

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

Applicant/Program: Coalition for the Homeless, Inc./Project Stand Down
Applicant Requested Amount: &10.000
Appropriation Request Amount: \$10.000

Executive Summary of Request

Project Stand Down is an event where homeless veterens and others come to one sight and are able to get services from many different agencies. Services provided are backpacks with necessities, food, veterans services and more. The location will change to the Goodwill-East Broadway so the homeless can see their employment resources and training oppoertunities and hopefully take advantage. The event will take place in October 2022.

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.

24 _____ \$1,000 7/14/2022
...
District # Primary Sponsor Signature Amount Date
Madonna Flood

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:

Cosultion for the Homeless, Inc./Project Stand Down

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	<i>Keisha Dorsey</i>	\$ 250
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	<i>D. L. Davis</i>	\$ 500
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	<i>Bill Hollander</i>	\$ 1,000
District 10	<i>Ernest McNeill</i>	\$ 1,000
District 11	_____	\$ _____
District 12	<i>Rick Blackwell</i>	\$ 1,000
District 13	<i>Mark H. Fox</i>	\$ 1,000
District 14	<i>Cindi Fowler</i>	\$ 500
District 15	<i>Ken Tappan</i>	\$ 500

Applicant/Program:

Coalition for the Homeless, Inc/Project Stand Down

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	<i>Marcus Winkler</i>	\$ 500
District 18	_____	\$ _____
District 19	<i>Anthony Piagentini</i>	\$ 500
District 20	<i>Stuart Benson</i>	\$ 500
District 21	<i>Mede A. George</i>	\$ 250
District 22	<i>Robin J. Engel</i>	\$ 500
District 23	<i>James Peden</i>	\$ 500
District 24	_____	\$ _____
District 25	<i>Amy Holton Stewart</i>	\$ 500
District 26	_____	\$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Coalition for the Homeless, Inc.	
Program Name and Request Amount Project Stand Down \$10,000	
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input checked="" type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input checked="" type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input checked="" type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input checked="" type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input checked="" type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input checked="" type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input checked="" type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H Included?	<input checked="" 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 checked="" type="checkbox"/> N/A
Is the entity in good standing with: ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission?	<input checked="" type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input checked="" type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input checked="" type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input checked="" type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input checked="" type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input checked="" type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) Included?	<input checked="" type="checkbox"/> Yes
Is a copy of Signed Lease (if rent costs are requested) included?	<input checked="" type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input checked="" type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency Included?	<input checked="" type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input checked="" type="checkbox"/> Yes
Is the IRS Form 990 included?	<input checked="" type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input checked="" type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input checked="" 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 checked="" type="checkbox"/> Y
Prepared by: Andrea Crider Derouen Date: July 6, 2022	

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Coalition for the Homeless, Inc. <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 1300 S. Fourth Street Suite 250, Louisville, KY 40208			
Website: www.louhomeless.org			
Applicant Contact:	Natalie Harris	Title:	Executive Director
Phone:	502-363-9550 ext. 1212	Email:	nharris@louhomeless.org
Financial Contact:	Marsha Bailey	Title:	Housing Manager and Office Manager
Phone:	502-636-9550 ext. 1206	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):	1300 S. Fourth Street, Suite 250 Louisville, KY 40208		
Council District(s):	Serve all Jefferson County	Zip Code(s):	Serve all of Jefferson County
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Ending Veteran, Youth and Chronic Homelessness			
Total Request: (\$)	10,000	Total Metro Award (this program) in previous year: (\$)	14,000
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) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) 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 Block Grant	Amount: (\$)	112,100
Source:	Emergency Solutions Grant	Amount: (\$)	91,000
Source:	Right to Counsel Outreach	Amount: (\$)	90,000
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			

Applicant's Initials 

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 advocate for people who are homeless and for the prevention and elimination of homelessness. Our efforts are targeted in a three-pronged approach:

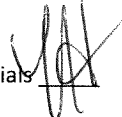
- 1) Educate the community about homelessness and inspire action,
- 2) Advocate for system changes, and
- 3) Coordinate the community response to homelessness through efficient use of resources and funding.

The Coalition for the Homeless is Louisville's leading advocate for the homeless. While our 30+ 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.

We serve people just like you. Every one of the 10,640 homeless persons served in Louisville last year was our neighbor and someone's child, parent, brother, or sister. 1,669 were under the age of 18, 719 were veterans, and an increasing number of 1995 were in families. Thanks to increased resources due to COVID funding, we were able to serve more people than ever in 2021-22 decreasing the family wait list for shelter/housing from 60 to 5 families on any given day. And, the Rx: Housing program, funding partially through this NDF allocation, has cut the chronic street homeless population and number of homeless young adults of Louisville in half and helped Louisville become one of a handful of cities that has reached "functional zero" in addressing veteran homelessness.

This year, our priorities through Rx: Housing Veterans are to maintain "functional zero" for veteran homelessness in Louisville, maintain resources that keep our family wait list below 10 families on any given day and decrease the number of chronically homeless persons through the Rx: Housing program.. We were able to house over 400 chronically homeless persons in 2021-22 and hope to house at least 500 additional chronically homeless persons this coming year.

"Functional Zero" is the federal term used to identify a community that has housed all of a homeless population (like homeless veterans) with a system in place to quickly house those who become homeless within this population in the future. "Homeless Youth" are unaccompanied homeless persons 24 years of age or younger.



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.):

Project Stand Down was first created by the Veteran's Administration to provide services to homeless veterans. A separate event was created by the city and The Coalition for the Homeless for non-veterans. The groups then agreed to combine the events 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. Due to COVID, Stand Down services have been paired down to keep people safe, but we will still provide backpacks with necessities, food, veteran services and more. Also, because the ultimate goal is to increase access to services and shorten lengths of homelessness in Louisville, we are changing the location to the East Broadway Goodwill service center. By doing this, we hope to encourage more homeless persons coming for resources to see all the employment and training opportunities at Goodwill and take advantage. We will provide backpacks and service access to 600 persons. The Stand Down event date is still to be determined, but will be held in October of 2022. And, any backpacks not distributed on that date will be distributed during the Street Count in January 2023.

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

All funds provided by Louisville Metro Council will be used to support the annual Stand Down 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 the Louisville Apt. Assoc.) and only use NDF funds to cover costs that cannot be accessed through donations. Stand Down/Project Homeless Connect will take place in October 2022 from 8 a.m.-noon at the Goodwill East Campus on Broadway with approximately 600 participants.

For Stand Down, The Coalition will purchase backpacks, clothing and hygiene kits for distribution unless these are donated. We will also cover the cost of IDs, breakfast, and any other supplies.

For Rx Housing, All proceeds from this event go toward furniture and deposits to assist veterans, young adults and chronically homeless persons in accessing permanent housing.

The project planning for both events has begun and items must be purchased prior to the October 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.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION


SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Caroline Heine, Chair	December 2023
Adria Johnson, Vice Chair	December 2023
Maria Schaefer, Past Chair	December 2023
Jason Warriar, Secretary	December 2023
Mark Quinnan, Treasurer	December 2022
Andy Patterson	December 2022
Robert Byers	December 2023
Andrea Aikin	December 2023
Laurie Beth Baird	December 2023
Tom Walton	December 2023
Kyle Elmore	December 2022
Kristen Jordan	December 2022
Lonnie Williams	December 2022
Tameka Laird	December 2023
Doug Jones (Dec 2024) Dave Wilson (Dec 2024) Ra'Shann Martin (Dec 2024)	
Nazenin Assef (Dec 2024) Brooke Martin (Dec 2024)	

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, each cohort consisting of no more than nine (9) members. 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	97,000
Melissa Raley	80,000
Brandi Scott	80,000

Applicant's Initials 

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:

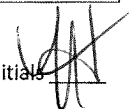
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

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

May be necessary if grant agreement is not ready to expend funds for events.

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.



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 approximately 600 persons in October 2020 (date still to be determined by Goodwill). All served will be homeless. Services include state IDs, veteran services, housing applications, education and job training opportunities, sign ups for Medicaid and other benefits, food and clothing. 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 a lowering of hospital visits, 3) shorter waiting times for homeless in need of services, and 4) shortened lengths of time homeless for those participating particularly for those who access IDs that help them obtain other benefits.

This year, we hope to additionally increase employment access to the homeless by hosting the event at the Goodwill service center on Broadway.

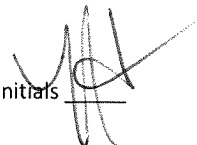
The Coalition for the Homeless will house at least 350 homeless veterans, families, young adults and chronically homeless persons by the end of the year from Rx: Housing. This funding will serve 10-15 of those clients through deposits and furniture.

We manage the HMIS database that tracks all homeless service agencies in the community and is used to track progress including ending veteran, young adult and chronic homelessness. For this grant, we will be tracking the following outcomes to determine program progress and success:

1) find housing for 350 households, 2) create on-going system to insure all newly homeless vets, young adults and chronically homeless have immediate access to shelter, 3) create on-going system to insure all homeless vets, young adults and the chronically homeless that enter shelter are housed within three months in future.

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 30+ member service agencies and other advocacy agencies. The Rx: Housing group created to end veteran, chronic and now young adult homelessness in Louisville includes over two dozen active groups working toward this goal. Members include The Office of the Mayor, The Coalition for the Homeless, St. Vincent de Paul, Volunteers of America (VOA), Louisville Metro Housing Authority (LMHA), Veterans for Peace, Restoration Center, Louisville Metro Community Services, Robley Rex VA Hospital Homeless Programs (VA), Family Health Centers (FHC), St. John Center, The Kentucky Department of Veterans Affairs (KDVA), Legal Aid Society, the Brain Injury Alliance, CenterStone, Coalition Supporting Young Adults, the CoC Youth Action Board, Metro United Way, YMCA Safe Place (RHYP), Home of the Innocents (HOTI), KentuckianaWorks (WIOA), REimage, YouthBuild, Louisville Youth Group (LGBTQ), True Up (Foster Care), Center for Women and Families (DV), Family Scholar House, Louisville Metro Community Services and Safe and Healthy Neighborhoods, Metro Louisville Police Department, Louisville Apartment Association, Jefferson Community and Technical College, Louisville Free Public Library, Family and Children's Place, Maryhurst, Emerging Workforce, Jefferson County Public Schools (JCPS), University of Louisville, Greater Louisville Inc., Wellspring, Good News Volunteers, Jewish Family and Career Services, Salvation Army, St. Vincent de Paul, Louisville Urban League and Wednesday's Child.



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	8,000	8,000
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)	10,000	40,000	50,000
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	10,000	48,000	58,000
% of Program Budget	17.2 %	82.8 %	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)	48,000
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	48,000

*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 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
Volunteers	\$10,000	45 x 15 hours x \$15
Louisville Apt. Assoc. and others client assist.	12000	value of last year's donations
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	\$22,000	

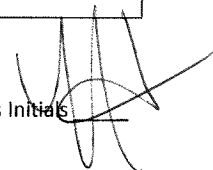
*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: July 1, 2022

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: While it is not a significant change in our budget, we will no longer be administering the eviction outreach and deposit programs we took on during COVID to prevent evictions.

Applicant's Initials



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.

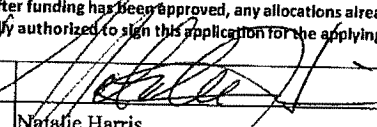
Standard Certifications


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.

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:	May 1, 2022
Legal Signatory: (please print):	Natalie Harris	Title:	Executive Director
Phone:	502-636-9550	Extension:	1212
Email:	nharris@louhomeless.org		

Applicant's Initials 

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).

