

Is this program/project a fundraiser? ☐ Yes ☒ No
 Is this applicant a faith based organization? ☐ Yes ☒ No
 Does this application include funding for sub-grantee(s)? ☐ Yes ☒ No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

<u>4</u>	<u>Ken Herndon</u>	<u>2,000.00</u>	<u>6/2/2025</u>
District #	Primary Sponsor Signature	Amount	Date

Primary Sponsor Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Approved by:

 Appropriations Committee Chairman Date
 Final Appropriations Amount: _____

Applicant/Program:

The Coalition for the Homeless, Inc. - ~~Project Stand Down / Rx. Housing~~

Stand Down / Project Homeless Connect

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Council Member Signature and Amount

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

Applicant/Program:

The Coalition for the Homeless, Inc. - ~~Project Stand Down/Rx:~~

Stand Down/Project Homeless Connect
Housing

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization		<u>The Coalition for the Homeless, Inc</u>
Program Name and Request Amount		<u>Stand Down / Project Homeless Connect</u> \$20,000.00
Project Stand Down / Rx: Housing		Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?		<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?		<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?		<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?		<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?		<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?		<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?		<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?		<input type="checkbox"/> N/A
Is the entity in good standing with:		
<ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 		<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?		<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?		<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?		<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?		<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?		<input type="checkbox"/> N/A <u>JB</u>
Is the most recent annual audit (if required by organization) included?		<input type="checkbox"/> Yes
Is a copy of Signed Lease (if rent costs are requested) included?		<input type="checkbox"/> N/A <u>JB</u>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?		<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?		<input type="checkbox"/> Yes
Is the IRS Form W-9 included?		<input type="checkbox"/> Yes
Is the IRS Form 990 included?		<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?		<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?		<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?		<input type="checkbox"/> Yes <u>JB</u>
Prepared by: Taylore Bass		Date: 6/2/2025

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:			
(as listed on: http://www.sos.ky.gov/business/records) The Coalition for the Homeless, Inc.			
Main Office Street & Mailing Address: 1300 S. 4th Street, Ste. 250, Louisville, KY 40208			
Website: www.louhomeless.org			
Applicant Contact:	Natalie Harris	Title:	Executive Director
Phone:	(502) 636-9550	Email:	nharris@louhomeless.org
Financial Contact:	Marsha Bailey	Title:	Office and Client/Landlord
Phone:	(502) 636-9550	Email:	mbailey@louhomeless.org
Organization's Representative who attended NDF Training: Natalie Harris			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	911 S Brook St. (909 E. Broadway as back up) and 1300 S. 4th Street		
Council District(s):	4, but serve whole county	Zip Code(s):	40203 (40204) and 40408, but serve all
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Stand Down/Project Homeless Connect			
Total Request: (\$)	\$ 20,000.00	Total Metro Award (this program) in previous year: (\$)	\$ 11,000.00
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	Community Development	Amount: (\$)	\$ 130,000.00
Source:	General Funds for RAVE	Amount: (\$)	\$ 30,000.00
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The Coalition for the Homeless, Inc. is a 501(c)3 nonprofit organization with a mission to end homelessness and the causes of homelessness in Metro Louisville. Our efforts are targeted in a three-pronged approach: 1) Educate the community about homelessness to inspire action, 2) Advocate for system changes, and 3) Coordinate the community response to homelessness through efficient use of resources and funding.

The Coalition for the Homeless is Louisville's leading advocate for the homeless. While our 40+ homeless service agency members are working to address the immediate needs of the homeless each day, we are advocating for systems change, educating the community to inspire action, and coordinating the system to increase resources and create better service solutions.

Every one of the over 12,000 homeless persons served in Louisville last year was our neighbor and someone's child, parent, brother, or sister. Over 1,584 were under the age of 18 and 826 were veterans. Through collaborative efforts, the Coalition for the Homeless will leverage over \$24 million in federal and private funding to Louisville homeless service agencies. We have implemented best practices in our service system including the Single Point of Entry, Eviction Prevention, Common Assessment, and the Rx: Housing program, which quickly moves people from the streets to permanent housing.

While we were able to help transition over 1600 people from homelessness to housing and house homeless veterans at the same rate they become homeless through Rx: Housing Veterans, the overall number of unhoused persons in Metro Louisville has risen for the last four years and the shelter system (even with the addition of new facilities over that time) remain full. Thankfully the rate of increase shows signs of stabilizing in 2024 and new housing coming on line in 2026 will be even more impactful. Therefore, we will use these funds to create a short term opportunity through Stand Down, a one day service event to identify those in need and help them access immediate services. We will then follow this up with longer term services through the Rx: Housing program to help move people from the streets to housing.

Our priorities this year are to maintain functional zero for homeless veterans, lower the number of persons sleeping outdoors by 20% in a year and insure that no family with children has to sleep outdoors.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Kristen Jordan, Mark Quinnan (second 3 year term ends)	12/31/2025
Adria Johnson (second 3 year term ends)	12/31/2026
Ra'Shann Martin, Aaron Searcy, Nazenin Assef, Doug Jones, Brooke Martin, Dave Willson, Shameka Parrish-Wright, Teran Herthel, Elizabeth Wessels-Martin (First 3 year term ends)	12/31/2025
Jackie McGranahan, Bill Hollander, Reneau Waggoner	
Nikki Thornton, Kyle Cox, Cathy Kuhn, R. Scott Norman (First 3 year term ends)	12/31/2026
Janelle Rae, Ebonee Stephens, Lori Mangum, Kungu Njuguna, Jeff Herdelin, Tom Cox (First 3 year term ends)	12/31/2027

Describe the Board term limit policy:

Directors shall be elected for staggered three (3) year terms unless they are being elected to complete an unexpired term. Directors shall be divided into three cohorts. Terms of office begin and end at the beginning of the calendar year, unless otherwise designated. The terms shall be arranged so that in each year the terms of approximately one-third of the Directors expire. A Director can serve two full terms of three years each and can serve again only after having come off the Board for at least one full year. Exceptions to this policy can be made by the Board to address the need for an Officer to remain on the Board through his/her term of office.

Three Highest Paid Staff Names	Annual Salary
Natalie Harris	\$ 123,000.00
Brandi Scott	\$ 90,000.00
George Eklund	\$ 80,000.00

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

Stand Down was first created to serve unhoused Louisville veterans by the Veteran's Administration. A separate event was created by the city and The Coalition for the Homeless for non-veterans called Project Homeless Connect. The groups then combined the events in 2006 to create more opportunities for all homeless persons. The purpose is to create a day where the homeless can come to a single site and get a myriad of services at once. During COVID, we hosted smaller but more frequent events, but this year, we are working to return to the large event where more services can be provided in a single day. We plan to return to Salvation Army's renovated space at 911 S. Brook St., Louisville, KY 40203 and double services to over 600. The event will take place in October of 2025. We will provide employment opportunities, Veteran benefits, health resources, housing, food, disability services, harm reduction and more. The Community Care Campus, next door, is available as a back if construction is not complete.

Rx Housing is a program created to move people quickly from the streets to housing by covering the costs that prevent housing access including application and moving fees, housing deposits and furniture. These flexible funds are not provided by other housing programs and create a barrier to entry for many homeless persons.

All of these resources will be targeted to veterans, families and the chronically homeless.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

All NDF funds provided by Louisville Metro Council will be used to support the annual Stand Down/Project Homeless Connect event and direct client support through the Rx: Housing Program in the form of deposits and furniture. The Coalition and community partners first solicit in-kind services from local nonprofits, churches and businesses (including past donors: the Louisville Apt. Assoc. and UPS) and only use NDF funds to cover costs in the detail budget that cannot be accessed through donations. Stand Down/Project Homeless Connect will take place from 9-1 in October of 2024 at the Salvation Army at 911 Brook Street. This event is expected to serve over 600 people. All remaining funds will be leveraged through the Rx: Housing Program to provide housing access to over 50 households through deposits, fees or furniture assistance.

For Stand Down/Project Homeless Connect, The Coalition will purchase backpack, clothing, blankets, food, Street Tips resource guides and hygiene kits for distribution unless these are donated. We will also cover the cost of donuts, coffee and lunch. Rx: housing funds will be paid directly to landlords and furniture stores to help at least 10 homeless households access housing.

The project planning for both projects has begun and items must be purchased prior to the event. If the grant agreement is not issued early enough, we will need to purchase items prior to approval and grant agreement dates but not before application submission. In this case, we will purchase the items and request reimbursement after the funding is released.

Funding will also be used for rental of tables, chairs, and tent to be used at the event site.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:

N/A

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

☒ The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

We expect to need to purchase some items for the October 2025 event prior to the grant agreement. These include backpacks clothing, food, blankets and hygiene kits for distribution unless these are donated. We will also cover the cost of food at the event.

☐ Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

[Handwritten signature]

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

We anticipate providing direct services to over 600 persons. All served will be unhoused persons from the streets or shelter. Services include vaccinations, harm reduction services, health assessments and screenings, VA resource assessments, housing and job training resources, sign ups for Medicaid, food, clothing and backpack distribution. We believe this opportunity to serve so many people at one site will achieve: 1) lower waiting lists and back logs at social service agencies, 2) improved health of the local homeless population and lower deaths from overdoses, 3) shortened wait times for homeless persons in need of services, and 4) increased access to income from employment and benefits.

The Coalition for the Homeless will house at least 50 homeless veterans, families and chronically homeless persons by the end of the year with assistance from the Rx: Housing program. This will shorten the length of time homeless and lower the additional trauma for those sleeping outdoors or in shelters.

We manage the HMIS database that tracks all homeless service agencies in the community and is used to track progress including ending veteran, family and chronic homelessness. For this grant, we will be tracking the following outcomes to determine program progress and success: (1) access housing for 50 households, 2) create on-going system to insure all newly homeless vets, families and chronically homeless have immediate access to shelter, and 3) track stability in housing and increases in income.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

The Coalition for the Homeless regularly works in collaboration with other local nonprofits and businesses including our 40+ member service agencies and other advocacy agencies who will work to recruit participants and provide resources: Salvation Army, Goodwill, Robley Rex VA Hospital Homeless Programs (VA), Louisville Apartment Association, St. Vincent de Paul, Volunteers of America (VOA), Louisville Metro Housing Authority (LMHA), Harm Reduction Coalition, Molina, Feed Louisville, Family Health Centers (FHC), St. John Center, The Kentucky Department of Veterans Affairs (KDVA), SOS, Volunteers of America Midstates, and KentuckianaWorks (WIOA).