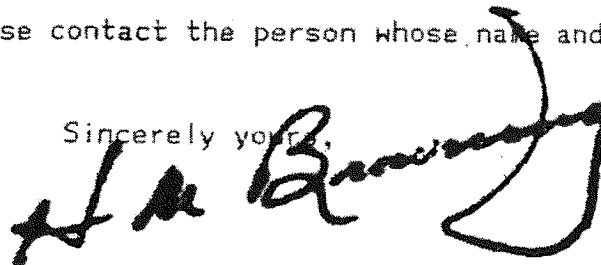
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the 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	2011-24		2010-11		COMMUNITY COORDINATION					HOUSING					DEVELOPMENT			TOTAL
	GRANTS & CONTRACTS	State	CoC/PPPP	HMIS/SPE	Prevention/Diversion	Stand Down/WF/Street Tips	TARC/Advocacy	CH2	LASH	THYA	SHCH	PSHCH	PSHYA	RX Housing	Blgpp	General		
RESTRICTED																		
GRANTS & CONTRACTS																		
44552	Advocacy	\$ 8,000.00	\$ -	\$ -	\$ -	\$ -	\$ 8,000.00										\$ 8,000.00	
44551	Homeless Prev. Proj	\$ 5,000.00	\$ 7,719.00	\$ -	\$ -	\$ -	\$ 5,000.00										\$ 12,719.00	
44553	Other State Grants	\$ 31,000.00	\$ 20,000.00	\$ -	\$ -	\$ -	\$ 31,000.00										\$ 51,000.00	
HUD																		
44523	HMIS I, II, III and IV	\$ 209,577.00	\$ 209,577.00	\$ 209,577.00	\$ -	\$ -	\$ 209,577.00										\$ 618,731.00	
44521	CoC Planning	\$ 349,115.00	\$ -	\$ 260,000.00	\$ -	\$ -	\$ 349,115.00										\$ 609,115.00	
44526	Prevention/Diversion	\$ 110,187.00	\$ -	\$ 82,500.00	\$ 110,187.00	\$ -	\$ -										\$ 302,874.00	
44522	SHP CFH Admin	\$ 126,697.00	\$ 126,697.00	\$ -	\$ -	\$ -	\$ 126,697.00										\$ 253,394.00	
44524	SHP CFH Operations	\$ 32,000.00	\$ 22,850.00	\$ -	\$ -	\$ -	\$ 32,000.00										\$ 54,850.00	
44525	SHP CFH Leasing Sv	\$ 60,000.00	\$ 58,500.00	\$ -	\$ -	\$ -	\$ 60,000.00										\$ 118,500.00	
44527	SHP CFH Services	\$ -	\$ 2,000.00	\$ -	\$ -	\$ -	\$ -										\$ 2,000.00	
44531 and 44533	HUD Pass Thru Leas	\$ 2,128,652.00	\$ 1,991,392.00	\$ -	\$ -	\$ -	\$ 2,128,652.00										\$ 4,119,044.00	
44534	HUD Pass Thru Oper	\$ 141,984.00	\$ 123,965.00	\$ -	\$ -	\$ -	\$ 141,984.00										\$ 265,949.00	
44535	HUD Pass Thru Serv	\$ 607,910.00	\$ 593,487.00	\$ -	\$ -	\$ -	\$ 607,910.00										\$ 1,201,397.00	
44536	HUD Pass Thru Admi	\$ 1,500.00	\$ 1,500.00	\$ -	\$ -	\$ -	\$ 1,500.00										\$ 3,000.00	
44548	HUD Pass Thru Admi	\$ 126,703.00	\$ 126,703.00	\$ -	\$ -	\$ -	\$ 126,703.00										\$ 253,406.00	
Metro United Way																		
44820	CoC	\$ 8,610.00	\$ 10,000.00	\$ 8,610.00	\$ -	\$ -	\$ 8,610.00										\$ 27,220.00	
City																		
44544	NDF	\$ 14,000.00	\$ 11,000.00	\$ -	\$ -	\$ -	\$ 14,000.00										\$ 25,000.00	
44545	CDBG White Flag	\$ 32,000.00	\$ 32,000.00	\$ -	\$ -	\$ -	\$ 32,000.00										\$ 64,000.00	
44541	CDBG CoC/HMIS	\$ 80,000.00	\$ 80,000.00	\$ 35,000.00	\$ -	\$ -	\$ 80,000.00										\$ 155,000.00	
44549	Navigation Grant	\$ 358,520.00	\$ 224,600.00	\$ -	\$ -	\$ 358,520.00	\$ -										\$ 683,120.00	
44548	Eviction Outreach Ful	\$ 90,000.00	\$ -	\$ -	\$ -	\$ -	\$ 90,000.00										\$ 180,000.00	
Other Contracts & Grants																		
Street Tips	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -										\$ -	
TARC Tickets	\$ 449,400.00	\$ 401,880.00	\$ -	\$ -	\$ -	\$ 449,400.00	\$ -										\$ 851,280.00	
Subtotal		\$ 4,970,956.00	\$ 4,305,470.00	\$ 4,077,225.00	\$ 244,577.00	\$ 468,707.00	\$ 467,400.00	\$ 457,400.00	\$ 661,830.00	\$ 230,605.00	\$ 345,592.00	\$ 534,390.00	\$ 211,725.00	\$ 465,607.00	\$ -	\$ -	\$ 9,383,850.00	
UNRESTRICTED																		
43330 and 46	Donations - Foundat	\$ 178,340.00	\$ 278,300.00	\$ -	\$ -	\$ -	\$ 178,340.00										\$ 456,640.00	
43310	Donations - Sponsors	\$ 15,000.00	\$ -	\$ -	\$ -	\$ -	\$ 15,000.00										\$ 15,000.00	
43450	Donations - Individual	\$ 200,000.00	\$ 180,000.00	\$ -	\$ -	\$ -	\$ 200,000.00										\$ 380,000.00	
43490	Donations - Religious	\$ 5,000.00	\$ 5,000.00	\$ -	\$ -	\$ -	\$ 5,000.00										\$ 10,000.00	
45010	Interest	\$ 100.00	\$ 100.00	\$ -	\$ -	\$ -	\$ 100.00										\$ 200.00	
45020, 45030	Investments	\$ 22,000.00	\$ -	\$ -	\$ -	\$ -	\$ 22,000.00										\$ 22,000.00	
46410	Bingo Income	\$ 380,000.00	\$ 336,000.00	\$ -	\$ -	\$ -	\$ 380,000.00										\$ 716,000.00	
46430	Misc Income - carry over	\$ -	\$ 38,626.49	\$ -	\$ -	\$ -	\$ -										\$ 38,626.49	
PPP loan	\$ -	\$ 65,000.00	\$ -	\$ -	\$ -	\$ -	\$ -										\$ 65,000.00	
46425	Dona O'Sullivan Prog	\$ 14,000.00	\$ -	\$ -	\$ -	\$ -	\$ 14,000.00										\$ 14,000.00	
47230	Membership Dues	\$ 30,000.00	\$ 30,000.00	\$ -	\$ -	\$ -	\$ 30,000.00										\$ 60,000.00	
47240	HMIS Membership Fd	\$ 30,000.00	\$ 36,000.00	\$ -	\$ -	\$ -	\$ 30,000.00										\$ 66,000.00	
49010	Assoc Board Fundrais	\$ 20,000.00	\$ -	\$ -	\$ -	\$ -	\$ 20,000.00										\$ 20,000.00	
49020	Bourbon Mixer	\$ 170,000.00	\$ 50,000.00	\$ -	\$ -	\$ -	\$ 170,000.00										\$ 220,000.00	
49030	Other Fundraisers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -										\$ -	
Subtotal		\$ 1,065,440.00	\$ 1,075,026.49	\$ -	\$ -	\$ -	\$ 1,065,440.00										\$ 2,140,466.49	
TOTAL		\$ 6,036,396.00	\$ 5,405,496.49	\$ 4,077,225.00	\$ 244,577.00	\$ 468,707.00	\$ 467,400.00	\$ 661,830.00	\$ 230,605.00	\$ 345,592.00	\$ 534,390.00	\$ 211,725.00	\$ 465,607.00	\$ -	\$ -	\$ -	\$ 9,383,850.00	
EXPENSES																		
60901	Business Expenses	\$ -	\$ 500.00	\$ -	\$ -	\$ -	\$ -										\$ 500.00	
62860	Office Reno/Mainte	\$ 5,000.00	\$ 15,000.00	\$ -	\$ -	\$ -	\$ 5,000.00										\$ 20,000.00	
60910	Annual Mtgs and E	\$ 5,300.00	\$ 2,700.00	\$ 1,800.00	\$ -	\$ -	\$ 5,300.00										\$ 9,800.00	
60920	Board/Planning Ex	\$ 2,600.00	\$ 400.00	\$ -	\$ -	\$ -	\$ 2,600.00										\$ 3,000.00	