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 - PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			\$ 0.00
B: Rent/Utilities			\$ 0.00
C: Office Supplies			\$ 0.00
D: Telephone			\$ 0.00
E: In-town Travel			\$ 0.00
F: Client Assistance (See Detailed List on Page 8)	\$ 20,000.00	\$ 66,500.00	\$ 86,500.00
G: Professional Service Contracts			\$ 0.00
H: Program Materials			\$ 0.00
I: Community Events & Festivals (See Detailed List on Page 8)			\$ 0.00
J: Machinery & Equipment			\$ 0.00
K: Capital Project			\$ 0.00
L: Other Expenses (See Detailed List on Page 8)			\$ 0.00
*TOTAL PROGRAM/PROJECT FUNDS	\$ 20,000.00	\$ 66,500.00	\$ 86,500.00
% of Program Budget	23.12%	76.88%	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	\$ 66,500.00
Fees Collected from Program Participants	
Other (please specify)	
Total Revenues for Column 2 Expenses **	\$ 66,500.00

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Backpacks	\$ 1,200.00	\$ 0.00	\$ 1,200.00
Blankets	\$ 1,000.00	\$ 0.00	\$ 1,000.00
Clothing	\$ 850.00	\$ 0.00	\$ 850.00
Sundry Items (toothpaste, soap, combs, hand wipes)	\$ 500.00	\$ 1,000.00	\$ 1,500.00
Food and Drink	\$ 950.00	\$ 500.00	\$ 1,450.00
Furniture	\$ 2,000.00	\$ 20,000.00	\$ 22,000.00
Deposits	\$ 10,000.00	\$ 40,000.00	\$ 50,000.00
Street Tips Publication	\$ 0.00	\$ 5,000.00	\$ 5,000.00
Salvation Army Space Costs	\$ 1,000.00	\$ 0.00	\$ 1,000.00
Tables, Chairs and Tent for Event	\$ 2,500.00		\$ 2,500.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
Total	\$ 20,000.00	\$ 66,500.00	\$ 86,450.00

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Various Donors/Resources for Backpacks Feed Louisville/Food	\$ 5,400.00	Value of Last Year's Donations
Salvation Army/Space and staffing	\$ 1,000.00	Waived Portion of Space Costs
Volunteers	\$ 6,000.00	\$10 per hour (200 volunteers x 3 hours each)
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	\$ 12,400.00	

*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: 07/01/2024

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO ☒ YES ☐

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 - CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

Standard Certifications

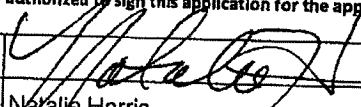
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

Council woman Shameka Parrish-Wright serves on our board of directors

SECTION 8 - CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory: 		Date: 04/03/2025
Legal Signatory: (please print) Natalie Harris		Title: Executive Director
Phone: (502) 636-9550	Extension: 1212	Email: nharris@louisvillehomeless.org

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

DEPARTMENT OF THE TREASURY

Date: JAN 15 1991

Employer Identification Number:
61-1118307

Contact Person:
DOTTIE DOWNING

THE COALITION FOR THE HOMELESS INC.
PO BOX 4462
LOUISVILLE, KY 40204-0462

Contact Telephone Number:
(513) 684-3578

Our Letter Dated:
July 2, 1987
Addendum Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the code because you are an organization of the type described in section 509(a)(2).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(2) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Harold M. Browning
District Director

REVENUE		2025-26	2024-25 Budget	2024-25 Estimate	COMMUNITY COORDINATION					
					CoC/HPPP	HMIS/SPE	Prevention/ Diversion	Stand Down/ WF/Street Tips	TARC/ Advocacy	CH2
Coalition for the Homeless 2025-26 BUDGET										
RESTRICTED										
GRANTS & CONTRACTS										
State										
44552	Advocacy	\$ 13,000.00	\$ 13,000.00	\$ 13,000.00					\$ 13,000.00	
44551	Homeless Prev. Proj. (HPPP)	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00						
44553	Other State Grants	\$ 269,666.00		\$ —	\$ 269,666.00					
HUD										
44523	HMIS I, II, III and IV	\$ 225,246.00	\$ 209,577.00	\$ 209,577.00		\$ 225,246.00				
44523S	SNOFO HMIS	\$ 106,490.00	\$ 106,490.00	\$ 106,490.00		\$ 106,490.00				
44521	CoC Planning	\$ 780,643.00	\$ 554,400.00	\$ 488,395.00	\$ 780,643.00					
44521S	SNOFO CoC Planning	\$ 78,000.00	\$ 78,000.00	\$ 78,000.00	\$ 78,000.00					
44526	Prevention/Diversion	\$ 118,201.00	\$ 110,187.00	\$ 110,187.00			\$ 118,201.00			\$ 31,618.00
44522	SHP CFH Admin	\$ 131,815.00	\$ 131,815.00	\$ 132,043.00						
44524	SHP CFH Operations			\$ —						\$ 14,000.00
44525	SHP CFH Leasing Salaries	\$ 68,070.00	\$ 91,500.00	\$ 67,500.00						
44527	SHP CFH Services									
44538	HUD Pass Thru Rental Asst	\$ 16,296.00	\$ 16,296.00							
44531 and 44	HUD Pass Thru Leasing	\$ 2,544,606.00	\$ 2,544,606.00	\$ 2,269,317.00						\$ 629,566.00
44533 and 44	HUD Pass Thru Operations	\$ 178,127.00	\$ 178,127.00	\$ 159,609.00						\$ 48,987.00
44534	HUD Pass Thru Services	\$ 695,656.00	\$ 695,656.00	\$ 607,910.00						\$ 114,747.00
44535	HUD Pass Thru HMIS	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00						
44536	HUD Pass Thru Admin	\$ 263,642.00	\$ 131,821.00	\$ 126,703.00						\$ 31,619.00
Metro United Way										
44820	EFSP and Advocacy		\$ 13,216.00	\$ 13,216.00						
City										
44544	NDF	\$ 15,000.00	\$ 11,000.00	\$ 11,000.00				\$ 4,000.00		
44545	CDBG White Flag									
44541	CDBG CoC/HMIS/WF	\$ 150,000.00	\$ 130,000.00	\$ 130,000.00	\$ 70,000.00	\$ 80,000.00				
44549	Navigation Grant	\$ —	\$ —	\$ —						
44548	Eviction Outreach	\$ —	\$ —	\$ —						
44543	RAVE Alert	\$ —	\$ 30,000.00	\$ 30,000.00						
Other Contracts & Grants										
Street Tips		\$ —								
TARC Tickets		\$ 630,000.00	\$ 802,500.00	\$ 1,177,000.00					\$ 630,000.00	
46420	Subtotal	\$ 6,295,958.00	\$ 5,859,691.00	\$ 5,741,447.00	\$ 1,198,309.0	\$ 411,736.00	\$ 118,201.00	\$ 4,000.00	\$ 643,000.00	\$ 870,537.00

56/4/2025

66/4/2025

												\$	5,000.00	\$	10,000.00	CoC and Dona O
														\$	52,000.00	actually not going in this line item
												\$	2,000.00	\$	10,000.00	Every Action/RAVE
												\$	-	\$	24,500.00	lobbyist and fees
												\$	2,815.00	\$	2,815.00	survey monkey, zoom, docusign, 1
												\$	3,900.00	\$	3,900.00	
											\$	3,900.00		\$	3,900.00	
											\$	1,300.00	\$	1,300.00		
														\$	-	
											\$	924.00	\$	4,200.00		
											\$	45,251.00	\$	205,680.00		
											\$	93,600.00		\$	93,600.00	
											\$	3,000.00	\$	81,000.00		
													\$	400.00	Intermart	
											\$	3,690.00	\$	3,690.00	PVA, Adobe, Biz J, books	
											\$	1,012.00	\$	4,600.00		
											\$	1,100	\$	5,000.00		
											\$	8,000.00	\$	9,000.00		
													\$	10,000.00		
											\$	-		\$	-	
											\$	178,000.00		\$	178,000.00	
											\$	5,060.00	\$	23,000.00		
											\$	2,090.00	\$	9,500.00	includes ITSP, spectrum, ISET and	
														\$	3,000.00	
														\$	38,500.00	includes George and Megan's nee
											\$	5,500.00	\$	5,500.00	GLI, KMHA, HHCK, Amazon Prime	
											\$	-		\$	-	
											\$	14,000.00		\$	14,000.00	
											\$	5,700.00	\$	5,700.00		
											\$	107,813.76	\$	341,767.36		
											\$	425,367.60	\$	1,609,318.60		
											\$	14,605.00		\$	14,605.00	
													\$	-	w increases	
														\$	-	w 10% increase
											\$	33,145.00	\$	143,275.00		

[illegible]

										\$	-
									\$ 1,092.00		\$ 1,092.00
									\$ 1,500.00		\$ 2,000.00
											\$ -
											\$ -
											\$ -
											\$ 50,000.00
											\$ 600,000.00
											\$ 4,000.00
									\$ 10,000.00		\$ 10,000.00
									\$ 50,000.00		\$ 50,000.00
											\$ 15,000.00
									\$ 5,000.00		\$ 5,000.00
											\$ 1,000.00
											\$ -
											\$ -
											\$ 2,544,606.00
\$16,296.00	\$515,857.00	\$135,408.00	\$291,520.00	\$470,865.00	\$167,855.00	\$333,535.00					\$ 16,296.00
											\$ 178,127.00
\$87,746.00	\$50,958.00	\$14,336.00	\$9,576.00	\$15,054.00	\$12,295.00	\$26,921.00					\$ 695,656.00
	\$124,602.00	\$66,706.00	\$56,758.00	\$87,789.00	\$43,708.00	\$113,600.00					\$ 1,500.00
			\$1,500.00								\$ 263,642.00
\$5,118.00	\$28,795.00	\$7,078.00	\$13,602.00	\$18,787.00	\$6,544.00	\$20,278.00					\$ 1,125,000.00
									\$ 5,500.00		\$ 30,000.00
									\$ 5,000.00		\$ 19,000.00
									\$ 6,000.00		\$ 6,000.00
									\$ 20,000.00		\$ 20,000.00
									\$ 6,400.00		\$ 6,400.00
											\$ -
											\$ 90,000.00
	\$720,212.00	\$223,528.00	\$372,956.00	\$592,495.00	\$230,402.00	\$494,334.00	\$305,247.00	\$970,303.36			\$ 8,791,074.96
\$41,794.00	\$7,077.00	\$426,160.00	\$680,067.00	\$18,043.00	\$35,277.00		\$124,753.00	(238,303.36)			\$ 25,883.04

The Coalition for the Homeless

Profit and Loss

July 2024 - April 2025

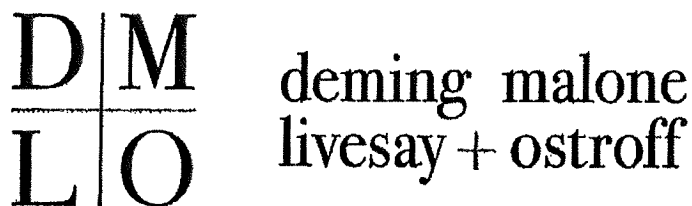
	TOTAL
Income	
43300 Direct Public Grant Categories	
43330 Foundation and Trust Grants	5,186,500.00
Total 43300 Direct Public Grant Categories	5,186,500.00
43400 Direct Public Support Categories	
43450 Individ, Business Contributions	327,428.82
43460 Stock Donations	61,219.42
43490 Religious Organizations	3,950.00
Total 43400 Direct Public Support Categories	392,598.24
44500 Government Grant Categories	
44520 HUD Grants to Coalition Categories	
44521 HUD Grant - Coc/HPPP	286,570.35
44521S SNOFO Planning	64,591.04
44522 HUD Grants - Administration	78,738.71
44523 HUD Grants - HMIS	107,050.76
44523S SNOFO HMIS	65,823.81
44525 HUD Grants - Leasing Salaries	45,557.38
44526 HUD Grant - Prev/Div	59,304.45
Total 44520 HUD Grants to Coalition Categories	707,636.50
44530 HUD Pass Thru Grant Categories	
44531 HUD Grants - Leasing Thru CFH and Our inspections	1,489,236.91
44532 HUD Grants - Leasing Thru Grantees	505,058.78
44533 HUD Grants - Operations for Grantees	36,636.17
44534 HUD Grants - Services	393,545.73
44535 HUD Grants - HMIS	1,250.72
44536 HUD Grants - Administration	92,064.42
44537 HUD Grants - CFH Operations for client utilities	42,050.49
44538 HUD Pass Thru Rental Assistance	2,260.00
Total 44530 HUD Pass Thru Grant Categories	2,562,103.22
44530P Program Income Pass Thru	
44531P PI Leasing Thru CFH	19,403.94
44534P PI Services	65,405.70
44536P PI Administration	1,656.08
44537P Operations - CFH Operations for client utilities	7,059.74
44539P PROGRAM INCOME - RESTRICTED	69,402.87
Total 44530P Program Income Pass Thru	162,928.33
44540 Louisville Grant Categories	
44541 CoC	53,700.95
44543 RAVE	30,000.00
44544 Stand Down	11,000.00
44547 Misc/Other Program Income	50.00
Total 44540 Louisville Grant Categories	94,750.95