60930	Bank Service Chart	\$ 1,000.00	\$ 600.00																	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
60935	Bingo Service Chart	\$ 75.00	\$ 75.00																	\$ 75.00	\$ 75.00	\$ 75.00
60961	Bourbon Mixer	\$ 38,000.00	\$ 38,000.00																	\$ 38,000.00	\$ 38,000.00	\$ 38,000.00
60962	Assoc. Bd Event E	\$ 5,000.00	\$ 5,000.00																	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00
60975	Bingo Permits	\$ 450.00	\$ 450.00																	\$ 450.00	\$ 450.00	\$ 450.00
60991 and 60992	Investment Expend	\$ 4,150.00																		\$ 4,150.00	\$ 4,150.00	\$ 4,150.00
Contract Categories																						
62110	Accounting Service	\$ 960.00	\$ 720.00																	\$ 960.00	\$ 960.00	\$ 960.00
62120	Audit	\$ 17,600.00	\$ 16,000.00	\$ 1,400.00	\$ 1,250.00	\$ 380.00														\$ 17,600.00	\$ 17,600.00	\$ 17,600.00
62150	Human Resources	\$ 25,000.00																		\$ 25,000.00	\$ 25,000.00	\$ 25,000.00
62170	Web Management	\$ 900.00	\$ 3,000.00																	\$ 900.00	\$ 900.00	\$ 900.00
62180	Contract Services	\$ 25,000.00																		\$ 25,000.00	\$ 25,000.00	\$ 25,000.00
62187	Contract Services	\$ 5,000.00																		\$ 5,000.00	\$ 5,000.00	\$ 5,000.00
62185	Contract Services	\$ 5,000.00	\$ 5,000.00																	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00
62155	Contract Services	\$ 2,000.00	\$ 500.00																	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00
62190	Payroll Services	\$ 2,600.00	\$ 2,600.00																	\$ 2,600.00	\$ 2,600.00	\$ 2,600.00
62825	Bingo Security	\$ 3,900.00	\$ 4,000.00																	\$ 3,900.00	\$ 3,900.00	\$ 3,900.00
Facilities Categories																						
62830	Security	\$ 1,560.00																		\$ 1,560.00	\$ 1,560.00	\$ 1,560.00
62860	Janitorial Services	\$ 17,000.00	\$ 1,200.00																	\$ 17,000.00	\$ 17,000.00	\$ 17,000.00
62870	Property Insurance	\$ 3,200.00	\$ 3,100.00	\$ 217.00	\$ 186.00	\$ 62.00														\$ 3,200.00	\$ 3,200.00	\$ 3,200.00
62890	Rent	\$ 137,622.00	\$ 137,622.00	\$ 75,688.00	\$ 16,514.00															\$ 137,622.00	\$ 137,622.00	\$ 137,622.00
62895	Bingo Rent	\$ 83,200.00	\$ 83,200.00																	\$ 83,200.00	\$ 83,200.00	\$ 83,200.00
62899	HMS/SPE Equipm	\$ 72,000.00	\$ 62,400.00																	\$ 72,000.00	\$ 72,000.00	\$ 72,000.00
Operations Categories																						
65010	Books and Referen	\$ 500.00	\$ 100.00																	\$ 500.00	\$ 500.00	\$ 500.00
65020	Postage	\$ 8,700.00	\$ 2,500.00	\$ 300.00	\$ 300.00	\$ 300.00														\$ 8,700.00	\$ 8,700.00	\$ 8,700.00
65032	Copier	\$ 4,500.00	\$ 3,697.00	\$ 489.00	\$ 2,033.00	\$ 444.00														\$ 4,500.00	\$ 4,500.00	\$ 4,500.00
65035	Printing	\$ 4,000.00	\$ 3,000.00																	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00
65038	Street Signs Printing	\$ 4,000.00	\$ 8,500.00																	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00
65031	Bingo Printing	\$ 90,000.00	\$ 62,820.00																	\$ 90,000.00	\$ 90,000.00	\$ 90,000.00
65045	Bingo Supplies	\$ 13,000.00	\$ 9,000.00	\$ 1,000.00	\$ 1,000.00	\$ 7,500.00														\$ 13,000.00	\$ 13,000.00	\$ 13,000.00
65040	Office Supplies	\$ 7,926.00	\$ 10,000.00	\$ 1,000.00	\$ 1,000.00	\$ 1,500.00														\$ 7,926.00	\$ 7,926.00	\$ 7,926.00
65051	Telephone	\$ 500.00	\$ 500.00																	\$ 500.00	\$ 500.00	\$ 500.00
65052	Language Line Exp	\$ 1,500.00	\$ 1,500.00																	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
65055	Client Incentives	\$ 3,000.00	\$ 1,700.00																	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
65060	Membership Dues	\$ 3,000.00	\$ 1,700.00																	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
Other Expense Categories																						
65115	Bingo Advertising	\$ 23,000.00	\$ 18,000.00																	\$ 23,000.00	\$ 23,000.00	\$ 23,000.00
65185	Bingo Taxes	\$ 3,000.00	\$ 2,000.00																	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
65120	D&O Liability Insur	\$ 3,000.00	\$ 2,000.00																	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
Payroll Categories																						
66010 and 66020 and 66029-1	Health Insurance at Salaries/Bonuses	\$ 125,955.00	\$ 193,350.00	\$ 123,838.00	\$ 187,819.00	\$ 217,465.00														\$ 125,955.00	\$ 125,955.00	\$ 125,955.00
66030	Retirement Funds	\$ 12,450.00	\$ 14,520.00																	\$ 12,450.00	\$ 12,450.00	\$ 12,450.00
66040	Life/Disability Insur	\$ 7,679.00																		\$ 7,679.00	\$ 7,679.00	\$ 7,679.00
66065	Employer Payroll Tax	\$ 103,655.00	\$ 103,650.00	\$ 16,229.00	\$ 19,323.00	\$ 25,060.00														\$ 103,655.00	\$ 103,655.00	\$ 103,655.00
66060	Employee Payroll	\$ 2,000.00	\$ 1,080.00																	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00
66050	Worker's Comp	\$ 2,000.00	\$ 1,000.00																	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00
66090	AmeriCorps/VISTA	\$ 23,400.00	\$ 23,400.00																	\$ 23,400.00	\$ 23,400.00	\$ 23,400.00
Program Expense Categories																						
67005	Website/Marketing	\$ 9,000.00																		\$ 9,000.00	\$ 9,000.00	\$ 9,000.00
67010	White Flag and Sign	\$ 32,000.00	\$ 32,000.00																	\$ 32,000.00	\$ 32,000.00	\$ 32,000.00
67020	TARC Tickets	\$ 420,000.00	\$ 460,000.00																	\$ 420,000.00	\$ 420,000.00	\$ 420,000.00
67030	Stand Down Expend	\$ 2,500.00	\$ 4,000.00																	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00
67040	Outreach and Com	\$ 22,000.00	\$ 2,000.00																	\$ 22,000.00	\$ 22,000.00	\$ 22,000.00
67050	Rx: Housing Depos	\$ 50,000.00	\$ 53,941.00																	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00
67055	Prev/Div Fund	\$ 20,000.00	\$ 35,000.00																	\$ 20,000.00	\$ 20,000.00	\$ 20,000.00

The Coalition for the Homeless

Profit and Loss

July 1, 2021 - May 19, 2022

	TOTAL
Income	
43300 Direct Public Grant Categories	
43310 Sponsorships	19,300.00
43330 Foundation and Trust Grants	181,251.00
46426 James Graham Brown Grant Funds	93,662.46
Total 43300 Direct Public Grant Categories	294,213.46
43400 Direct Public Support Categories	
43450 Individ, Business Contributions	897,443.76
43490 Religious Organizations	3,250.00
Total 43400 Direct Public Support Categories	900,693.76
44500 Government Grant Categories	
44520 HUD Grants to Coalition Categories	
44521 HUD Grant - Coc/HPPP	264,461.47
44522 HUD Grants - Administration	99,771.95
44523 HUD Grants - HMIS	111,040.25
44525 HUD Grants - Leasing Salaries	49,804.55
44526 HUD Grant - Prev/Div	90,705.29
Total 44520 HUD Grants to Coalition Categories	615,783.51
44530 HUD Pass Thru Grant Categories	
44531 HUD Grants - Leasing Thru CFH and Our inspections	1,183,074.61
44532 HUD Grants - Leasing Thru Grantees	619,910.83
44533 HUD Grants - Operations for Grantees	70,765.51
44534 HUD Grants - Services	498,945.39
44535 HUD Grants - HMIS	1,231.17
44536 HUD Grants - Administration	97,544.39
44537 HUD Grants - CFH Operations for client utilities	23,448.61
Total 44530 HUD Pass Thru Grant Categories	2,494,920.51
44530P Program Income Pass Thru	
44531P PI Leasing Thru CFH	355.80
44533P Operations to Grantees Program Income	9,905.00
44534P PI Services	139,116.19
44536P PI Administration	1,272.23
44537P Operations - CFH Operations for client utilities	6,962.45
Total 44530P Program Income Pass Thru	157,611.67

The Coalition for the Homeless

Profit and Loss

July 1, 2021 - May 19, 2022

	TOTAL
44540 Louisville Grant Categories	
44541 CoC	43,104.50
44543 HMIS/SPE	9,692.03
44544 Stand Down	15,810.00
44548 Eviction Outreach	99,116.81
44549 Navigation Income	566,924.07
44559 Emergency Housing Vouchers	11,697.65
Total 44540 Louisville Grant Categories	746,345.06
44550 State Grant Categories	
44551 Adanta CoC/HPPP	8,786.50
44552 KHC Advocacy	8,000.00
44553 Other State Grants	31,709.50
Total 44550 State Grant Categories	48,496.00
Total 44500 Government Grant Categories	4,063,156.75
44800 Indirect Public Support Categories	
44820 United Way - CoC/HPPP	6,879.22
Total 44800 Indirect Public Support Categories	6,879.22
45000 Investment Ctegrories	
45010 Interest-Savings, Short-term CD	25.38
45020 Income and Distributions	19,242.32
45030 Change in Market Value	-77,806.05
Total 45000 Investment Ctegrories	-58,538.35
46400 Other Income Categories	
46410 Bingo Income	328,453.00
46420 TARC Sales	506,690.77
46425 Dona O'Sullivan Income	3,872.70
Total 46400 Other Income Categories	839,016.47
47200 Membership Income Categories	
47230 Membership Dues	31,756.43
47240 HMIS Fees	31,187.83
Total 47200 Membership Income Categories	62,944.26
47500 Miscellaneous Income	273.14
49000 Special Event Income Categories	
49005 Special/Pass-thru Projects	119,390.00
49010 Assoc Board Fundraiser	10,236.64
49020 Bourbon Mixer	176,145.83
49030 Other Fundraisers	2,470.94
Total 49000 Special Event Income Categories	308,243.41

The Coalition for the Homeless

Profit and Loss

July 1, 2021 - May 19, 2022

	TOTAL
69500 Transfers In	70,000.00
Total Income	\$6,486,882.12
GROSS PROFIT	\$6,486,882.12
Expenses	
65100 Materials & Supplies	
65010 Books, Subscriptions, Reference	405.96
65020 Postage, Mailing Service	3,802.78
65040 Supplies	21,008.47
Total 65100 Materials & Supplies	25,217.21
65200 Printing	
65032 Copier	4,549.15
65035 Printing	4,727.90
65038 Street Tips Printing	2,816.41
Total 65200 Printing	12,093.46
65300 Rent	
62890 Rent, Parking, Utilities	114,685.10
Total 65300 Rent	114,685.10
65400 Board & Committee	
60910 Annual Meetings and Events	800.00
60920 Board Meeting/Planning Expenses	2,219.00
Total 65400 Board & Committee	3,019.00
65500 Licenses, Fees & Permits	
60930 Bank Fees	1,554.22
60970 Licenses, Fees and Permits	31.00
60992 Other Investment Transactions	11,720.29
Total 65500 Licenses, Fees & Permits	13,305.51
65550 Facilities Maintenance	
62830 ADT Security System	804.82
62850 Janitorial Services	14,417.50
62870 Property Insurance	3,120.64
62880 Office renovation / maintenance	4,296.05
65120 Insurance - Liability, D and O	4,175.01
Total 65550 Facilities Maintenance	26,814.02
65600 Telephone & Internet	
65051 Telephone	12,732.29
Total 65600 Telephone & Internet	12,732.29
65650 HMIS Equip & Service	
62899 HMIS/SPE Equipment and Services	81,372.81
65052 Language Line Expenses - HMIS	928.25
Total 65650 HMIS Equip & Service	82,301.06

The Coalition for the Homeless

Profit and Loss

July 1, 2021 - May 19, 2022

	TOTAL
65700 Travel, Conferences & Meeting	
65039 Client Incentives	1,320.00
68310 Conference, Convention, Meeting	3,581.29
68320 Travel and Food	23,375.69
68330 Staff and Board Development	1,817.66
68340 Staff Growth Incentives	4,667.00
68350 Health Incentives	4,059.44
Total 65700 Travel, Conferences & Meeting	38,821.08
65750 Memberships & Dues	450.00
65060 Memberships and Dues	2,205.00
Total 65750 Memberships & Dues	2,655.00
65800 Professional Services	
62110 Accounting Fees	900.19
62120 Audit	16,300.00
62150 Human Resources	9,517.00
62155 On-line contract services	1,666.23
62170 Web Management	317.40
62180 Other Contract Services	17,638.45
62185 Advocacy/Fundraising Platform	3,498.00
62187 YAB Contract	21,369.92
62190 Payroll Services	2,358.28
Total 65800 Professional Services	73,565.47
65900 Bingo Expenses	
60975 Bingo Licences, Fees and Permits	380.00
62825 Bingo Security	3,225.00
62895 Bingo Rent	78,400.00
65045 Bingo Supplies	136,527.87
65185 Bingo Taxes	14,387.22
Total 65900 Bingo Expenses	232,920.09
65950 Fundraising	
60960 Processing Fees	9,335.58
60961 Fundraising - Bourbon Mixer	51,830.99
60962 Fundraising - Other Fundraisers	11,095.67
Total 65950 Fundraising	72,262.24
66000 Salary & Wages	
66020 Salaries	3,166.79
66065 Employer Payroll Taxes	993,245.19
66065 Employer Payroll Taxes	79,393.16
Total 66000 Salary & Wages	1,075,805.14
66500 Employee Benefits	
66010 Health Insurance	129,705.32
66030 Retirement Funds	55,925.78

The Coalition for the Homeless

Profit and Loss

July 1, 2021 - May 19, 2022

	TOTAL
66040 Life/Disability Insurance	8,658.22
66050 Worker's Comp Insurance	366.00
Total 66500 Employee Benefits	194,655.32
66700 Bad Debts/Write offs	2,227.17
67000 Program Expense Categories	
67010 White Flag and Shelter Assistan	24,995.00
67020 TARC Tickets	457,749.44
67025 VISTA Costs	14,300.00
67030 Stand Down Expenses	7,448.85
67040 Community Education Expenses	1,000.00
67045 Emergency Housing Vouchers	21,075.63
67050 Rx Housing Deposits	50,953.19
67052 Navigation / Diversion	49.00
67053 Navigation Part II	479,858.38
67055 Prevention & Diversion	20,813.31
67065 HPP Program Expense	3,750.00
67070 Special / One-time Project	121,280.00
67075 Dona O'Sullivan Expense	1,094.55
Total 67000 Program Expense Categories	1,204,367.35
67400 Program Income Expenses	
67081P Administration	3,915.18
67082P Leasing Thru Landlords	355.80
67084P Services	144,686.84
67085P Operations PI	9,905.00
67087P Operations to CFH PI	6,962.45
Total 67400 Program Income Expenses	165,825.27
67500 HUD Pass Thru Categories	
67081 HUD Pass Thru Funds - Administration	95,669.99
67082 HUD Pass Thru Funds - Leasing to Landlords and Inspections	1,186,122.43
67083 HUD Pass Thru Funds - Operations	70,765.51
67084 HUD PASS Thru Funds - Services	500,819.79
67085 HUD Pass Thru Funds - HMIS Expenses	1,231.17
67086 Pass Thru Funds - Leasing to Subrecipients	619,913.83
67087 HUD Pass Thru Funds - Operations to CFH	23,448.61
Total 67500 HUD Pass Thru Categories	2,497,971.33
69000 Transfers Out	70,000.00
Total Expenses	\$5,921,243.11
NET OPERATING INCOME	\$565,639.01
NET INCOME	\$565,639.01

Coalition for the Homeless, Inc.