	TOTAL
44550 State Grant Categories	
44551 Adanta CoC/HPPP	7,500.01
44552 KHC Advocacy	13,000.00
Total 44550 State Grant Categories	20,500.01
Total 44500 Government Grant Categories	3,547,919.01
44800 Indirect Public Support Categories	
44820 United Way - CoC/HPPP	3,216.00
Total 44800 Indirect Public Support Categories	3,216.00
45000 Investment Categories	
45010 Interest-Savings, Short-term CD	82,701.66
45020 Income and Distributions	38,244.80
45030 Change in Market Value	4,941.20
Total 45000 Investment Categories	125,887.66
46400 Other Income Categories	
46410 Bingo Income	355,853.75
46420 TARC Sales	866,143.54
46425 Dona O'Sullivan Income	5,000.00
67020 TARC Tickets	-794,993.38
Total 46400 Other Income Categories	432,003.91
47200 Membership Income Categories	
47230 Membership Dues	57,175.00
47240 HMIS Fees	44,132.50
Total 47200 Membership Income Categories	101,307.50
49000 Special Event Income Categories	
49005 Special/Pass-thru Projects	142,195.19
49020 Bourbon Mixer	150,408.50
Total 49000 Special Event Income Categories	292,603.69
69500 Transfers In	110,000.00
Total Income	\$10,192,036.01
GROSS PROFIT	\$10,192,036.01
Expenses	
65100 Materials & Supplies	
65010 Books, Subscriptions, Reference	2,955.48
65020 Postage, Mailing Service	3,860.56
65040 Supplies	20,594.54
65160 Other Misc Costs	213.87
Total 65100 Materials & Supplies	27,624.45
65200 Printing	
65032 Copier	3,806.76
65035 Printing	9,901.89
65038 Street Tips Printing	650.00
Total 65200 Printing	14,358.65
65300 Rent	
62890 Rent, Parking, Utilities	160,209.90
Total 65300 Rent	160,209.90

	TOTAL
65400 Board & Committee	
60910 Annual Meetings and Events	2,148.91
60920 Board Meeting/Planning Expenses	3,174.48
Total 65400 Board & Committee	5,323.39
65500 Licenses, Fees & Permits	
60930 Bank Fees	1,778.41
60970 Licenses, Fees and Permits	149.00
60992 Other Investment Transactions	16,402.65
Total 65500 Licenses, Fees & Permits	18,330.06
65550 Facilities Maintenance	
62830 ADT Security System	879.46
62850 Janitorial Services	12,952.65
62870 Property Insurance	4,173.26
62880 Office renovation / maintenance	4,931.70
65120 Insurance - Liability, D and O	4,453.13
Total 65550 Facilities Maintenance	27,390.20
65600 Telephone & Internet	
65051 Telephone	7,500.44
65055 Internet Communications	329.70
Total 65600 Telephone & Internet	7,830.14
65650 HMIS Equip & Service	
62899 HMIS/SPE Equipment and Services	77,853.61
65052 Language Line Expenses - HMIS	2,164.60
Total 65650 HMIS Equip & Service	80,018.21
65700 Travel, Conferences & Meeting	
65039 Client/Consumer Incentives and Cleaning Needs	23,744.37
68310 Conference, Convention, Meeting	20,201.12
68320 Travel and Food	12,103.33
68330 Staff and Board Development	5,078.11
68340 Staff Growth Incentives	16,771.93
68350 Health Incentives	4,731.08
Total 65700 Travel, Conferences & Meeting	82,629.94
65750 Memberships & Dues	
65060 Memberships and Dues	4,272.00
Total 65750 Memberships & Dues	4,272.00
65800 Professional Services	
62110 Accounting Fees	2,945.76
62120 Audit	21,750.00
62150 Human Resources	17,927.63
62155 On-line contract services	1,316.68
62180 Training	14,664.00
62185 Advocacy/Fundraising Platform	9,642.40
62188 Lobbying	20,500.00
62190 Payroll Services	3,148.88
Total 65800 Professional Services	91,895.35

	TOTAL
65900 Bingo Expenses	
60975 Bingo Licences, Fees and Permits	50.00
62825 Bingo Security	3,150.00
62895 Bingo Rent	80,000.00
65045 Bingo Supplies	146,147.52
65185 Bingo Taxes	10,872.13
Total 65900 Bingo Expenses	240,219.65
65950 Fundraising	
60960 Processing Fees	10,959.05
60961 Fundraising - Bourbon Mixer	65,939.47
Total 65950 Fundraising	76,898.52
66000 Salary & Wages	
66020 Salaries	1,234,852.48
66065 Employer Payroll Taxes	100,760.35
Total 66000 Salary & Wages	1,335,612.83
66500 Employee Benefits	
66010 Health Insurance	163,418.12
66030 Retirement Funds	77,720.77
66040 Life/Disability Insurance	13,319.04
66050 Worker's Comp Insurance	1,578.00
Total 66500 Employee Benefits	256,035.93
67000 Program Expense Categories	
67005 Website/Marketing	2,500.00
67010 White Flag and Shelter Assistan	50,000.00
67015 Bezos Family Grant Exp	799.99
67030 Stand Down Expenses	2,464.95
67040 Community Education Expenses	14,215.26
67050 Rx Housing Deposits	45,922.86
67052 Navigation or Client Rent	366.00
67055 Prevention & Diversion	8,099.07
67065 HPP Program Expense	3,750.00
67070 Special / One-time Project	67,880.65
67090 AmeriCorps/VISTA	3,032.03
Total 67000 Program Expense Categories	199,030.81
67400 Program Income Expenses	
67081P Administration	1,656.08
67082P Leasing Thru Landlords	16,578.44
67084P Services	65,405.70
67087P Operations to CFH PI	5,877.74
Total 67400 Program Income Expenses	89,517.96
67500 HUD Pass Thru Categories	
67081 HUD Pass Thru Funds - Administration	91,689.87
67082 HUD Pass Thru Funds - Leasing to Landlords and Inspections	1,497,562.47
67083 HUD Pass Thru Funds - Operations	36,636.17
67084 HUD PASS Thru Funds - Services	393,545.73
67085 HUD Pass Thru Funds - HMIS Expenses	1,250.72
67086 Pass Thru Funds - Leasing to Subrecipients	505,985.14
67087 HUD Pass Thru Funds - Operations to CFH	43,232.49

	TOTAL
67088 Pass Thru Rental Assistance	2,260.00
Total 67500 HUD Pass Thru Categories	2,572,162.59
69000 Transfers Out	110,000.00
Total Expenses	\$5,399,360.58
NET OPERATING INCOME	\$4,792,675.43
NET INCOME	\$4,792,675.43



April 14, 2025

The Coalition for the Homeless, Inc.
1300 S. 4th Street, Suite 250
Louisville, KY 40208
Attention: Ms. Natalie Harris

Re: Public Disclosure of Exempt Organization Income Tax Return(s)

The attached copy of your organization's Exempt Organization Income Tax Return(s) is to be used as your Public Disclosure Copy. As you may be aware, the income tax law now requires tax exempt organizations to provide and/or make available copies of their income tax returns for the most recent three years to any person requesting them. In addition, the organization must provide and/or make available a copy of its Application for Recognition of Tax Exempt Status (Form 1023) if the organization had a copy in its files in July 1987 or later.

All information in the Exempt Organization Income Tax Return(s) and Form 1023 must be provided, except donors' names may be masked on Schedule B, if applicable.

We have prepared the attached "Public Disclosure" copy of the Exempt Organization Income Tax Return(s) for your organization to use in making copies when requested, and we recommend that you assign someone on your staff to establish a procedure for addressing requests for copies. The IRS may impose significant penalties when organizations do not provide copies of their Exempt Organization Income Tax Return(s) and Form 1023.

Should you have questions regarding the public disclosure requirements, please feel free to call us.

Yours very truly,

Enclosures

301 E. Elm Street
New Albany, Indiana 47150
T: 812.945.5236
F: 812.949.4095

9300 Shelbyville Road
Suite 1100
Louisville, Kentucky 40222
T: 502.426.9660
F: 502.425.0883

131 E. Chestnut Street
Corydon, Indiana 47112
T: 812.738.3516
F: 812.738.3519

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

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

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

2023

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable:	C Name of organization THE COALITION FOR THE HOMELESS, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1300 S. 4TH STREET, SUITE 250 City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40208 F Name and address of principal officer: NATALIE HARRIS SAME AS C ABOVE	D Employer identification number 61-1118307 E Telephone number 5026369550 G Gross receipts \$ 6,928,855. H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Gross investment income
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (Insert no.) 4947(a)(1) or 527 J Website: LOUHOMELESS.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other L Year of formation: 1988 State of legal domicile: KY		

Summary																	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE COALITION FOR THE HOMELESS IS TO ADVOCATE FOR PEOPLE WHO ARE HOMELESS AND FOR THE 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 7b Net unrelated business taxable income from Form 990-T, Part I, line 1 7b	26 26 23 50 0. 0.															
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 5) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr><td align="right">5,264,535.</td><td align="right">5,806,356.</td></tr> <tr><td align="right">64,069.</td><td align="right">61,432.</td></tr> <tr><td align="right">32,360.</td><td align="right">111,013.</td></tr> <tr><td align="right">116,744.</td><td align="right">128,580.</td></tr> <tr><td align="right">5,477,708.</td><td align="right">6,107,381.</td></tr> <tr><td align="right">3,405,011.</td><td align="right">3,535,937.</td></tr> </tbody> </table>	Prior Year	Current Year	5,264,535.	5,806,356.	64,069.	61,432.	32,360.	111,013.	116,744.	128,580.	5,477,708.	6,107,381.	3,405,011.	3,535,937.	
Prior Year	Current Year																
5,264,535.	5,806,356.																
64,069.	61,432.																
32,360.	111,013.																
116,744.	128,580.																
5,477,708.	6,107,381.																
3,405,011.	3,535,937.																
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 174,755. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td align="right">0.</td><td align="right">0.</td></tr> <tr><td align="right">1,500,513.</td><td align="right">1,649,129.</td></tr> <tr><td align="right">0.</td><td align="right">0.</td></tr> <tr><td align="right">712,575.</td><td align="right">777,420.</td></tr> <tr><td align="right">5,618,099.</td><td align="right">5,962,486.</td></tr> <tr><td align="right">-140,391.</td><td align="right">144,895.</td></tr> </tbody> </table>	0.	0.	1,500,513.	1,649,129.	0.	0.	712,575.	777,420.	5,618,099.	5,962,486.	-140,391.	144,895.			
0.	0.																
1,500,513.	1,649,129.																
0.	0.																
712,575.	777,420.																
5,618,099.	5,962,486.																
-140,391.	144,895.																
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr><td align="right">3,221,374.</td><td align="right">3,222,412.</td></tr> <tr><td align="right">847,533.</td><td align="right">658,586.</td></tr> <tr><td align="right">2,373,841.</td><td align="right">2,563,826.</td></tr> </tbody> </table>	Beginning of Current Year	End of Year	3,221,374.	3,222,412.	847,533.	658,586.	2,373,841.	2,563,826.							
Beginning of Current Year	End of Year																
3,221,374.	3,222,412.																
847,533.	658,586.																
2,373,841.	2,563,826.																

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

Sign Here	Signature of officer NATALIE HARRIS, EXECUTIVE DIRECTOR Type or print name and title	Date _____
Paid Preparer Use Only	Print/Type preparer's name MELINDA L. HECK Preparer's signature MELINDA L. HECK Date 04/14/25 Check if self-employed <input type="checkbox"/> PTIN P01392306 Firm's name DEMING MALONE LIVESAY & OSTROFF PSC Firm's EIN 61-1064249 Firm's address 9300 SHELBYVILLE ROAD SUITE 1100 LOUISVILLE, KY 40222-5187 Phone no. (502) 426-9660	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission:

THE MISSION OF THE COALITION FOR THE HOMELESS IS TO ADVOCATE FOR PEOPLE WHO ARE HOMELESS AND FOR THE PREVENTION AND ELIMINATION OF HOMELESSNESS. THE COALITION FOR THE HOMELESS HAS BEEN THE VOICE OF HOMELESS IN LOUISVILLE FOR OVER 30 YEARS. WE WORK CLOSELY WITH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 5,413,847. Including grants of \$ 3,535,937.) (Revenue \$)
 ADVOCACY, EDUCATION AND COORDINATION - THE PRIMARY OBJECTIVE OF THE COALITION IS THE EVALUATION OF THE HOMELESSNESS IN THE COMMUNITY, THE EDUCATION OF CITIZENS ABOUT HOMELESSNESS, AND THE COORDINATION OF THE MEMBER AGENCIES AND DOZENS OF OTHER COMMUNITY PARTNERS. THE COALITION COORDINATED LOUISVILLE'S CONTINUUM OF CARE APPLICATIONS, RESULTING IN OVER \$20 MILLION FOR HOMELESS SERVICES. THE COALITION ALSO RAISED ADDITIONAL PRIVATE FUNDS TO MATCH THESE DOLLARS THROUGHOUT THE COMMUNITY.

4b (Code:) (Expenses \$ Including grants of \$) (Revenue \$ 61,432.)
 TARC TICKET SALES - THE COALITION FOR THE HOMELESS NEGOTIATED WITH TARC (TRANSIT AUTHORITY OF RIVER CITY) TO SERVE AS AN AGENT TO PURCHASE TARC TICKETS AND PASSES AT HALF PRICE FOR AGENCY MEMBERS OF THE COALITION FOR THE HOMELESS AND OTHER NONPROFITS. TARC TICKETS AND PASSES ARE THEN SOLD TO THE AGENCY MEMBERS AND PARTICIPANTS AT RATES APPROVED BY TARC. THE COALITION PURCHASES APPROXIMATELY 15,000 TICKETS AND 1,200 PASSES PER MONTH.

4c (Code:) (Expenses \$ 32,805. Including grants of \$) (Revenue \$)
 WHITE FLAG - THE WHITE FLAG PROGRAM PROVIDES EMERGENCY SHELTER FOR PERSONS WHO WOULD OTHERWISE BE TURNED AWAY DURING SEVERE WEATHER (ABOVE 95 DEGREES OR BELOW 35 DEGREES). THREE SHELTERS PARTICIPATE IN THE PROGRAM AND SUBMIT THEIR HOUSING NUMBERS BEYOND THEIR NORMAL CAPACITY TO THE COALITION FOR REIMBURSEMENT. THE PROGRAM PAYS FOR APPROXIMATELY 5,000 BED STAYS PER YEAR.

4d Other program services (Describe on Schedule O.)

(Expenses \$ Including grants of \$) (Revenue \$)

4e Total program service expenses 5,446,652.

Form 990 (2023)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	169	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	47	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	23
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 26 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 26		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b		X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed KY

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE COALITION FOR THE HOMELESS, INC. - 502-636-9500
1300 S. 4TH ST., LOUISVILLE, KY 40203

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NATALIE HARRIS EXECUTIVE DIRECTOR	40.00			X				123,181.	0.	15,598.
(2) KRISTEN JORDAN CHAIR	1.00	X		X				0.	0.	0.
(3) MARK QUINNAN BOARD MEMBER	1.00	X						0.	0.	0.
(4) ADRIA JOHNSON PAST CHAIR	1.00	X		X				0.	0.	0.
(5) BILL HOLLANDER BOARD MEMBER	1.00	X						0.	0.	0.
(6) NAZENIN ASSEF VICE CHAIR	1.00	X		X				0.	0.	0.
(7) NIKKI THORNTON BOARD MEMBER	1.00	X						0.	0.	0.
(8) RA' SHANN MARTIN SECRETARY	1.00	X		X				0.	0.	0.
(9) KYLE COX BOARD MEMBER	1.00	X						0.	0.	0.
(10) AARON SEARCY TREASURER	1.00	X		X				0.	0.	0.
(11) AVERY SWEAT BOARD MEMBER	1.00	X						0.	0.	0.
(12) CATHY KUHN BOARD MEMBER	1.00	X						0.	0.	0.
(13) DOUG JONES BOARD MEMBER	1.00	X						0.	0.	0.
(14) R. SCOTT NORMAN BOARD MEMBER	1.00	X						0.	0.	0.
(15) BROOKE MARTIN BOARD MEMBER	1.00	X						0.	0.	400.
(16) EBONEE STEPHENS BOARD MEMBER	1.00	X						0.	0.	0.
(17) JANELLE RAE BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LORI MANGUM BOARD MEMBER	1.00	X						0.	0.	0.
(19) SHAMEKA PARRISH-WRIGHT BOARD MEMBER	1.00	X						0.	0.	675.
(20) KUNGU NJUGUNA BOARD MEMBER	1.00	X						0.	0.	0.
(21) TERAN HERTHEL BOARD MEMBER	1.00	X						0.	0.	0.
(22) ELIZABETH WESSELS-MARTIN BOARD MEMBER	1.00	X						0.	0.	0.
(23) JACKIE MCGORANAHAN BOARD MEMBER	1.00	X						0.	0.	300.
(24) RENEAU WAGGONER BOARD MEMBER	1.00	X						0.	0.	0.
(25) JEFF HERDELIN BOARD MEMBER	1.00	X						0.	0.	0.
(26) TOM COX BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								123,181.	0.	16,973.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								123,181.	0.	16,973.

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

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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[illegible]

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b	85,121.			
	c	Fundraising events	1c	187,994.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	4,812,393.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	720,848.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 73,631.			
	h	Total. Add lines 1a-1f		5,806,356.			
	Program Service Revenue	2 a	TARC FEES	Business Code	480000	61,432.	61,432.
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		61,432.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		47,627.			47,627.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)			63,386.		63,386.
	8 a	Gross income from fundraising events (not including \$ 187,994. of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events			-67,389.		-67,389.
	9 a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities			195,969.		195,969.
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions			6,107,381.	61,432.	0.	239,593.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,380,500.	3,380,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	155,437.	155,437.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	141,073.	100,162.	23,982.	16,929.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,160,783.	927,062.	120,153.	113,568.
8 Pension plan accruals and contributions (Include section 401(k) and 403(b) employer contributions)	90,210.	71,962.	9,401.	8,847.
9 Other employee benefits	157,225.	124,754.	16,885.	15,586.
10 Payroll taxes	99,838.	78,872.	10,982.	9,984.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	22,750.		22,750.	
d Lobbying	24,750.	24,750.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,802.		14,802.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	39,165.	10,987.	25,878.	2,300.
12 Advertising and promotion	8,949.		8,949.	
13 Office expenses	40,562.	35,868.	3,630.	1,064.
14 Information technology	77,142.	77,142.		
15 Royalties				
16 Occupancy	181,520.	117,116.	58,548.	5,856.
17 Travel	98,739.	86,403.	11,715.	621.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,749.		11,749.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SPECIAL PROJECTS	103,532.	103,532.		
b SHELTER ASSISTANCE	87,240.	87,240.		
c OTHER ASSISTANCE	57,123.	57,123.		
d MISCELLANEOUS	9,397.	7,742.	1,655.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,962,486.	5,446,652.	341,079.	174,755.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASO 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	524,517.	2	451,350.
	3 Pledges and grants receivable, net	312,833.	3	424,526.
	4 Accounts receivable, net	35,607.	4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	49,270.	9	46,255.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 137,506.		
	b Less: accumulated depreciation	10b 64,400.	10c	73,106.
	11 Investments - publicly traded securities	67,155.	11	1,902,316.
	12 Investments - other securities. See Part IV, line 11	1,704,638.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	527,354.	15	324,859.
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,221,374.	16	3,222,412.	
Liabilities	17 Accounts payable and accrued expenses	297,546.	17	302,716.
	18 Grants payable		18	
	19 Deferred revenue	22,633.	19	31,011.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	527,354.	25	324,859.
	26 Total liabilities. Add lines 17 through 25	847,533.	26	658,586.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> X and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,306,006.	27	2,394,259.
	28 Net assets with donor restrictions	67,835.	28	169,567.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,373,841.	32	2,563,826.
33 Total liabilities and net assets/fund balances	3,221,374.	33	3,222,412.	

Form 990 (2023)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,107,381.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,962,486.
3	Revenue less expenses. Subtract line 2 from line 1	3	144,895.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,373,841.
5	Net unrealized gains (losses) on investments	5	45,090.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,563,826.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE COALITION FOR THE HOMELESS, INC.

Employer identification number

61-1118307

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

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

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

f Enter the number of supported organizations: _____

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990) 2023

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4921125.	5114108.	6791701.	5264535.	5806356.	27897825.
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	650,972.	649,083.	562,839.	64,069.	61,432.	1988395.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	1989913.	2723667.	387,539.	453,841.	431,213.	5986173.
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	7562010.	8486858.	7742079.	5782445.	6299001.	35872393.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						35872393.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	7562010.	8486858.	7742079.	5782445.	6299001.	35872393.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,697.	16,592.	28,912.	42,027.	47,627.	141,855.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	6,697.	16,592.	28,912.	42,027.	47,627.	141,855.
11 Net income from unrelated business activities not included on 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.)	7568707.	8503450.	7770991.	5824472.	6346628.	36014248.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	99.61 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	99.68 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	.39 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	.32 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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 B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

THE COALITION FOR THE HOMELESS, INC.

Employer identification number

61-1118307

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

THE COALITION FOR THE HOMELESS, INC.

61-1118307

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
<u>1</u>		\$ <u>4,426,908.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>14,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>13,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>55,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE COALITION FOR THE HOMELESS, INC.

61-1118307

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
7		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 30,438.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 15,073.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE COALITION FOR THE HOMELESS, INC.

61-1118307

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
13		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE COALITION FOR THE HOMELESS, INC.

61-1118307

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
19		\$ 48,344.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 5,670.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE COALITION FOR THE HOMELESS, INC.