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**Exempt Organization Income Tax Returns
For the year ended June 30, 2021**



May 11, 2022

CONFIDENTIAL

Coalition for the Homeless, Inc.
1300 S. 4th Street
Louisville, KY 40203

Dear Ms. Harris:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Baldwin CPAs, PLLC

Filing Instructions

Coalition for the Homeless, Inc.

Exempt Organization Tax Return

Taxable Year Ended June 30, 2021

Date Due: May 16, 2022

Remittance: None is required. Your Form 990 for the tax year ended 6/30/21 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Baldwin CPAs, PLLC
713 W Main St
Richmond, KY 40475-1351

***Important:* Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.**

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 7/01, 2020, and ending 6/30, 2021

u Do not send to the IRS. Keep for your records.
u Go to www.irs.gov/Form8879EO for the latest information.

2020

Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax

Coalition for the Homeless, Inc.

Taxpayer identification number

**** - ***8307**

Name and title of officer or person subject to tax

**Natalie Harris
Executive Director**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>5,888,016</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax }

Date } 05/11/22

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } Myron D. Fisher

Date } 05/11/22

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Coalition for the Homeless, Inc.		D Employer identification number ** - ***8307
	Doing business as		E Telephone number 502-636-9550
	Number and street (or P.O. box if mail is not delivered to street address) 1300 S. 4th Street		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code Louisville KY 40203		G Gross receipts\$ 8,373,715
F Name and address of principal officer: Natalie Harris			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: u www.louhomeless.org	H(c) Group exemption number u
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 1987	M State of legal domicile:

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	25
	6 Total number of volunteers (estimate if necessary)	6	144
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,921,125	5,183,963
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	636,656	449,493
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,697	16,592
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	164,412	237,968
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,728,890	5,888,016
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	2,829,036	2,996,057
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,104,552	1,450,876
	b Total fundraising expenses (Part IX, column (D), line 25) u 231,024		0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,245,087	1,386,402
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,178,675	5,833,335
19 Revenue less expenses. Subtract line 18 from line 12	550,215	54,681	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,260,770	2,294,947
	22 Net assets or fund balances. Subtract line 21 from line 20	486,419	280,428
		1,774,351	2,014,519

Part II Signature Block

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

Sign Here	Signature of officer Natalie Harris		Date Executive Director	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name Myron D. Fisher	Preparer's signature Myron D. Fisher	Date 05/11/22	Check <input type="checkbox"/> if self-employed PTIN *****
	Firm's name } Baldwin CPAs, PLLC		Firm's EIN } ** - ***6603	
	Firm's address } 713 W Main St Richmond, KY 40475-1351		Phone no. 859-626-9040	

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:

See Schedule O

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 \$ **5,008,542** including grants of \$ **2,996,057**) (Revenue \$)

Advocacy, Education and Coordination - The primary objective of the Coalition is the evaluation of homelessness in the community, the education of citizens about homelessness, and the coordination of its member agencies and dozens of other community partners. The coalition coordinated Louisville's Continuum of Care application, resulting in over \$12 million for homeless services.

4b (Code:) (Expenses \$ **405,700** including grants of \$) (Revenue \$ **422,485**)

TARC ticket sales - The Coalition for the Homeless negotiated with TARC (Transit Authority of River City) 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 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 \$ **24,891** 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 6,500 bed stays per year at a rate of \$5 per bed stay.

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

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

4e Total program service expenses **u** **5,439,133**

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
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	25	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	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 u 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	X	
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 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

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	20	
	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	20	
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?		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?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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 **u** **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 **u**

Natalie Harris **1300 S 4th St** **KY 40203** **502-636-9500**
Louisville

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check 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 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 and/or Box 7 of Form 1099-MISC) 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 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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Natalie Harris	40.00									
Executive Director	0.00			X			99,940	0	11,825	
(2) Andrea Aikin	2.00									
Board Member	0.00	X					0	0	0	
(3) Laurie Beth Baird	2.00									
Board Member	0.00	X					0	0	0	
(4) Kathy Beach	2.00									
Board Member	0.00	X					0	0	0	
(5) Robert Byers	2.00									
Board Member	0.00	X					0	0	0	
(6) Kyle Elmore	2.00									
Board Member	0.00	X					0	0	0	
(7) Adria Johnson	2.00									
Board Member	0.00	X					0	0	0	
(8) Kristen Jordan	2.00									
Board Member	0.00	X					0	0	0	
(9) Tameka Laird	2.00									
Board Member	0.00	X					0	0	0	
(10) Mark McWane	2.00									
Board Member	0.00	X					0	0	0	
(11) Dr. Vaughn Payne	2.00									
Baord Member	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Mark Quinnan Board Member	2.00 0.00	X						0	0	0
(13) Tamara Reif Board Member	2.00 0.00	X						0	0	0
(14) Carla Sturgeon Board Member	2.00 0.00	X						0	0	0
(15) Tom Walton Board Member	2.00 0.00	X						0	0	0
(16) Jason Warriar Board Member	2.00 0.00	X						0	0	0
(17) Lonnie Williams Board Member	2.00 0.00	X						0	0	0
(18) Kim Cordell-Fife Vice Chair	2.00 0.00			X				0	0	0
(19) Caroline Heine Treasurer	2.00 0.00			X				0	0	0
1b Subtotal								99,940		11,825
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								99,940		11,825

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 **u 0**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 **u 0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	17,135				
	b Membership dues	1b	58,214				
	c Fundraising events	1c	27,312				
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,569,287				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	512,015				
	g Noncash contributions included in lines 1a-1f	1g	\$ 30,407				
	h Total. Add lines 1a-1f	u	5,183,963				
Program Service Revenue	2a Tarc and miscellaneous	Business Code	449,493	449,493			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	449,493				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	16,592			16,592	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7a					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)	u						
8a Gross income from fundraising events (not including \$ 27,312 of contributions reported on line 1c). See Part IV, line 18	8a						
	b Less: direct expenses	8b	8,837				
c Net income or (loss) from fundraising events	u	-8,837			-8,837		
9a Gross income from gaming activities. See Part IV, line 19	9a	2,723,667					
	b Less: direct expenses	9b	2,476,862				
c Net income or (loss) from gaming activities	u	246,805			246,805		
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions	u	5,888,016	449,493	0	254,560		

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	1,690,724	1,690,724		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,305,333	1,305,333		
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	102,399	76,799	15,360	10,240
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	1,075,158	861,558	56,593	157,007
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	177,525	141,470	10,847	25,208
10 Payroll taxes	95,794	76,338	5,853	13,603
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	17,640		17,640	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	108,244	105,001	3,243	
12 Advertising and promotion				
13 Office expenses	18,795	14,978	1,148	2,669
14 Information technology	8,547	6,811	522	1,214
15 Royalties				
16 Occupancy	137,622	109,671	8,409	19,542
17 Travel	37,747	35,859	1,888	
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	10,853	8,649	663	1,541
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 other assistance	418,669	418,669		
b Tarc Tickets	405,701	405,701		
c shelter assistance	116,788	116,788		
d Special project	60,462	60,462		
e All other expenses	45,334	4,322	41,012	
25 Total functional expenses. Add lines 1 through 24e	5,833,335	5,439,133	163,178	231,024
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 checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	1,098,573	1	612,538
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	286,303	3	535,831
	4	Accounts receivable, net		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	57	8	
	9	Prepaid expenses and deferred charges	23,572	9	51,119
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 119,806		
	b	Less: accumulated depreciation	10b 29,943	79,772	10c 89,863
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	772,493	12	1,005,596
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	2,260,770	16	2,294,947	
Liabilities	17	Accounts payable and accrued expenses	421,419	17	280,428
	18	Grants payable		18	
	19	Deferred revenue		19	
	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	65,000	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		25	
	26	Total liabilities. Add lines 17 through 25	486,419	26	280,428
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	1,219,957	27	1,617,173
	28	Net assets with donor restrictions	554,394	28	397,346
	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	1,774,351	32	2,014,519	
33	Total liabilities and net assets/fund balances	2,260,770	33	2,294,947	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,888,016
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,833,335
3	Revenue less expenses. Subtract line 2 from line 1	3	54,681
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,774,351
5	Net unrealized gains (losses) on investments	5	185,487
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,014,519

Part XII Financial Statements and Reporting

Check 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 in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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	X	
2c	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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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	X	

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Subtotal, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c)

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 u

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes 5 empty rows for contractor data.

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 u

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Coalition for the Homeless, Inc.

Employer identification number

****-***8307**

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

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

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

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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 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

Section C. Computation of Public Support Percentage

Table with 2 columns: Amount, Percentage. Rows include: 14 Public support percentage for 2020; 15 Public support percentage from 2019 Schedule A, Part II, line 14; 16a 33 1/3% support test—2020; b 33 1/3% support test—2019; 17a 10%-facts-and-circumstances test—2020; b 10%-facts-and-circumstances test—2019; 18 Private foundation.

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,450,453	4,146,558	4,237,640	4,921,125	5,114,108	21,869,884
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	395,701	401,353	406,636	650,972	649,083	2,503,745
3 Gross receipts from activities that are not an unrelated trade or business under section 513	2,490,684	2,543,714	2,603,445	1,989,913	2,723,667	12,351,423
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	6,336,838	7,091,625	7,247,721	7,562,010	8,486,858	36,725,052
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						36,725,052

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	6,336,838	7,091,625	7,247,721	7,562,010	8,486,858	36,725,052
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	30,393	25,072	22,613	6,697	16,592	101,367
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	30,393	25,072	22,613	6,697	16,592	101,367
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	6,367,231	7,116,697	7,270,334	7,568,707	8,503,450	36,826,419
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	99.72 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.54 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2020.** 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—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
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.	1	
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.	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
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).	2	
3	By reason of the relationship described in 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.	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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a 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.	2a	
b	Did the activities described in 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.	2b	
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.	3a	
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.	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 (<i>explain in detail in Part VI</i>):		
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).

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2020

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

Name of the organization

Employer identification number

Coalition for the Homeless, Inc.

**** - *** 8307**

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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Coalition for the Homeless, Inc.