61-1118307

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
25		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 162,100.	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	Employer identification number
THE COALITION FOR THE HOMELESS, INC.	61-1118307

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
11	117 SHS MCDONALDS CORP STOCK	\$ 30,438.	10/31/23
12	165 SHS STARBUCKS STOCK	\$ 15,073.	11/02/23
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization	Employer identification number
THE COALITION FOR THE HOMELESS, INC.	61-1118307

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 C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **THE COALITION FOR THE HOMELESS, INC.** Employer identification number **61-1118307**

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990) 2023

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ If the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		3,945.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		145,282.													
c Total lobbying expenditures (add lines 1a and 1b)		149,227.													
d Other exempt purpose expenditures		5,813,259.													
e Total exempt purpose expenditures (add lines 1c and 1d)		5,962,486.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		448,124.													
<table border="1"> <thead> <tr> <th>If the amount on line 1c, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000.</td> <td>20% of the amount on line 1c.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000.</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000.</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000.</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000.</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1c, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000.	20% of the amount on line 1c.	over \$500,000 but not over \$1,000,000.	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000.	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000.	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000.	\$1,000,000.		
If the amount on line 1c, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000.	20% of the amount on line 1c.														
over \$500,000 but not over \$1,000,000.	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000.	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000.	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000.	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		112,031.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	421,382.	20.	430,905.	448,124.	1,300,431.
b Lobbying ceiling amount (150% of line 2a, column (e))					1,950,647.
c Total lobbying expenditures	78,432.	99.	140,492.	149,227.	368,250.
d Grassroots nontaxable amount	105,346.	5.	107,726.	112,031.	325,108.
e Grassroots ceiling amount (150% of line 2d, column (e))					487,662.
f Grassroots lobbying expenditures			3,260.	3,945.	7,205.

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE COALITION FOR THE HOMELESS, INC.

Employer identification number

61-1118307

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):

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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? ☐ Yes ☐ No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1	\$	
b Assets included in Form 990, Part X	\$	

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

Schedule D (Form 990) 2023

332051 09-28-23

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 make significant use of its collection items (check all that apply).

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange program
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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 Term 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				
c Leasehold Improvements		107,563.	42,100.	65,463.
d Equipment		29,943.	22,300.	7,643.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				73,106.

Schedule D (Form 990) 2023

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, line 12, col. (B))		

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, line 13, col. (B))		

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) OPERATING LEASE RIGHT-OF-USE ASSET	324,859.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	324,859.
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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) OPERATING LEASE LIABILITY	324,859.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	324,859.
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2023

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	6,207,714.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	45,090.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	70,045.
e	Add lines 2a through 2d	2e	115,135.
3	Subtract line 2e from line 1	3	6,092,579.
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	14,802.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	14,802.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,107,381.

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	6,017,729.
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	70,045.
e	Add lines 2a through 2d	2e	70,045.
3	Subtract line 2e from line 1	3	5,947,684.
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	14,802.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	14,802.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,962,486.

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 X, LINE 2:

THE COALITION IS EXEMPT FROM FEDERAL, KENTUCKY AND LOCAL INCOME TAXES AS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). THE COALITION FILES AN INFORMATIONAL TAX RETURN IN THE U.S. FEDERAL JURISDICTION AND WITH THE KENTUCKY OFFICE OF THE ATTORNEY GENERAL. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE COALITION'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. MANAGEMENT DOES NOT BELIEVE THAT THE COALITION HAS UNRELATED BUSINESS INCOME FOR THE YEARS ENDED JUNE 30, 2024 AND 2023.

AS OF JUNE 30, 2024 AND 2023, THE COALITION DID NOT HAVE ANY ACCRUED INTEREST OR PENALTIES RELATED TO INCOME TAX LIABILITIES, AND NO INTEREST

Part XIII Supplemental Information *(continued)*

OR PENALTIES HAVE BEEN CHARGED TO OPERATIONS FOR THE YEAR THEN ENDED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 70,045.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 70,045.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

THE COALITION FOR THE HOMELESS, INC.

Employer identification number
61-1118307

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]**Total**

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2023

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))
	BOURBON MIXER (event type)	(event type)	NONE (total number)	
Revenue				
1 Gross receipts	190,334.			190,334.
2 Less: Contributions	187,994.			187,994.
3 Gross income (line 1 minus line 2)	2,340.			2,340.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes	33,694.			33,694.
6 Rent/facility costs	13,038.			13,038.
7 Food and beverages	1,000.			1,000.
8 Entertainment	1,340.			1,340.
9 Other direct expenses	20,973.			20,973.
10 Direct expense summary. Add lines 4 through 9 in column (d)				70,045.
11 Net income summary. Subtract line 10 from line 3, column (d)				-67,705.

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	431,213.			431,213.
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs	73,600.			73,600.
5 Other direct expenses	161,644.			161,644.
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" 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)				235,244.
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				195,969.

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

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: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☒ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | |
|-------------------------------|--------------|
| a The organization's facility | 13a 100.00 % |
| b An outside facility | 13b % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name JENNIFER HAGGARDAddress 5001 STEPHAN DRIVE - LOUISVILLE, KY 40258

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name JENNIFER HAGGARDGaming manager compensation \$ 14,437.Description of services provided MANAGE GAMING ACTIVITIES☐ Director/officer☒ Employee☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE COALITION FOR THE HOMELESS, INC.

Employer identification number
61-1118307

Part I General information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HEALTH CENTER 2215 PORTLAND AVENUE LOUISVILLE, KY 40212	61-0716483	501C3	415,636.	0.			HOUSING
HOME OF THE INNOCENTS 1100 EAST MARKET STREET LOUISVILLE, KY 40206	61-0445834	501C3	182,261.	0.			HOUSING
ST. JOHN CENTER, INC. 700 E MURKHEAD AVE LOUISVILLE, KY 40202	61-1135907	501C3	272,317.	0.			HOUSING
ST. VINCENT DE PAUL LOUISVILLE 4709 ALMOND AVENUE LOUISVILLE, KY 40209	61-0727110	501C3	106,519.	0.			HOUSING
WELLSpring P.O. BOX 1927 LOUISVILLE, KY 40201	31-1020023	501C3	665,368.	0.			HOUSING
WAYSIDE CHRISTIAN MISSION 432 E JEFFERSON ST. LOUISVILLE, KY 40202	61-0667139	501C3	24,673.	0.			HOUSING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2023

[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE COALITION FOR THE HOMELESS, INC.

Employer identification number

61-1118307

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	57,524.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>RAFFLE ITEMS</u>)	X	84	16,107.	FAIR MARKET VALUE
26 Other (.....)				
27 Other (.....)				
28 Other (.....)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

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

Schedule M (Form 990) 2023

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Employer identification number
61-1118307

THE COALITION FOR THE HOMELESS, INC.

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

PREVENTION AND ELIMINATION OF HOMELESSNESS.

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

HOMELESS SERIVE PROVIDERS, CIVIC GROUPS, CONCERNED CITIZENS,
FAITH-BASED ORGANIZATIONS AND LOCAL, STATE AND FEDERAL GOVERNMENTS TO
DO THREE THINGS: 1) EDUCATE THE COMMUNITY ABOUT HOMELESSNESS AND
INSPIRE ACTION, 2) ADVOCATE FOR SYSTEM CHANGES, AND 3) COORDINATE THE
COMMUNITY RESPONSE TO HOMELESSNESS THROUGH EFFICIENT USE OF RESOURCES
AND FUNDING.

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

REMOVING REQUIREMENT FOR HAVING A CITY MEMBER ON THE BOARD FROM THE BYLAWS.

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

A DRAFT OF THE 990 IS REVIEWED THROUGH THE FINANCE/AUDIT COMMITTEE OF THE
BOARD AS WELL AS THE FULL BOARD BEFORE APPROVAL FOR SUBMISSION IS GIVEN.

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

THE ORGANIZATION HAS THE POLICY SIGNED ANNUALLY. IN ADDITION, THE POLICY
IS SUBMITTED TO THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

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

THE BOARD OF DIRECTORS REVIEWS AND EVALUATES THE EXECUTIVE DIRECTOR AND HER
PERFORMANCE. THE BOARD OF DIRECTORS USES COMPENSATION SURVEYS TO DETERMINE
THE EXECUTIVE DIRECTOR'S SALARY.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

THE COALITION FOR THE HOMELESS, INC.

Employer identification number

61-1118307

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

THE DOCUMENTS ARE PROVIDED UPON REQUEST.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. THE COALITION FOR THE HOMELESS, INC.	Taxpayer identification number (TIN) 61-1118307
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1300 S. 4TH STREET, SUITE 250	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40208	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **THE COALITION FOR THE HOMELESS, INC.**
1300 S. 4TH ST. - LOUISVILLE, KY 40203

Telephone No. **502-636-9500**

Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☐ calendar year 20 ____ or
☒ tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form 8868 (Rev. 1-2024)

MAY 22 1988

Shirley Davis

ARTICLES OF INCORPORATION

OF

THE COALITION FOR THE HOMELESS

WE, THE UNDERSIGNED, having associated for the purposes of forming a non-profit, non-stock corporation, under and pursuant to the laws of the Commonwealth of Kentucky, and more particularly Kentucky Revised Statutes, Chapter 273, hereby certify as follows:

ARTICLE I - TITLE

The name of the Corporation shall be the Coalition For the Homeless, Inc. ✓

ARTICLE II - DURATION

The duration of the Corporation shall be perpetual or until such time as it is dissolved by operation of law.

ARTICLE III - PURPOSES

The Corporation is organized and shall be operated exclusively for charitable and educational purposes as described within Section 501(c)(3) of the Internal Revenue Code of 1954 and revisions thereto. More specifically, these purposes include the following:

1. To foster a general community awareness of the plight of homeless men, women and children who live on the streets of Louisville and Jefferson County, Kentucky;
2. To promote public policies which are intended to alleviate the health, legal, social and economic problems of said individuals;
3. To purchase, establish, organize and/or operate a Day Center for the homeless and to undertake all activities necessary to the maintenance and development of said Day Center, and
4. To undertake any and all activities which do not conflict with Kentucky Revised Statutes, Chapter 273 and which do not conflict with other laws of the Commonwealth of Kentucky.

The principal place of business and registered office of said Corporation shall be 706 E. Muhammad Ali Blvd., Louisville, Kentucky 40202, and the registered agent for service of process located at said principal place of business shall be Larry Otto.

ARTICLE V - INCORPORATORS

The names and addresses of the incorporators of this Corporation are:

1. Larry Otto
420 South Second Street
Louisville, Kentucky 40202
2. Jim Gilmore
323 W. Broadway
Louisville, Kentucky 40202
3. Alphonso O'Neil White
1363 South Second Street
Louisville, Kentucky 40207

ARTICLE VI - INITIAL
BOARD OF DIRECTORS

The initial Board of Directors who shall serve until the Board of Directors is duly elected at the first membership meeting are:

- | | |
|--|---|
| 1. Larry Otto, President
421 South Second Street
Louisville, Kentucky 40202 | 6. Blanche Cooper,
Judge's Designee
527 West Jefferson, Suite
Louisville, Kentucky 40202 |
| 2. Jim Gilmore, Vice President
Brown Building, Suite 615
323 West Broadway
Louisville, Kentucky 40202 | 7. Mary Mulvihill,
Mayor's Designee
727 West Main Street
Louisville, Kentucky 40202 |
| 3. Teresa Watson, Secretary
Seven Counties Services
834 E. Broadway
Louisville, Kentucky 40204 | |
| 4. Alhonso O'Neil White, Treasurer
1636 South Second Street
Louisville, Kentucky 40207 | |
| 5. The Reverend Mike Elliott, at large
733 East Jefferson Street
Louisville, Kentucky 40202 | |

ARTICLE VII - BYLAWS

The Bylaws for the Corporation shall be adopted by the Board of Directors.

ARTICLE VIII - NONPROFIT STATUS

No part of the net earnings or assets of the Corporation shall inure to the benefit of, or be distributable to its members, directors, officers or any private persons.

No substantial part of the activities of the Corporation shall be devoted to attempts to influence legislation. Further, the Corporation shall not intervene or otherwise participate in (including through the publication or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these articles, the Corporation shall not undertake activities which are

- a) impermissible under Section 501(c)(3) of the Internal Revenue Code of 1954 and amendments, applicable to corporations exempt from federal income tax or
- b) impermissible under Section 170(c)(2) of the Internal Revenue Code of 1954 and amendments, applicable to corporations which can receive tax deductible contributions

ARTICLE IX - DISSOLUTION

Upon the dissolution of the Corporation, the Board of Directors shall, after paying or making provision for payment of all debts and liabilities of the Corporation, dispose of all the assets of the Corporation in the following manner:

- 1) conveyance or distribution to an organization(s) organized and operated exclusively for charitable, educational, religious or scientific purposes and, at that time, qualified as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1954 (or corresponding provision of any future United States Internal Revenue law), and/or
- 2) making distributions which, themselves, further civic, educational or charitable purposes which are consistent with the purposes for which this Corporation was formed, consistent with Kentucky Revised Statute, Chapter 273, and consistent with the tax exempt purposes enumerated in Section 501(c)(3) of the Internal Revenue Code.

ARTICLE X - INTERNAL AFFAIRS

The initial Bylaws shall be adopted by the initial Board of Directors. Thereafter, the Corporation shall be governed by the Bylaws. Membership and voting shall be determined as provided in the Bylaws.

ARTICLE XI - LIABILITY

The officers and members of this Corporation shall not be held personally liable for any debt or obligation of the Corporation solely because of their position as officers and members of the Corporation.

ARTICLE XII - AMENDMENTS

Amendments to these Articles shall be made pursuant to the provisions of KRS Section 273.263.

IN TESTIMONY WHEREOF, witness the signatures of the incorporators of this Corporation on this ____ day of February, 1986.

Lawrence C. Otto
Jack H. [Signature] ✓
Thomas [Signature]

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Lawrence C. Otto
Jack H. [Signature] ✓
Thomas [Signature]

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) The Coalition for the Homeless, Inc.	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 501(c)3 Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 1300 S. 4th Street, Ste. 250 6 City, state, and ZIP code Louisville, KY 40208 7 List account number(s) here (optional)	
Requester's name and address (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

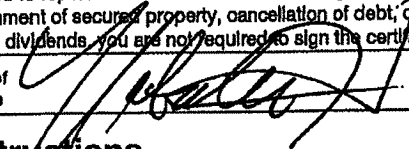
Social security number								
			-					
or								
Employer identification number								
6	1	-	1	1	1	8	3	0 7

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
		3/20/2025

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

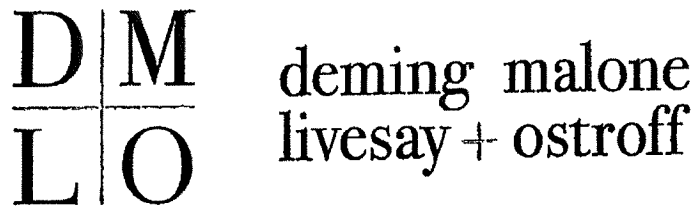
THE COALITION FOR THE HOMELESS, INC.

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

Years Ended June 30, 2024 and 2023

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Independent Auditors' Report

To the Board of Directors
The Coalition for the Homeless, Inc.
Louisville, Kentucky

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of The Coalition for the Homeless, Inc. (a not-for-profit organization), which comprise the statements of financial position as of June 30, 2024 and 2023, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements present fairly, in all material respects, the financial position of The Coalition for the Homeless, Inc. as of June 30, 2024 and 2023, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The Coalition for the Homeless, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about The Coalition for the Homeless, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The Coalition for the Homeless, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about The Coalition for the Homeless, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated January 16, 2025, on our consideration of The Coalition for the Homeless, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of The Coalition for the Homeless, Inc.'s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering The Coalition for the Homeless, Inc.'s internal control over financial reporting and compliance.

Deming, Melon, Lussay & Petroff

Louisville, Kentucky
January 16, 2025

THE COALITION FOR THE HOMELESS, INC.

STATEMENTS OF FINANCIAL POSITION

June 30, 2024 and 2023

Assets	2024	2023
Current Assets		
Cash and cash equivalents	\$ 451,350	\$ 524,517
Grants receivable	424,526	348,440
Prepaid expenses and other assets	46,255	49,270
Total current assets	<u>922,131</u>	<u>922,227</u>
Property and Equipment		
Furniture and equipments	29,943	22,369
Leasehold improvements	107,563	97,437
	137,506	119,806
Less accumulated depreciation	64,400	52,651
	<u>73,106</u>	<u>67,155</u>
Other Assets		
Investments	1,902,316	1,704,638
Operating lease right-of-use asset	324,859	527,354
Total other assets	<u>2,227,175</u>	<u>2,231,992</u>
Total assets	<u>\$ 3,222,412</u>	<u>\$ 3,221,374</u>
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	\$ 21	\$ 28,222
Accrued payroll	70,577	53,169
Accrued expenses	232,118	216,155
Current maturities of operating lease liability	103,856	202,495
Deferred revenue	31,011	22,633
Total current liabilities	<u>437,583</u>	<u>522,674</u>
Other Liabilities		
Operating lease liability, less current maturities	221,003	324,859
Total liabilities	<u>658,586</u>	<u>847,533</u>
Net Assets		
Without donor restrictions:		
Undesignated	2,394,259	2,306,006
With donor restrictions:		
Restricted by purpose or time	169,567	67,835
Total net assets	<u>2,563,826</u>	<u>2,373,841</u>
Total liabilities and net assets	<u>\$ 3,222,412</u>	<u>\$ 3,221,374</u>

See Notes to Financial Statements.

THE COALITION FOR THE HOMELESS, INC.

STATEMENTS OF ACTIVITIES

Years Ended June 30, 2024 and 2023

	2024		
	Without Donor Restrictions	With Donor Restrictions	Total
Revenues, Gains and Other Support			
Grants	\$ 4,812,143	\$ 207,750	\$ 5,019,893
Cash contributions	439,717		439,717
In-kind contributions	73,631		73,631
Membership dues	85,121		85,121
Charitable gaming, net	195,969		195,969
Special events	190,650		190,650
Net investment return	141,301		141,301
TARC fees	61,432		61,432
Miscellaneous income			
Total operating revenue	5,999,964	207,750	6,207,714
Net assets released from restrictions	106,018	(106,018)	
Total revenues, gains and other support	6,105,982	101,732	6,207,714
Expenses			
Program services	5,446,652		5,446,652
General and administrative	326,278		326,278
Fundraising	244,799		244,799
Total expenses	6,017,729		6,017,729
Net change in total net assets	88,253	101,732	189,985
Net assets, beginning of year, as restated	2,306,006	67,835	2,373,841
Net assets, end of year	\$ 2,394,259	\$ 169,567	\$ 2,563,826

See Notes to Financial Statements.

2023		
<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
\$ 4,600,990	\$ 231,080	\$ 4,832,070
122,655		122,655
71,843		71,843
61,695		61,695
179,693		179,693
176,496	17,676	194,172
99,256		99,256
62,856		62,856
1,213		1,213
<u>5,376,697</u>	<u>248,756</u>	<u>5,625,453</u>
<u>233,696</u>	<u>(233,696)</u>	
<u>5,610,393</u>	<u>15,060</u>	<u>5,625,453</u>
5,025,571		5,025,571
388,114		388,114
<u>272,707</u>		<u>272,707</u>
<u>5,686,392</u>		<u>5,686,392</u>
(75,999)	15,060	(60,939)
<u>2,382,005</u>	<u>52,775</u>	<u>2,434,780</u>
<u>\$ 2,306,006</u>	<u>\$ 67,835</u>	<u>\$ 2,373,841</u>

THE COALITION FOR THE HOMELESS, INC.

STATEMENT OF FUNCTIONAL EXPENSES

Year Ended June 30, 2024

	<u>Program Services</u>	<u>General and Administrative</u>	<u>Fund- raising</u>	<u>Total</u>
Federal awards - subrecipients	\$ 3,535,937			\$ 3,535,937
Salaries and wages	1,016,199	\$ 141,496	\$ 128,633	1,286,328
Employee benefits	207,741	28,926	26,296	262,963
Rent	117,116	23,423	5,856	146,395
Special project expenses	103,532			103,532
Payroll taxes	78,872	10,982	9,984	99,838
Travel and conferences	86,403	11,715	621	98,739
Shelter assistance	87,240			87,240
Professional fees	35,737	48,628	2,300	86,665
Special events			70,045	70,045
HMIS equipment and licensing	67,588			67,588
Other assistance	57,123			57,123
Repairs and maintenance		35,125		35,125
Supplies	25,884	2,488	779	29,151
Depreciation		11,749		11,749
Printing	9,984	1,142	285	11,411
Telephone and internet	9,554			9,554
Marketing		8,949		8,949
Dues and subscriptions	5,964			5,964
Stand down program	1,778			1,778
Miscellaneous		1,655		1,655
	<u>\$ 5,446,652</u>	<u>\$ 326,278</u>	<u>\$ 244,799</u>	<u>\$ 6,017,729</u>

See Notes to Financial Statements.

THE COALITION FOR THE HOMELESS, INC.

STATEMENT OF FUNCTIONAL EXPENSES

Year Ended June 30, 2023

	<u>Program Services</u>	<u>General and Administrative</u>	<u>Fund- raising</u>	<u>Total</u>
Federal awards - subrecipients	\$ 3,405,011			\$ 3,405,011
Salaries and wages	830,522	\$ 197,541	\$ 146,571	1,174,634
Employee benefits	169,408	40,562	28,632	238,602
Rent	112,850	20,643	4,129	137,622
Special project expenses	17,585			17,585
Payroll taxes	61,967	14,837	10,473	87,277
Travel and conferences	66,054	24,054	696	90,804
Shelter assistance	86,593			86,593
Professional fees	87,736	51,444		139,180
Special events			80,849	80,849
HMIS equipment and licensing	79,001			79,001
Other assistance	57,049			57,049
Repairs and maintenance		30,282		30,282
Supplies	17,156	2,212	397	19,765
Depreciation	9,250	1,692	338	11,280
Printing	12,573	1,445	289	14,307
Telephone and internet	9,113	1,667	333	11,113
Dues and subscriptions	2,925			2,925
Stand down program	778			778
Miscellaneous		1,735		1,735
	<u>\$ 5,025,571</u>	<u>\$ 388,114</u>	<u>\$ 272,707</u>	<u>\$ 5,686,392</u>

See Notes to Financial Statements.

THE COALITION FOR THE HOMELESS, INC.