Employer identification number

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Commonwealth of Kentucky 700 Capitol Ave Frankfort KY 40601	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Metro Louisville 601 W. Jefferson Street Louisville KY 40202	\$ 5,703	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Community Foundation 325 West Man Street, Suite 110 Louisville KY 40202	\$ 102,503	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Mildred Horn Foundation PMB 324 2028 South Highway 53, Suite 3 Lagrange KY 40031	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Doligale Family Charitable Foundatio 9903 Glen Vista Drive Prospect KY 40059	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Anonymous Donor 1300 S 4th Street Louisville KY 40203	\$ 55,126	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Coalition for the Homeless, Inc.

Employer identification number

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ACLU Kentucky 325 W Main St Louisville KY 40202	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Aetna 9900 Corporate Campus Drive Louisville KY 40223	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Community Action Kentucky 101 Burch Court Frankfort KY 40601	\$ 31,710	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Sandra Frazier 1300 S 4th Street Louisville KY 40203	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Virginia Frazier 1300 S 4th Street Louisville KY 40203	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Hardscuffle, Inc. 471 W Main St Louisville KY 40202	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Coalition for the Homeless, Inc.

Employer identification number

****_***8307**

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	Mary Jane Hoben 1300 S 4th Street Louisville KY 40203	\$ 5,281	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14	Junior League Of Louisville 300 Distillery Commons Louisville KY 40206	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	Nana Lampton 1300 S 4th Street Louisville KY 40203	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	Eleanor Bingham Miller 1300 S 4th Street Louisville KY 40203	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	Novak Family Foundation 6000 Brownsboro Park Blvd Louisville KY 40207	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	Jim & Mary Ann Ratcliffe 1300 S 4th Street Louisville KY 40203	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Coalition for the Homeless, Inc.

Employer identification number

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Ratterman & Sons Funeral Home 3800 Bardstown Road Louisville KY 40218	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	Jewish Heritage Fund 101 S 5th Street Louisville KY 40202	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	Gheens Foundation, Inc. 401 W Main St Louisville KY 40202	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	Small Business Administration 409 3rd St SW Washington DC 20416	\$ 65,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Coalition for the Homeless, Inc.

Employer identification number

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	Stock	\$ 25,126	12/29/20
13	Stock	\$ 5,281	12/22/20
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

**SCHEDULE C
(Form 990 or 990-EZ)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

Coalition for the Homeless, Inc.

Employer identification number

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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. (See instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (See instructions) \$

3 Volunteer hours for political campaign activities (See instructions)

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-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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 **u** 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 **u** 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)		0													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		78,432													
c Total lobbying expenditures (add lines 1a and 1b)		78,432													
d Other exempt purpose expenditures		5,349,204													
e Total exempt purpose expenditures (add lines 1c and 1d)		5,427,636													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		421,382													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, 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 1e.</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 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
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)		105,346													
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	382,370	379,482	391,464	421,382	1,574,698
b Lobbying ceiling amount (150% of line 2a, column (e))					2,362,047
c Total lobbying expenditures	5,759	8,517	23,758	78,432	116,466
d Grassroots nontaxable amount	95,593	94,871	97,866	105,346	393,676
e Grassroots ceiling amount (150% of line 2d, column (e))					590,514
f Grassroots lobbying expenditures				0	

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.

Table with columns (a) Yes/No and (b) Amount. Rows include questions 1 through 2d regarding lobbying activities and tax implications.

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

Table with columns Yes/No and rows 1 through 3 regarding dues, lobbying expenditures, and carryover activities.

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."

Table with columns 1 through 5 and rows regarding dues, nondeductible lobbying expenditures, and taxable amounts.

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.

Series of horizontal dotted lines for providing supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Coalition for the Homeless, Inc.

Employer identification number

** - *** 8307

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet.

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.

Table with 2 columns: Description, Amount. Rows include: 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 u \$, (ii) Assets included in Form 990, Part X u \$. 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 u \$, b Assets included in Form 990, Part X u \$.

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:

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

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 **u** %
- b Permanent endowment **u** %
- c Term endowment **u** %

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		63,631	9,545	54,086
d Equipment		16,329	12,939	3,390
e Other		39,846	7,459	32,387
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	89,863

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 Mutual Funds	1,005,596	Market
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,005,596	

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. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	5,667,799
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	185,484	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-405,701	
e	Add lines 2a through 2d		2e	-220,217
3	Subtract line 2e from line 1		3	5,888,016
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,888,016

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	5,427,634
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	5,427,634
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	405,701	
c	Add lines 4a and 4b		4c	405,701
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	5,833,335

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 - FIN 48 Footnote

The Coalition for the Homeless, Inc., qualifies as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code and, accordingly, no provision for federal and state income taxes have been made in these statements. The Coalition's accounting policy provides that a tax expense/benefit from an uncertain tax position may be recognized when it is more likely than not that the position will be sustained upon examination, including resolution of any related appeals or litigation processes, based on the technical merits. Management believes the Coalition has no uncertain tax positions resulting in an accrual of tax expense or benefit.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Part XIII Supplemental Information *(continued)*

TARC ticket expense \$ -405,701

Part XII, Line 4b - Expense Amounts Included on Return - Other

TARC ticket expense \$ 405,701

**SCHEDULE G
(Form 990 or 990-EZ)**

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.

U Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Coalition for the Homeless, Inc.

Employer identification number

**** - *** 8307**

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

2a 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.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
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.

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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	
		<u>Bourbon Mixer</u> (event type)	_____ (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	27,312		27,312	
	2	Less: Contributions	27,312		27,312	
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	8,837		8,837	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				8,837
	11	Net income summary. Subtract line 10 from line 3, column (d)				-8,837

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	336,783	2,386,884	2,723,667	
	2	Cash prizes	427,342	1,843,918	2,271,260	
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs	76,800		76,800	
	5	Other direct expenses	128,802		128,802	
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				2,476,862
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				246,805

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 **u** Jennifer Haggard
5001 Stephan Drive
 Address **u** 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 **u** \$ _____ and the amount of gaming revenue retained by the third party **u** \$ _____
- c If "Yes," enter name and address of the third party:

Name **u** _____
 Address **u** _____

16 Gaming manager information:

Name **u** Jennifer Haggard
 Gaming manager compensation **u** \$ 15,463
 Description of services provided **u** 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 **u** \$ _____

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.

**SCHEDULE I
(Form 990)**

**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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Coalition for the Homeless, Inc.

Employer identification number
****_***8307**

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Family Health Center 2215 Portland Avenue Louisville KY 40212		501c3	379,335				
(2)	Home of the Innocents 1100 East Market Street Louisville KY 40206		501c3	200,313				
(3)	House of Ruth 1022 S 6th Street Louisville KY 40203		501c3	22,407				
(4)	St. John Center 700 E Muhammad Ali Blvd Louisville KY 40202		501c3	342,463				
(5)	St. Vincent de Paul 4709 Allmond Avenue Louisville KY 40209		501c3	191,822				
(6)	Wellspring P. O. Box 1927 Louisville KY 40201		501c3	554,384				
(7)								
(8)								
(9)								

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 6**
- 3** Enter total number of other organizations listed in the line 1 table **u**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Housing Assistance	500	1,305,333			
2					
3					
4					
5					
6					
7					

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

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Coalition for the Homeless, Inc.

Employer identification number

****-***8307**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	2	30,407	FMV
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 ()				
26 Other u ()				
27 Other u ()				
28 Other u ()				

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

29

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

Coalition for the Homeless, Inc.

Employer identification number

****-***8307**

Form 990 - 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 homelessness in Louisville for over 30 years. We work closely with homeless service 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, Line 11b - Organization's Process to Review Form 990

A draft of the 990 is emailed from the accounting firm before submission. The return is reviewed through the finance/audit committee of the board as well as the full board before approval for submission.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

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, Line 15a - Compensation Process for Top Official

The Board of Directors reviews and evaluates the Executive Director and her performance.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Name of the organization

Employer identification number

Coalition for the Homeless, Inc.

**** - ***8307**

Governing documents are provided upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

TARC ticket expense \$ **-405,701**

TARC ticket expense \$ **405,701**

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

Coalition for the Homeless, Inc.

Identifying number
**** - *** 8307**

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	8,048

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	2,805
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	10,853
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

-*8307

Federal Asset Report

FYE: 6/30/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
13	Construction in Progress	6/30/20	33,806		X	33,806	10 HY S/L	0	2,805
			<u>33,806</u>			<u>33,806</u>		<u>0</u>	<u>2,805</u>
Other Depreciation:									
1	Monitor & Laser Printer	10/01/07	1,527			1,527	5 MO S/L	1,527	0
2	ID Card System	4/25/12	1,699			1,699	5 MO S/L	1,699	0
3	3 HP Desktop C	5/01/13	1,200			1,200	5 MO S/L	1,200	0
4	Dell Poweredge	5/01/13	800			800	5 MO S/L	800	0
5	Brother Copier/Printer	5/01/13	200			200	5 MO S/L	200	0
6	Avaya Office 500	5/01/13	8,000			8,000	10 MO S/L	5,733	800
7	Fargo Printers	5/01/13	3,000			3,000	5 MO S/L	3,000	0
8	Furniture - Call O	6/04/13	1,850			1,850	10 MO S/L	1,310	185
9	Office Renovations	1/01/20	63,631			63,631	10 MO S/L	3,182	6,363
10	Notebook Computers	9/11/19	1,208			1,208	5 MO S/L	201	242
11	Printer	11/21/19	1,695			1,695	5 MO S/L	198	339
12	Desk and Chair for 3rd Floor	3/02/20	1,190			1,190	10 MO S/L	40	119
	Total Other Depreciation		<u>86,000</u>			<u>86,000</u>		<u>19,090</u>	<u>8,048</u>
	Total ACRS and Other Depreciation		<u>86,000</u>			<u>86,000</u>		<u>19,090</u>	<u>8,048</u>
	Grand Totals		119,806			119,806		19,090	10,853
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>119,806</u>			<u>119,806</u>		<u>19,090</u>	<u>10,853</u>

-*8307

Bonus Depreciation Report

FYE: 6/30/2021

Form 990, Page 1

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Tax Sec 179 Exp</u>	<u>Current Bonus</u>	<u>Prior Bonus</u>	<u>Tax - Basis for Depr</u>
13	Construction in Progress	6/30/20	33,806		0	0	0	33,806
Grand Total			<u>33,806</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>33,806</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

-*8307

Future Depreciation Report **FYE: 6/30/22**

FYE: 6/30/2021

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Prior MACRS:					
13	Construction in Progress	6/30/20	33,806	3,100	0
			<u>33,806</u>	<u>3,100</u>	<u>0</u>
Other Depreciation:					
1	Monitor & Laser Printer	10/01/07	1,527	0	0
2	ID Card System	4/25/12	1,699	0	0
3	3 HP Desktop C	5/01/13	1,200	0	0
4	Dell Poweredge	5/01/13	800	0	0
5	Brother Copier/Printer	5/01/13	200	0	0
6	Avaya Office 500	5/01/13	8,000	800	0
7	Fargo Printers	5/01/13	3,000	0	0
8	Furniture - Call O	6/04/13	1,850	185	0
9	Office Renovations	1/01/20	63,631	6,363	0
10	Notebook Computers	9/11/19	1,208	242	0
11	Printer	11/21/19	1,695	339	0
12	Desk and Chair for 3rd Floor	3/02/20	1,190	119	0
	Total Other Depreciation		<u>86,000</u>	<u>8,048</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>86,000</u>	<u>8,048</u>	<u>0</u>
	Grand Totals		<u>119,806</u>	<u>11,148</u>	<u>0</u>

Form 990	Two Year Comparison Report	2019 & 2020
For calendar year 2020, or tax year beginning 07/01/20 , ending 06/30/21		