STATEMENT OF CASH FLOWS

Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Cash Flows from Operating Activities		
Net change in total net assets	\$ 189,985	\$ (60,939)
Adjustments to reconcile net change in total net assets to net cash (used in) provided by operating activities:		
Depreciation	11,749	11,280
Unrealized gain on investments	(45,090)	(79,452)
Realized (gain) loss on investments	(63,386)	9,667
Stock donations received	(57,524)	(41,830)
Reinvested interest and dividends	(46,480)	(40,759)
Changes in assets and liabilities:		
(Increase) decrease in:		
Accounts receivable	35,607	36,833
Grants receivable	(111,693)	94,485
Prepaid expenses	3,015	59,906
Increase (decrease) in:		
Accounts payable	(28,201)	(9,011)
Accrued payroll	17,408	24,384
Accrued expenses	15,963	23,697
Deferred revenue	<u>8,378</u>	<u>22,633</u>
Net cash (used in) provided by operating activities	<u>(70,269)</u>	<u>50,894</u>
Cash Flows from Investing Activities		
Expenditures for property and equipment	(17,700)	
Purchase of investments	(564,769)	(258,450)
Proceeds from sale of investments	<u>579,571</u>	<u>171,006</u>
Net cash used in investing activities	<u>(2,898)</u>	<u>(87,444)</u>
Net change in cash and cash equivalents	(73,167)	(36,550)
Cash and cash equivalents, beginning of year	<u>524,517</u>	<u>561,067</u>
Cash and cash equivalents, end of year	<u>\$ 451,350</u>	<u>\$ 524,517</u>

See Notes to Financial Statements.

THE COALITION FOR THE HOMELESS, INC.

NOTES TO FINANCIAL STATEMENTS

Note 1. Nature of Activities and Summary of Significant Accounting Policies

Nature of activities:

The Coalition for the Homeless, Inc. (Coalition) is a not-for-profit corporation in Louisville, Kentucky that advocates for people who are homeless and for the prevention and elimination of homelessness.

Summary of significant accounting policies:

This summary of significant accounting policies of The Coalition for the Homeless, Inc. is presented to assist in understanding the Coalition's financial statements. The financial statements are representations of the Coalition's management who is responsible for the integrity and objectivity of the financial statements. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

Basis of presentation:

The accompanying financial statements of the Coalition have been prepared on the accrual basis of accounting. The Coalition records resources for accounting and reporting purposes based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net assets without donor restrictions – Net assets available for use in general operations and not subject to donor restrictions. The governing board can designate, from net assets without donor restrictions, net assets for specific operational purposes.

Net assets with donor restrictions – Net assets subject to donor restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTES TO FINANCIAL STATEMENTS

Cash and cash equivalents:

For purposes of the statement of cash flows, the Coalition considers cash and investments with original maturities of three months or less to be cash and cash equivalents, excluding those amounts held as part of the investment portfolio.

Grants receivable:

Grants receivable consists primarily of government cost reimbursement grants that have been billed but not yet received. The Coalition considers all grants receivable to be fully collectible; accordingly, no allowance for doubtful accounts is required. If amounts become uncollectible, they will be charged to operations when that determination is made.

Property and equipment:

The Coalition's policy is to capitalize asset purchases in excess of \$5,000 with a useful life of five years or more. Property and equipment are recorded at cost if purchased, or at fair value as of the date of donation, if donated, and are being depreciated on the straight-line method over their estimated useful lives. Upon retirement, sale or other disposition of property and equipment, the cost and accumulated depreciation are eliminated from the accounts and any gain or loss is included in operations.

Investments:

Investments are recorded at fair value. Donated investments are recorded at their fair value as of the date received. Net investment return is reported on the statement of activities and consists of interest and dividends, realized and unrealized capital gains and losses, less investment expenses. See Note 3 for discussion of fair value measurements.

Donated services and in-kind contributions:

The Coalition records donated services that require specific expertise and would normally have been purchased, and donated services that create or enhance non-financial assets, at fair value as of the date of donation. Those donated services that do not meet these specific criteria are not reflected in the financial statements. Donations other than cash are recorded at their fair value as of the date of donation. Donations of long-lived assets with explicit restrictions that specify how the assets are to be used and donations of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Coalition reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

The Organization's policy is to utilize and not monetize in-kind contributions. There were no donor-imposed restrictions on the usage of the in-kind donations. In-kind contributions included in the statements of activities for the years ended June 30, 2024 and 2023 consisted of the following:

NOTES TO FINANCIAL STATEMENTS

	<u>Amount</u>	<u>Usage</u>	<u>Valuation Method</u>
2024:			
Auction items	\$16,107	Fundraising	Estimated fair value
Stock donations	<u>57,524</u>	Program services	Fair value
	<u>\$73,631</u>		
	<u>Amount</u>	<u>Usage</u>	<u>Valuation Method</u>
2023:			
Auction items	\$30,013	Fundraising	Estimated fair value
Stock donations	<u>41,830</u>	Program services	Fair value
	<u>\$71,843</u>		

Revenue recognition:

Contributions and grants:

Revenue for grants and contributions is recognized when cash, securities or other assets are received. Conditional promises to give are not recognized until the conditions on which they depend have been substantially met. Contributions received that are designated for future periods or restricted by the donor for specific purposes are reported as net assets with donor restriction. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

Contract revenue:

Contract revenue, as defined under ASC 606, is derived from membership dues, Homeless Management Information System (HMIS) fees, sales of TARC passes, charitable gaming and special events.

Revenue from membership dues consist of dues collected from member agencies in exchange for access to database licenses, reduced priced Transit Authority of River City (TARC) passes and other benefits. Revenue from dues is recognized ratably over the period which it covers. Additionally, the Coalition collects Homeless Management Information System (HMIS) fees from other organizations receiving federal funds related to homelessness. The Coalition purchases HMIS licenses from the State and sells them to other agencies at cost. Revenue from HMIS fees is recognized at the time of sale. The opening balance for deferred revenue for the year ended June 30, 2024 was \$22,633. There was no opening balance for deferred revenue for the year ended June 30, 2023.

NOTES TO FINANCIAL STATEMENTS

TARC fee income consists of revenue from the sale of TARC passes. The Coalition receives a transaction fee for acting as an agent for TARC by purchasing passes each month at a discount and reselling the passes to other agencies at a reduced rate. Revenue from the sale of TARC passes is recognized at the time of sale.

Revenue from special events and charitable gaming are recognized at a point in time when the event occurs. Payment for the ticketed events is due at the time of purchase.

Approximately 9% of the Organization's revenues are derived under contracts, as defined under ASC 606 for each of the years ended June 30, 2024 and 2023, respectively. The following table disaggregates the Organization's contract revenue based on the timing of satisfaction of performance obligations for the years ended June 30, 2024 and 2023.

	<u>2024</u>	<u>2023</u>
Performance obligations satisfied over time	16%	12%
Performance obligations satisfied at a point in time	84%	88%

The Organization has determined that the nature, amount, timing and uncertainty of contract revenue and cash flows are affected by the economy and general public support.

Functional expenses:

The statements of functional expenses reports certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. Certain expenses are charged directly to program or general and administrative categories based on specific identification, while other expenses are allocated on the basis of estimates of time and effort.

Income taxes:

The Coalition is exempt from federal, Kentucky and local income taxes as a not-for-profit corporation as described under Internal Revenue Code Section 501(c)(3). The Coalition files an informational tax return in the U.S. federal jurisdiction and with the Kentucky Office of the Attorney General. However, income from certain activities not directly related to the Coalition's tax-exempt purpose may be subject to taxation as unrelated business income. Management does not believe that the Coalition has unrelated business income for the years ended June 30, 2024 and 2023.

As of June 30, 2024 and 2023, the Coalition did not have any accrued interest or penalties related to income tax liabilities, and no interest or penalties have been charged to operations for the year then ended.

NOTES TO FINANCIAL STATEMENTS

Leases:

The Coalition evaluates contracts at inception and when terms of an existing contract are changed to determine if an arrangement is or contains a lease. Operating leases are included in operating lease right-of-use assets and operating lease liabilities on the statement of financial position. The Coalition has no finance leases. Lease cost for lease payments are recognized on a straight-line basis over the lease term.

ROU assets represent the right to use an underlying asset for the lease term. The ROU asset also includes initial direct costs and prepaid lease payments made, if any, less lease incentives, if any. Lease liabilities represent the obligation to make lease payments arising from the lease. ROU assets and liabilities are recognized at the commencement date based on the present value of the future lease payments over the lease term.

The Coalition's leases do not provide an implicit rate, so the Coalition utilizes the risk free rate based on the information available at the commencement date for each lease in determining the present value of lease payments. The risk free rate is reevaluated upon lease modification.

The Coalition's lease terms may include options to extend or terminate the lease when it is reasonably certain that the Coalition will exercise the option.

Short-term leases (leases with an initial term of twelve months or less that do not contain a purchase option that is likely to be exercised) are not recorded on the statement of financial position.

Leasehold improvements are amortized over the lesser of the economic useful life of the improvement or the term of the lease.

Subsequent events:

Subsequent events have been evaluated through January 16, 2025, which is the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS

Note 2. Liquidity and Availability

Financial assets available for general expenditure, that is without donor or other restrictions limiting their use, within one year of the June 30, 2024 and 2023 statement of financial position date, consist of the following:

	<u>2024</u>	<u>2023</u>
Cash and cash equivalents	\$ 451,350	\$ 524,517
Grants receivable	424,526	348,440
Investments	<u>1,902,316</u>	<u>1,704,638</u>
	2,778,192	2,577,595
Donor restricted assets	<u>(169,567)</u>	<u>(67,835)</u>
	<u>\$2,608,625</u>	<u>\$2,509,760</u>

As part of the Coalition's liquidity management plan, management invests cash in excess of daily requirements in exchange traded funds, government bonds, and money market funds.

The Coalition manages its liquidity and reserves following two guiding principles: operating within a prudent range of financial soundness and stability and maintaining adequate liquid assets to fund near-term operating needs.

Note 3. Investments and Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Coalition has the ability to access.
- Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active or inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

NOTES TO FINANCIAL STATEMENTS

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs.

All assets have been valued using a market approach. Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at June 30, 2024 and 2023.

Cash equivalent funds -- valued at the face value of the account at year end.

Exchange traded funds -- valued at the closing price reported in the active market in which the security is traded.

U.S. treasury bonds and brokered certificates of deposit -- valued by the custodians of the securities using pricing models based on credit quality, time to maturity, stated interest rates and market-rate assumptions.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Coalition believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Fair value of investments as of June 30, 2024 and 2023 is as follows:

	2024		
	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Exchange traded funds:			
Equity funds	\$ 900,690		\$900,690
Fixed income funds	653,792		653,792
Money market funds	48,148		48,148
Brokered certificates of deposit		\$299,686	299,686
	<u>\$1,602,630</u>	<u>\$299,686</u>	<u>\$1,902,316</u>
	2023		
	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
U.S. treasury bonds		\$ 29,567	\$ 29,567
Exchange traded funds:			
Equity funds	\$ 815,149		815,149
Fixed income funds	607,850		607,850
Money market funds	152,340		152,340
Brokered certificates of deposit		99,732	99,732
	<u>\$1,575,339</u>	<u>\$129,299</u>	<u>\$1,704,638</u>

NOTES TO FINANCIAL STATEMENTS

Note 4. Lease Commitments

The Coalition leases space under operating leases with a 1-5 year initial lease term. Certain leases include renewal options which can extend the lease term. The exercise of any renewal options is at the sole discretion of the Coalition, and only lease options that the Coalition believes are reasonably certain to be exercised are included in the measurement of the lease assets and liabilities. The lease agreements do not include any variable lease payments, material residual value guarantees, or restrictive covenants.

The following summarizes lease costs for the year ended June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Lease costs:		
Operating lease cost	\$214,422	\$214,422
Other information:		
Weighted-average remaining lease term - operating leases	3.6 years	3.8 years
Weighted-average discount rate - operating leases	2.87%	2.85%
	<u>2024</u>	<u>2023</u>
Supplemental cash flow information:		
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from operating leases	\$214,422	\$214,422
Right of use assets obtained in exchange for new operating lease liabilities		\$724,225

The maturities of operating lease liabilities as of June 30, 2024, were as follows:

2025	\$111,206
2026	76,800
2027	76,800
2028	<u>76,800</u>
	341,606
Less present value discount	<u>(16,747)</u>
	<u>\$324,859</u>

Facility lease cost for office space is included in rent expense on the statements of functional expenses. Facility lease cost for Bingo hall rental is included in net charitable gaming revenue on the statements of activities.

Subsequent to year end, the Coalition entered into a new lease agreement for office space commencing on October 1, 2024 with a term of 5 years and monthly rent of \$16,165. In addition, the Coalition entered into a short-term lease for office space commencing on October 1, 2024 with monthly rent of \$975.

NOTES TO FINANCIAL STATEMENTS

Note 5. Net Assets with Donor Restrictions

Net assets with donor restrictions as of June 30, 2024 and 2023, consisted of the following:

	Balance <u>6/30/24</u>	Balance <u>6/30/23</u>
Restricted by purpose or time:		
Amerifunds – training		\$25,000
Program Income from tenants	\$ 46,342	42,835
CFL – advocacy staff and programming	45,000	
CFL – prevention/diversion	22,500	
Molina – housing	10,000	
Susan Means – advocacy staff and programming	40,000	
Aetna – housing	<u>5,725</u>	<u> </u>
Total net assets with donor restrictions	<u>\$169,567</u>	<u>\$67,835</u>

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose or by the occurrence of events specified by the donors as follows for the year ended June 30, 2024 and 2023:

	<u>6/30/24</u>	<u>6/30/23</u>
Training - Amerifunds	\$ 25,000	\$ 25,000
Prevention and advocacy		4,043
Event sponsors		17,677
Rx: Housing Grant		30,073
Program Income from tenants	<u>81,018</u>	<u>156,903</u>
	<u>\$106,018</u>	<u>\$233,696</u>

Note 6. Concentration of Revenues

The Coalition is dependent on cost reimbursement grants with the Department of Housing and Urban Development to carry out its program activities. The majority of these grants have been renewed through third-party payers' fiscal years ending during 2024 and 2023. Changes in the future allocation of grant funding by these agencies could have a significant impact on the Coalition's operations. Approximately 66% of revenues for the years ended June 30, 2024 and 2023 were from the Department of Housing and Urban Development.

NOTES TO FINANCIAL STATEMENTS

Note 7. Retirement Plan

The Coalition has a simplified employee pension plan which covers all eligible employees. Eligible employees are those employees who have attained 21 years of age and earn in excess of \$500. The Coalition contributes 7% of each eligible employee's salary. Employer contributions for the years ended June 30, 2024 and 2023 were approximately \$98,900 and \$82,500, respectively.

Note 8. Concentration of Credit Risk

The Coalition maintains its cash accounts at various financial institutions in Louisville, Kentucky. Accounts at these institutions are guaranteed by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At June 30, 2024, uninsured cash balances were approximately \$85,000.

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. It is reasonably possible that changes in the values of investments could occur in the near term and that such changes could materially affect the amounts reported in the statement of financial position. To address the risk, the Coalition maintains a formal investment policy that sets out investment guidelines, asset allocation guidelines, and requires review of the investment manager's performance.

Note 9. Fiscal Agent

The Coalition and TARC have entered into an agreement allowing the Coalition to act as TARC's fiscal agent and sell discounted TARC tickets to homeless shelters for their clients' use. The Coalition receives a transaction fee for this service which is included in the statement of activities for the years ended June 30, 2024 and 2023.

Note 10. Charitable Gaming

The Coalition regularly participates in charitable gaming consisting of bingo to raise funds. Following are the results of these activities for the years ended June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Gross revenue	\$431,213	\$453,841
Less: expenses	<u>(235,244)</u>	<u>(274,148)</u>
Net revenues from charitable gaming	<u>\$195,969</u>	<u>\$179,693</u>

NOTES TO FINANCIAL STATEMENTS

Note 11. Subsequent Event

Subsequent to year-end, it was determined that the operations and revenue of the RAVE program will be absorbed by the city of Louisville and the Coalition will begin transitioning this program to the city. Revenue of \$60,000 was recorded in the statement of activities for each of the years ended June 30, 2024 and 2023 related to RAVE.

THE COALITION FOR THE HOMELESS, INC.

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Year Ended June 30, 2024

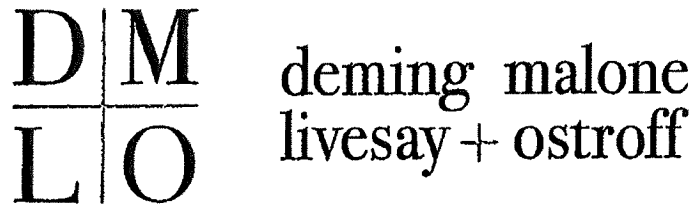
<u>Program Description</u>	<u>Assistance Listing Number</u>	<u>Pass-Through Entity Identifying Number</u>	<u>Passed Through to Subrecipients</u>	<u>Federal Expenditures</u>
<u>U.S. Department of Housing & Urban Development</u>				
Continuum of Care Program	14.267		\$1,759,217	\$4,420,488
Pass through from Louisville/Jefferson County Metro Government - Community Development Block Grant	14.218		<u>32,100</u>	<u>112,100</u>
			<u>\$1,791,317</u>	<u>\$4,532,588</u>

Note 1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal award activity of The Coalition for the Homeless, Inc., under programs of the federal government for the year ended June 30, 2024. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of The Coalition for the Homeless, Inc., it is not intended to and does not present the final position, changes in net assets or cash flows of The Coalition for the Homeless, Inc.

Note 2. Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. The Coalition for the Homeless, Inc. has elected not to use the 10 percent de minimis indirect cost rate as allowed under Uniform Guidance. Pass-through entity identifying numbers are presented where available.



**Independent Auditors' Report on Internal Control Over Financial Reporting and
on Compliance and Other Matters Based on an Audit of Financial
Statements Performed in Accordance with Government Auditing Standards**

To the Board of Directors
The Coalition for the Homeless, Inc.
Louisville, Kentucky

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of The Coalition for the Homeless, Inc. (a not-for-profit organization), which comprise the statement of financial position as of June 30, 2024, and the related statements of activities, functional expenses, and cash flows for the year then ended and the related notes to the financial statements, and have issued our report thereon dated January 16, 2025.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered The Coalition for the Homeless, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of The Coalition for the Homeless, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of The Coalition for the Homeless, Inc.'s internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of the internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that have not been identified.

Report on Compliance and Other Matters

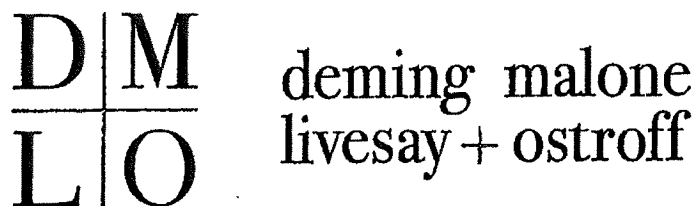
As part of obtaining reasonable assurance about whether The Coalition for the Homeless, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Deming, Malone, Lussey & Petroff

Louisville, Kentucky
January 16, 2025



**Independent Auditors' Report on Compliance for Each Major Federal Program
and Report on Internal Control Over Compliance Required by the Uniform Guidance**

To the Board of Directors
The Coalition for the Homeless, Inc.
Louisville, Kentucky

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited The Coalition for the Homeless, Inc.'s compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on each of The Coalition for the Homeless, Inc.'s major federal programs for the year ended June 30, 2024. The Coalition for the Homeless, Inc.'s major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

In our opinion, The Coalition for the Homeless, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2024.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditors' Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of The Coalition for the Homeless, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of The Coalition for the Homeless, Inc.'s compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for the compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to The Coalition for the Homeless, Inc.'s federal programs.

Auditors' Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion The Coalition for the Homeless, Inc.'s compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect a material noncompliance when it exists. The risk of not detecting a material noncompliance resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood, that individually or in the aggregate, it would influence the judgement made by a reasonable user based on the report on compliance about The Coalition for the Homeless, Inc.'s compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud, error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding The Coalition for the Homeless, Inc.'s compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of The Coalition for the Homeless, Inc.'s internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of The Coalition for the Homeless, Inc.'s internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditors' Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal controls over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Danning, Malone, Lunsay & Petroff

Louisville, Kentucky
January 16, 2025

THE COALITION FOR THE HOMELESS, INC.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

Year Ended June 30, 2024

Section I – Summary of Auditors' Results

1. The auditors' report expresses an unmodified opinion on whether the financial statements of The Coalition for the Homeless, Inc. were prepared in accordance with GAAP.
2. Internal control over financial reporting:
 - Material weakness identified? ☐ Yes ☒ No
 - Significant deficiency identified? ☐ Yes ☒ None reported
3. No instances of noncompliance material to the financial statements of The Coalition for the Homeless, Inc. which would be required to be reported in accordance with *Government Auditing Standards*, were disclosed during the audit.
4. Internal control over major programs:
 - Material weakness identified? ☐ Yes ☒ No
 - Significant deficiency identified? ☐ Yes ☒ None reported
5. The auditors' report on compliance for the major federal award programs of The Coalition for the Homeless, Inc. expresses an unmodified opinion on the major federal program.
6. The audit did not disclose any audit findings required to be reported in accordance with 2 CFR section 200.516(a).
7. The programs audited as major programs were:

<u>Assistance Listing Number</u>	<u>Name of Major Federal Program</u>
14.267	U.S. Department of Housing and Urban Development: Continuum of Care Program
8. The dollar threshold used to distinguish between Type A and Type B programs was \$750,000.
9. The auditee did qualify as a low-risk auditee.

THE COALITION FOR THE HOMELESS, INC.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

Year Ended June 30, 2024

Section II – Financial Statement Findings

There are no findings related to the financial statements which are required to be reported in accordance with *Government Auditing Standards*.

Section III – Federal Award Findings and Questioned Costs (Under Section 2 CFR 200.516(a))

There are no findings or questioned costs required to be reported.

General Information

Organization Number :	0215424
Name :	THE COALITION FOR THE HOMELESS, INC.
Profit or Non-Profit :	N - Non-profit
Company Type :	KCO - Kentucky Corporation
Industry :	Social Services
Number of Employees :	Medium (20-99)
Primary County :	Jefferson
Status :	A - Active
Standing :	G - Good
State :	KY
File Date :	5/22/1986
Organization Date :	5/22/1986
Last Annual Report :	2/28/2025
Principal Office :	1300 SO. FOURTH ST., SUITE 250 LOUISVILLE, KY, 40203
Registered Agent :	NATALIE HARRIS 1300 SOUTH 4TH STREET, SUITE 250 LOUISVILLE, KY, 40208