Name

Taxpayer Identification Number

Coalition for the Homeless, Inc.**** - ***8307**

		2019	2020	Differences
R e v e n u e	1. Contributions, gifts, grants	4,921,125	556,462	-4,364,663
	2. Membership dues and assessments	80,079	58,214	-21,865
	3. Government contributions and grants	3,706,875	4,569,287	862,412
	4. Program service revenue	636,656	449,493	-187,163
	5. Investment income	6,697	16,592	9,895
	6. Proceeds from tax exempt bonds	6,697		-6,697
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	-7,999	-8,837	-838
	9. Net income or (loss) from gaming	158,095	246,805	88,710
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	164,412		-164,412
	12. Total revenue. Add lines 1 through 11	9,672,637	5,888,016	-3,784,621
E x p e n s e s	13. Grants and similar amounts paid	2,829,036	2,996,057	167,021
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	115,873	102,399	-13,474
	16. Salaries, other compensation, and employee benefits	1,104,552	1,348,477	243,925
	17. Professional fundraising fees			
	18. Other professional fees	92,761	125,884	33,123
	19. Occupancy, rent, utilities, and maintenance	147,603	137,622	-9,981
	20. Depreciation and Depletion	4,606	10,853	6,247
	21. Other expenses	1,000,117	1,112,043	111,926
	22. Total expenses. Add lines 13 through 21	5,294,548	5,833,335	538,787
	23. Excess or (Deficit). Subtract line 22 from line 12	4,378,089	54,681	-4,323,408
O t h e r I n f o r M a t e r	24. Total exempt revenue	5,728,890	5,888,016	159,126
	25. Total unrelated revenue			
	26. Total excludable revenue	807,765	704,053	-103,712
	27. Total assets	2,260,770	2,294,947	34,177
	28. Total liabilities	486,419	280,428	-205,991
	29. Retained earnings	1,774,351	2,014,519	240,168
	30. Number of voting members of governing body	24	20	
31. Number of independent voting members of governing body	24	20		
32. Number of employees	21	25		
33. Number of volunteers	400	144		

Form **990****Tax Return History****2020**

Name

Coalition for the Homeless, Inc.

Employer Identification Number

**** - ***8307**

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	3,399,463	4,049,398			5,125,749	
Membership dues	50,990	51,629			58,214	
Program service revenue	391,684	401,007			449,493	
Capital gain or loss						
Investment income	30,393	25,072			16,592	
Fundraising revenue (income/loss)	49,624	-7,137			-8,837	
Gaming revenue (income/loss)	185,490	200,741			246,805	
Other revenue	4,017	346				
Total revenue	4,111,661	4,721,056			5,888,016	
Grants and similar amounts paid	2,446,857	1,061,678			2,996,057	
Benefits paid to or for members						
Compensation of officers, etc.	83,024	83,024			102,399	
Other compensation	615,073	753,200			1,348,477	
Professional fees	105,312	121,368			125,884	
Occupancy costs	66,644	90,405			137,622	
Depreciation and depletion	2,365	2,364	985	985	10,853	
Other expenses	624,347	840,345			1,112,043	
Total expenses	3,943,622	2,952,384	985	985	5,833,335	
Excess or (Deficit)	168,039	1,768,672	-985	-985	54,681	
Total exempt revenue	4,111,661	4,721,056			5,888,016	
Total unrelated revenue						
Total excludable revenue	661,208	620,029			704,053	
Total Assets	821,799	1,182,577	3,792	2,807	2,294,947	
Total Liabilities	56,756	295,119			280,428	
Net Fund Balances	765,043	887,458	886,473	2,807	2,014,519	

Federal Statements**Tax-Exempt Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
Investment Income	\$ 16,592		14			
Total	<u>\$ 16,592</u>					

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
Other Fees	\$ 108,244	\$ 105,001	\$ 3,243	\$
Total	<u>\$ 108,244</u>	<u>\$ 105,001</u>	<u>\$ 3,243</u>	<u>\$ 0</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Repairs and Maintenance	\$ 19,147	\$	\$ 19,147	\$
Miscellaneous	18,226		18,226	
Stand Down Program Expens	4,322	4,322		
Dues and Subscriptions	3,639		3,639	
Total	<u>\$ 45,334</u>	<u>\$ 4,322</u>	<u>\$ 41,012</u>	<u>\$ 0</u>

Federal Statements**Schedule A, Part III, Line 3(e)**

<u>Description</u>	<u>Amount</u>
Bingo	\$ 336,783
PullTabs	2,386,884
GiveAJam	
Bourbon Mixer	
Total	<u>\$ 2,723,667</u>

Federal Statements**Bingo****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
supplies	\$ 103,671
taxes	21,144
Other	<u>3,987</u>
Total	<u>\$ 128,802</u>

Federal Statements

GiveAJam

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Cost of Event Auction	\$
Total	\$ <u>0</u>

Federal Statements

Bingo

Gross receipts

<u>Description</u>	<u>Amount</u>
	\$ <u>336,783</u>
Total	\$ <u><u>336,783</u></u>

Federal Statements

PullTabs

Gross receipts

<u>Description</u>	<u>Amount</u>
Total	\$ <u>2,386,884</u>
	\$ <u>2,386,884</u>

MAY 22 1966

Shelley Davis

SECRETARY OF STATE

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
2. Jim Gilmore, Vice President
Brown Building, Suite 615
323 West Broadway
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
6. Blanche Cooper,
Judge's Designee
527 West Jefferson, Suite
Louisville, Kentucky 40202
7. Mary Mulvihill,
Mayor's Designee
727 West Main 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
[Signature] ✓
[Signature]

STATE OF KENTUCKY

COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority personally appeared Lawrence C. Otto, James H. Klemmer, Jr. + Alphonso O'neil White, and being duly sworn, acknowledged that they are incorporators of the aforementioned Corporation, and that they signed the foregoing Articles of Incorporation as their free act and deed.

WITNESS my signature and seal of office this 16th day of May, 1986.

My Commission Expires: July 9, 1987

May Kay Fries
NOTARY PUBLIC, STATE-AT-LARGE,
KENTUCKY

THIS DOCUMENT PREPARED BY:

Laura M. Douglas
LAURA M. DOUGLAS,
ATTORNEY-AT-LAW
Legal Aid Society, Inc.
425 W. Muhammad Ali Blvd.
Louisville, Kentucky 40202

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

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

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Coalition for the Homeless, Inc.</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) 501(c)3</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. 1300 S. Fourth St Suite 250</p> <p>6 City, state, and ZIP code Louisville, KY 40208</p>	<p>Requester's name and address (optional)</p>
	<p>7 List account number(s) here (optional)</p>	

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. Also see *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 ▶ 05/19/2022
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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.

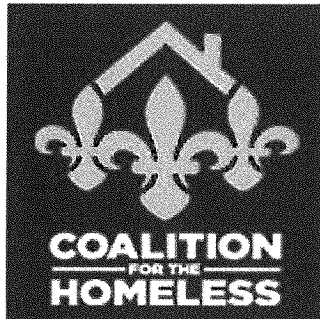
Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



The Coalition for the Homeless, Inc.

Independent Auditors' Report

And Financial Statements

For the Years Ended

June 30, 2020 and 2019

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Independent Auditors' Report

Board of Directors
The Coalition for the Homeless, Inc.

Report on the Financial Statements

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, 2020 and 2019, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. 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. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Coalition for the Homeless, Inc. as of June 30, 2020 and 2019, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other 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* (CFR) 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 information 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 March 25, 2021 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 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.

Baldwin CPAs, PLLC

Louisville, Kentucky
March 25, 2021

The Coalition for the Homeless, Inc.
 Statements of Financial Position
 June 30, 2020 and 2019

	2020	2019
Assets		
Cash	\$ 1,098,573	\$ 557,485
Grants receivable	282,578	406,816
Promises to give	3,725	14,383
Inventory	57	-
Prepaid expenses	23,572	9,614
Investments	772,493	483,118
Property and equipment, net	79,772	3,792
Total Assets	\$ 2,260,770	\$ 1,475,208
Liabilities and Net Assets		
Liabilities		
Accounts payable	\$ 360,032	\$ 245,129
Accrued expenses and withholdings	61,387	42,940
Loan payable	65,000	-
Total Liabilities	486,419	288,069
Net assets		
Without donor restrictions	1,219,957	1,028,864
With donor restrictions	554,394	158,275
Total Net Assets	1,774,351	1,187,139
Total Liabilities and Net Assets	\$ 2,260,770	\$ 1,475,208

The Coalition for the Homeless, Inc.
Statements of Activities
For the Years Ended June 30, 2020 and 2019

	2020		2019	
	Without Donor Restrictions	With Donor Restrictions	Without Donor Restrictions	With Donor Restrictions
Revenue and Support				
Grants and contributions	\$ 4,175,076	\$ 627,582	\$ 4,802,658	\$ 243,778
Charitable gaming revenue, net	158,095	-	158,095	-
Membership dues	80,079	-	80,079	-
Special event revenue, net	30,389	-	30,389	-
Investment income, net	43,694	-	43,694	-
Other income	68,248	-	68,248	-
			Total	Total
	4,555,581	627,582	5,183,163	4,889,313
Net Assets Released from Restrictions				
Restrictions satisfied by payments	231,463	(231,463)	-	(198,957)
	4,787,044	396,119	5,183,163	4,889,313
Total Revenue and Support				
	4,222,792	-	4,222,792	-
Expenses				
Program services	199,820	-	199,820	-
Management and general	173,339	-	173,339	-
Fundraising	4,595,951	-	4,595,951	-
Total Expenses				
	4,966,110	-	4,966,110	-
Change in Net Assets				
Net Assets at Beginning of Year	1,028,864	158,275	1,187,139	113,454
Net Assets at End of Year				
	\$ 1,219,957	\$ 554,394	\$ 1,774,351	\$ 158,275

The accompanying notes are an integral part of these financial statements.

The Coalition for the Homeless, Inc.
 Statements of Functional Expenses
 For the Years Ended June 30, 2020 and 2019

	2020				2019			
	Program Services	Management and General	Fundraising	Total	Program Services	Management and General	Fundraising	Total
Salaries and payroll taxes	\$ 703,200	\$ 108,958	\$ 127,324	\$ 939,482	\$ 649,936	\$ 40,508	\$ 112,062	\$ 802,506
Employee benefits	123,556	19,148	22,367	165,071	88,854	5,538	15,320	109,712
Federal awards - subrecipients	2,829,036	-	-	2,829,036	2,851,128	-	-	2,851,128
Stand down program	6,201	-	-	6,201	6,833	-	-	6,833
Shelter assistance	65,314	-	-	65,314	65,313	-	-	65,313
Special project expenses	107,048	-	-	107,048	146,877	-	-	146,877
Other assistance	151,401	-	-	151,401	264,396	-	-	264,396
Supplies	13,380	2,074	2,422	17,876	15,036	937	2,593	18,566
Printing and postage	7,882	1,222	1,427	10,531	14,983	934	2,583	18,500
Rent	96,511	14,957	17,471	128,939	65,495	4,082	11,293	80,870
Repairs and maintenance	-	18,664	-	18,664	-	3,370	-	3,370
Telephone and internet	9,412	1,459	1,704	12,575	7,832	488	1,350	9,670
Travel and conferences	35,081	1,847	-	36,928	58,745	5,129	-	63,874
Dues and subscriptions	-	2,729	-	2,729	-	2,563	-	2,563
Depreciation	3,448	534	624	4,606	337	21	58	416
Professional fees	71,322	21,439	-	92,761	69,502	70,666	-	140,168
Miscellaneous	-	6,789	-	6,789	-	4,870	-	4,870
Direct special event expenses	-	-	82,120	82,120	-	-	87,176	87,176
Total expenses	4,222,792	199,820	255,459	4,678,071	4,305,267	139,106	232,435	4,676,808
Less: Direct special event expenses	-	-	(82,120)	(82,120)	-	-	(87,176)	(87,176)
Total expenses on statement of activities	\$ 4,222,792	\$ 199,820	\$ 173,339	\$ 4,595,951	\$ 4,305,267	\$ 139,106	\$ 145,259	\$ 4,589,632

The accompanying notes are an integral part of these financial statements.

The Coalition for the Homeless, Inc.
 Statements of Cash Flows
 For the Years Ended June 30, 2020 and 2019

	2020	2019
Cash Flows from Operating Activities		
Change in net assets	\$ 587,212	\$ 299,681
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	4,606	416
Realized and unrealized gain on investments	(36,997)	(13,850)
(Increase) decrease in operating assets:		
Grants receivable	124,238	40,540
Promises to give	10,658	4,844
Inventory	(57)	38
Prepaid expenses	(13,958)	(5,285)
Increase (decrease) in operating liabilities:		
Accounts payable	114,903	(21,413)
Accrued expenses and withholdings	18,447	14,363
	809,052	319,334
Cash Flows from Investing Activities		
Purchase of investments	(252,378)	(81,228)
Purchase of property and equipment	(80,586)	-
	(332,964)	(81,228)
Cash Flows from Financing Activities		
Proceeds from loan payable	65,000	-
	65,000	-
Net Increase in Cash	541,088	238,106
Cash, Beginning of Year	557,485	319,379
Cash, End of Year	\$ 1,098,573	\$ 557,485

The Coalition for the Homeless, Inc.
Notes to Financial Statements
June 30, 2020 and 2019

Note 1 - Significant Accounting Policies

Nature of Operations

The Coalition for the Homeless, Inc. (the "Coalition") is a not-for-profit corporation in Louisville, Kentucky, formed to advocate for people who are homeless and for the prevention and elimination of homelessness. The Coalition derives a significant portion of its revenues from contributions and grants from third party donors and government entities.

Basis of Accounting

The Coalition prepares its financial statements on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Basis of Presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) with regards to financial statements of Not-for-Profit Organizations. Under this guidance, the Coalition is required to report information regarding its consolidated financial position and activities according to two classes of net assets. A description of the net assets categories follows:

Net assets without donor restrictions: expendable funds that are not subject to donor-imposed stipulations or invested in land, building and equipment.

Net assets with donor restrictions: stipulated by donors for specific operating purposes or are restricted by time. These include donor restrictions requiring that the corpus to be invested in perpetuity and only the income be made available for operations in accordance with donor restrictions.

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 revenue and expenses during the reporting periods. Accordingly, actual results could differ from those estimates.

Cash

Cash consists of cash on deposit. Cash held temporarily by a custodian for investment purposes is included in investments and is not considered to be cash for the statements of cash flows.

Grants Receivable

Grants receivable consist primarily of government cost reimbursement contracts billed but not received. All are considered collectible, so no allowance for doubtful accounts is necessary.

The Coalition for the Homeless, Inc.
Notes to Financial Statements – Continued
June 30, 2020 and 2019

Note 1 - Significant Accounting Policies - Continued

Promises to Give

Promises to give are recognized when the donor makes a promise to give to the Coalition that is, in substance, unconditional. Promises to give becoming due in the next year are recorded at net realizable value. Promises to give in subsequent years are reported at the present value of their net realizable value, using risk free interest rates applicable to the years in which the promises are recognized. Conditional promises to give are recognized when the conditions on which they depend are substantially met.

Inventory

Inventory consist of bus tickets on hand, at cost.

Investments

Investments consist of money market accounts and mutual funds and are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for further discussion of fair value measurements. Receipts of donated investments are recorded at the quoted market value of the investments at the time of receipt.

The ASC establishes a framework for measuring fair value based upon a hierarchy that prioritizes observable and unobservable inputs used to measure fair value as follows:

Level 1 – Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities.

Level 2 – Observable inputs other than level 1 prices such as quoted prices for similar assets or liabilities; quoted prices for identical or similar assets or liabilities in inactive markets; or other inputs that are observable or can be corroborated by observable market data.

Level 3 – Unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets or liabilities. Level 3 includes values determined using pricing models, discounted cash flow methodologies, or similar techniques reflecting the Coalition's own assumptions.

Property and Equipment

Property and equipment are stated at cost or appraised value at the date of gift for donated assets. The Coalition has a policy to capitalize expenditures for property and equipment greater than \$1,000. Depreciation is provided on the straight-line method over the estimated useful lives of the assets.

Public Support

Contributions are recognized when cash, securities or other assets, an unconditional promise to give, or grants, is received and are recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor restrictions. 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. Conditional promises to give are not recognized until the conditions on which they depend have been substantially met. Special event and charitable gaming revenue are recognized when the events take place.

The Coalition for the Homeless, Inc.
Notes to Financial Statements – Continued
June 30, 2020 and 2019

Note 1 - Significant Accounting Policies - Continued

Revenue Recognition

Membership dues consist of dues collected from member agencies in exchange for access to database licenses, reduce priced Transit Authority of River City (“TARC”) passes and other benefits. Revenue from dues is recognized ratably over the period for 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.

Other income consists primarily of revenue from the sale of TARC passes. The Coalition purchases TARC passes each month at a discount and resells the passes to other agencies at a reduced rate. Revenue from the sale of TARC passes is recognized when the sale takes place.

Donated Goods and Services

Contributions of tangible assets are recognized at their fair market value at date of donation. The amounts are reflected in the accompanying financial statements as unrestricted support and are offset by like amounts included in expenses. In-kind donations for the years ended June 30, 2020 and 2019 were \$22,113 and \$166,044, respectively and were for special events. A large number of volunteers have given significant amounts of their time to the Coalition’s operating activities. No amounts have been reflected in these statements for such services, since the services do not require specialized skills.

Expense Allocation

The costs of providing the various programs and supporting activities have been summarized on a functional basis in the statements of functional expenses. Accordingly, costs have been allocated among the program and supporting services benefited. Directly identifiable expenses are charged to program and supporting services. The expenses that are allocated are compensation and benefits, occupancy, supplies, printing, postage, telephone, and depreciation, which are allocated on the basis of estimates of time and effort.

Income Tax Status

The Coalition for the Homeless, Inc., qualifies as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code and, accordingly, no provision for federal and state income taxes have been made in these statements.

The Coalition’s accounting policy provides that a tax expense/benefit from an uncertain tax position may be recognized when it is more likely than not that the position will be sustained upon examination, including resolution of any related appeals or litigation processes, based on the technical merits. Management believes the Coalition has no uncertain tax positions resulting in an accrual of tax expense or benefit.

The Coalition for the Homeless, Inc.
Notes to Financial Statements – Continued
June 30, 2020 and 2019

Note 1 - Significant Accounting Policies - Continued

Recently Issued Accounting Standards

For the fiscal year ended June 30, 2020, the Coalition adopted the following FASB's Accounting Standards Updates (ASU):

In May 2014, FASB issued ASU 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which, as amended, supersedes or replaces nearly all GAAP revenue recognition guidance. These standards establish a new contract and control-based revenue recognition model, change the basis for deciding when revenue is recognized over time or at a point in time, and expand disclosures about revenue. The Coalition implemented Topic 606 and adjusted the presentation in these financial statements accordingly. The amendments have been applied retrospectively to all periods presented, with no effect on net assets.

In June 2018, FASB issued ASU 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made (ASU 2018-08)*. This standard assists entities in evaluating whether transactions should be accounted for as contributions or exchange transactions and determining whether a contribution is conditional. The Coalition implemented the provisions of ASU 2018-08 applicable to both contributions received and to contributions made in the accompanying financial statements under a modified prospective basis. Accordingly, there is no effect on net assets in connection with the implementation of ASU 2018-08.

Note 2 - Concentrations of Credit Risk

Cash - The Coalition maintains its cash balances in several financial institutions in Louisville, Kentucky. The cash balances are insured by the Federal Deposit Insurance Corporation up to \$250,000. The risk is managed by maintaining all deposits in high quality financial institutions. The amounts in excess of the insured limit as of June 30, 2020 and 2019 was approximately \$678,000 and \$248,000, respectively.

Investments - Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities, and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would result in material changes in the fair value of investments and net assets of the Coalition. 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. The finance committee oversees the entire process.

Concentration of Revenue - The Coalition is dependent on cost reimbursement contracts with the Department of Housing and Urban Development to carry out its program activities. The majority of these contracts have been currently renewed through third-party payers' fiscal years ending during 2020. However, any significant future changes in the level of government funding of these programs could have a favorable or unfavorable impact on the operating results of the Coalition. During the years ended June 30, 2020 and 2019, 71% and 74%, respectively, of total revenue and support was derived from federal, state, and local government grants.

The Coalition for the Homeless, Inc.
Notes to Financial Statements – Continued
June 30, 2020 and 2019

Note 3 - Promises to Give

Promises to give are receivable in less than one year. The promises to give balance consists of the following as of June 30, 2020 and 2019:

	2020	2019
Metro United Way	\$ 3,725	\$ 14,383

No allowance for doubtful accounts is considered necessary, as management believes that all amounts are collectible.

Conditional promises to give consist of the following:

	2020	2019
Metro United Way	\$ 7,250	\$ -

Note 4 - Investments

Investments consist of cash, stocks, and mutual funds that are stated at fair value based on quoted prices in active markets and are summarized as follows:

	Level 1	Level 2	Level 3	Total Fair Value
<u>June 30, 2020</u>				
Money market	\$ 16,288	\$ -	\$ -	\$ 16,288
US equity ETFs	388,977	-	-	388,977
Fixed income ETFs	279,209	-	-	279,209
International Equity ETFs	88,019	-	-	88,019
	\$ 772,493	\$ -	\$ -	\$ 772,493
<u>June 30, 2019</u>				
Money market	\$ 21,451	\$ -	\$ -	\$ 21,451
US equity ETFs	414,304	-	-	414,304
Fixed income ETFs	29,001	-	-	29,001
International Equity ETFs	18,362	-	-	18,362
	\$ 483,118	\$ -	\$ -	\$ 483,118

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used to determine fair value at June 30, 2020 and 2019.

The carrying amount of money market accounts approximate fair value due to the short-term nature of these instruments.

Mutual funds are valued at fair value based on quoted market prices for identical securities in active markets that the Coalition has the ability to access at the measurement date.

The Coalition for the Homeless, Inc.
Notes to Financial Statements – Continued
June 30, 2020 and 2019

Note 4 - Investments - Continued

The methods described above 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 methods are 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.

Investment income consists of the following for the years ended June 30, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Interest and dividend income	\$ 11,915	\$ 8,721
Realized gains	24,756	9,682
Unrealized gains	12,241	4,168
Investment fees	<u>(5,218)</u>	<u>(4,107)</u>
	<u>\$ 43,694</u>	<u>\$ 18,464</u>

Note 5 - Property and Equipment

Property and equipment and total accumulated depreciation are as follows:

	<u>2020</u>	<u>2019</u>
Property and equipment	\$ 98,862	\$ 18,276
Less accumulated depreciation	<u>(19,090)</u>	<u>(14,484)</u>
Property and equipment, net	<u>\$ 79,772</u>	<u>\$ 3,792</u>

Note 6 - Loan Payable

On April 15, 2020, the Coalition qualified for and received a loan pursuant to the Paycheck Protection Program, a program implemented by the U.S. Small Business Administration under the Coronavirus Aid, Relief, and Economic Security Act, from a qualified lender (the "PPP Lender"), for an aggregate principal amount of \$65,000 (the "PPP Loan"). In addition, President Trump signed into law the Paycheck Protection Program and Health Care Enhancement Act on April 24, 2020, which increased funding provided by the CARES Act. Terms and conditions associated with the PPP have been subsequently revised by both the Paycheck Protection Program Flexibility Act of 2020 and the Consolidated Appropriations Act, 2021 which were enacted on June 5, 2020 and December 27, 2020, respectively. The PPP has been extended until March 31, 2021 and enables certain eligible borrowers to apply for and potentially receive a second PPP loan if certain eligibility criteria are met.

The PPP Loan bears interest at a fixed rate of 1.0% per annum, with the first six months of interest deferred, has a term of two years, and is unsecured and guaranteed by the U.S. Small Business Administration. The principal amount of the PPP Loan is subject to forgiveness under the Paycheck Protection Program upon the Coalition's request to the extent that the PPP Loan proceeds are used to pay expenses permitted by the Paycheck Protection Program, including payroll costs, covered rent and mortgage obligations, and covered utility payments incurred by the Coalition. The Coalition intends to apply for forgiveness of the PPP

The Coalition for the Homeless, Inc.
Notes to Financial Statements – Continued
June 30, 2020 and 2019

Note 6 - Loan Payable - Continued

Loan with respect to these covered expenses. To the extent that all or part of the PPP Loan is not forgiven, the Coalition will be required to pay interest on the PPP Loan at a rate of 1.0% per annum, and commencing in July 2021 principal and interest payments will be required through the maturity date in April 2022. The terms of the PPP Loan provide for customary events of default including, among other things, payment defaults, breach of representations and warranties, and insolvency events. The PPP Loan may be accelerated upon the occurrence of an event of default. Until forgiven or paid, the PPP loan is recorded as a loan payable on the statement of financial position as of June 30, 2020.

Future principal payments on the loan payable are as follows:

Due Fiscal Year Ending June 30,	Amount
2021	\$ -
2022	65,000
	<u>\$ 65,000</u>

Note 7 - Net Assets with Donor Restrictions

Net assets with donor restrictions are restricted to certain programs or by the passage of time and consist of the following:

	2020	2019
Continuum of Care Program, Metro United Way	\$ 3,725	\$ 14,383
Community Foundation	-	25,000
Event sponsors	-	4,500
Prevention and advocacy	451,132	-
Expanded services grant	-	50,000
Rx: Housing Grant	10,494	18,000
Program Income from Tenants	89,043	46,392
	<u>\$ 554,394</u>	<u>\$ 158,275</u>

Note 8 - Pension Plan

The Coalition maintains a simplified employee pension plan covering all employees who have attained 21 years of age and earn in excess of \$500. The Coalition contributes 7.0% of each eligible employee's salary. Employer contributions for the years ended June 30, 2020 and 2019 were \$63,431 and \$40,630, respectively.

The Coalition for the Homeless, Inc.
Notes to Financial Statements – Continued
June 30, 2020 and 2019

Note 9 - Operating Leases

The Coalition leases office space under operating leases expiring in various years through 2025. Several of these leases have renewal options that are renewed in the normal course of business. Future minimum lease payments under non-cancelable operating leases at June 30, 2020, are as follows:

Due Fiscal Year Ending June 30,	Amount
2021	\$ 137,622
2022	137,622
2023	137,622
2024	137,622
2025	34,406
	\$ 584,894

Rent expense for the years ended June 30, 2020 and 2019 was \$196,039 and \$167,422, respectively.

Note 10 - 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 small transaction fee for this service. The net ticket income is included in other income in the statements of activities and is presented as follows for the years ending June 30, 2020 and 2019:

	2020	2019
Ticket revenue	\$ 636,656	\$ 406,636
Ticket expense	(582,724)	(394,314)
Net ticket income	\$ 53,932	\$ 12,322

Note 11 - Federal Awards

During the years ended June 30, 2020 and 2019, the Coalition received federal awards under programs administered by the U.S. Department of Housing and Urban Development. As required under the programs the Coalition passed through awards during the years ended June 30, 2020 and 2019 totaling \$2,861,136 and \$2,883,228, respectively, to sub-recipients who provide programs that assist the homeless.

The Coalition for the Homeless, Inc.
Notes to Financial Statements – Continued
June 30, 2020 and 2019

Note 12 - Liquidity and Availability

The following table reflects the Coalition's financial assets as of June 30, 2020 and 2019, reduced by amounts not available for general expenditure within one year. Financial assets are considered unavailable when illiquid, not convertible to cash within one year, or funds donors set aside for a specific purpose.

	2020	2019
Financial assets		
Cash	\$ 1,098,573	\$ 557,485
Grants receivable	282,578	406,816
Promises to give	3,725	14,383
Investments	772,493	483,118
Total financial assets	2,157,369	1,461,802
Less those unavailable for general expenditure within one year:		
Restricted for specified programs	(554,394)	(158,275)
Total financial assets available for general expenditure within one year	\$ 1,602,975	\$ 1,303,527

In addition to financial assets available to meet general expenditures over the year, the Coalition operates with a balanced budget and anticipates covering its general expenditures by: collecting sufficient program and other revenues, utilizing resources from current and prior year's gifts, and appropriating the return on its investments, as needed.

Note 13 - Recently Issued Accounting Standards

Accounting Standards Update 2016-02, Leases

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)* ("ASU 2016-02"), requiring all leases to be recognized on the Coalition's balance sheet as a right-of-use asset and a lease liability, unless the lease is a short term lease (generally a lease with a term of twelve months or less). At the commencement date of the lease, the Coalition will recognize: 1) a lease liability for the Coalition's obligation to make payments under the lease agreement, measured on a discounted basis; and 2) a right-of-use asset that represents the Coalition's right to use, or control the use of, the specified asset for the lease term. Under ASU 2016-02, the Coalition will be required to recognize and measure its leases at the beginning of the earliest period presented using a modified retrospective approach. In July 2018 the FASB issued ASU 2018-11 which provides an additional, optional transition method which allows an entity to initially apply the standard at the adoption date and recognize a cumulative-effect adjustment to the opening balance of net assets in the period of adoption. ASU 2016-02 will be effective for the Coalition for the year ending June 30, 2023, with early adoption permitted. The Coalition is currently evaluating the effect that the new standard will have on its financial statements.

The Coalition for the Homeless, Inc.
Notes to Financial Statements – Continued
June 30, 2020 and 2019

Note 13 - Recently Issued Accounting Standards - Continued

Accounting Standards Update 2020-07, Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets

In September 2020, the FASB issued ASU 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets* ("ASU 2020-07"), requiring an entity to present contributed nonfinancial assets as a separate line item in the statement of activities, apart from contributions of cash and other financial assets. ASU 2020-07 includes additional disclosure requirements about contributed nonfinancial assets for not-for-profit entities, including additional disclosure requirements for recognized contributed services. The standard will be applied on a retrospective basis and will be effective for the year ending June 30, 2022. The Coalition does not expect the new standard will impact its financial statements other than a reclassification on the statement of activities and additional disclosures.

Note 14 - Commitment & Contingencies

The novel coronavirus (COVID-19) was first identified in people in late 2019. COVID-19 spread rapidly throughout the world and, in March 2020, the World Health Organization characterized COVID-19 as a pandemic. It has significantly disrupted supply chains and businesses around the world. The United States and global markets experienced significant volatility in value resulting from uncertainty caused by the pandemic. The Coalition is closely monitoring its investment portfolio and its liquidity, but has no immediate plans to change its investment portfolio. The extent of the impact of COVID-19 on the Coalition's operational and financial performance will depend on certain developments, including the duration and spread of the outbreak and its impacts on the Coalition's members, employees, and vendors, all of which at present, cannot be determined. Accordingly, the extent to which COVID-19 may impact the Coalition's future financial condition, results of operations and cash flows is uncertain.

Note 15 - Subsequent Events

Management has evaluated subsequent events for recognition or disclosure in the financial statements through March 25, 2021, which was the date at which the financial statements were available to be issued.

Additional Information

The Coalition for the Homeless, Inc.
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2020

<u>Federal Grantor/Pass-Through Grantor/Program Title</u>	<u>Federal CFDA Number</u>	<u>Payments to sub-recipients</u>	<u>Total Federal Expenditures by CFDA Number</u>
U.S. Department of Housing and Urban Development			
CDBG - Entitlement Grants Cluster			
Community Development Block Grant	14.218	<u>\$ -</u>	<u>\$ 80,000</u>
Total CDBG - Entitlement Grants Cluster		-	80,000
Emergency Solutions Grant	14.231	32,100	32,100
Continuum of Care Program	14.267	<u>2,829,036</u>	<u>3,571,556</u>
Total U.S. Department of Housing and Urban Development		<u>2,861,136</u>	<u>3,683,656</u>
Total Expenditures of Federal Awards		<u><u>\$ 2,861,136</u></u>	<u><u>\$ 3,683,656</u></u>

The Coalition for the Homeless, Inc.
Notes to Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2020

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, 2020. 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 financial position, changes in net assets, or cash flows of The Coalition for the Homeless, Inc.

Note 2 - 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 the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

The Coalition for the Homeless, Inc. has not elected to use the 10 percent de minimis indirect cost rate as allowed under the Uniform Guidance.

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

Board of Directors
The Coalition for the Homeless, Inc.

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. which comprise the statements of financial position as of June 30, 2020 and 2019, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements and have issued our report thereon dated March 25, 2021.

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) as a basis for designing 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 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 may exist that have not been identified.

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 determination of 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 entity'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 entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Baldwin CPAs, PLLC

Louisville, Kentucky
March 25, 2021

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

Board of Directors
The Coalition for the Homeless, Inc.

Report on Compliance for Each Major Federal Program

We have audited The Coalition for the Homeless, Inc.'s (a not-for-profit organization) compliance with the types of compliance requirements described 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, 2020. The Coalition for the Homeless, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts and grants applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of The Coalition for the Homeless, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; 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). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about The Coalition for the Homeless, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination on The Coalition for the Homeless, Inc.'s compliance.

Opinion on Each Major Federal Program

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 each of its major federal programs for the year ended June 30, 2020.

Report on Internal Control over Compliance

Management of The Coalition for the Homeless, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered The Coalition for the Homeless, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program 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 internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of The Coalition for the Homeless, Inc.'s 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 first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

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.

Baldwin CPAs, PLLC

Louisville, Kentucky
March 25, 2021

The Coalition for the Homeless, Inc.
Schedule of Findings and Questioned Costs
For the Year Ended June 30, 2020

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 generally accepted accounting principles.
2. No significant deficiencies relating to the audit of the financial statements are reported in the internal control report. No material weaknesses are 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 on *Government Auditing Standards* were disclosed during the audit.
4. No significant deficiencies in internal control over major federal award programs were disclosed during the audit. No material weaknesses are reported.
5. The auditors' report on compliance for the major federal awards programs for The Coalition for the Homeless, Inc. expresses an unmodified opinion on all major federal programs.
6. There are no audit findings to be reported in accordance with 2 CFR 200.516(a).
7. Programs tested as major programs included:

Development of Housing and Urban Development		
Continuum of Care Program	CFDA #14.267	\$ 3,571,556
8. The dollar threshold to distinguish between Type A and Type B programs is \$750,000.
9. The Coalition for the Homeless, Inc. was determined to be a low-risk auditee.

Findings – financial statement audit: None

Findings and questioned costs – major federal award programs audit: None



Kentucky Secretary of State Michael G. Adams

THE COALITION FOR THE HOMELESS, INC.

File Annual Report	File Certificate of Assumed Name (DBA)	
Change Address or Registered Agent	File Dissolution	
Printable Forms	Subscribe to changes made to this entity	Certificates

General Information

Organization Number	0215424
Name	THE COALITION FOR THE HOMELESS, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	5/22/1986
Organization Date	5/22/1986
Last Annual Report	2/14/2022
Principal Office	1300 SO. FOURTH ST., SUITE 250 LOUISVILLE, KY 40203
Registered Agent	NATALIE HARRIS 1300 SOUTH 4TH STREET, SUITE 250 LOUISVILLE, KY 40208

Current Officers

President	Caroline Heine
Vice President	Adria Johnson
Secretary	Jason Warriar
Treasurer	Mark Quinnan
Director	Caroline Heine
Director	Natalie Harris
Director	Jennifer Baldwin