O-311-21

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

Applicant/Program: Coalition for the Homeless, Inc. /Project Applicant Requested Amount: 15.000 Appropriation Request Amount: 11,500	Stand Down	
Europetica Communicati Decrease		
Executive Summary of Request	hava hamal	ana vatarana ann sama ta a
The NDF goes to fund Project Stand Down, which creates a day single site and recieve necessary services. Due to COVID, a a serve approximately 600 people. They will be able to access state They will also be provided with other benefits including eye scre	limited 30 age te IDs, flu sho	ncies will have booths that will ts, and other medical services.
		No.
Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)?	☐ Yes ☐ Yes ☐ Yes	No No
I have reviewed the attached Neighborhood Development Fund within Metro Council guidelines and request approval of fundir organization's statement of public purpose to be furthered by th purpose is legitimate. I have also completed the disclosure sect	ig in the follove funds reques	ving amount(s). I have read the sted and I agree that the public
24 Madonna Flood	1,000	6-29-2021
District # Primary Sponsor Signature	Amount	Date
Primary Sponsor Disclosure List below any personal or business relationship you, your fami organization, its volunteers, its employees or members of its bo	ly or your legi ard of director	slative assistant have with this s.
Approved by:		
Appropriations Committee Chairman	Date	
Final Appropriations Amount:		

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#### 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.

Council Member Signature and Amount 500 District 10 \$<sup>500</sup> \$\_250 District 4 \$<sup>250</sup> \$<sup>500</sup> District 7 District 8 \$<sup>1,000</sup> District Bill Hollander District Farmer & Melitab District 11 \$ 1,000 District Rek Blackwell District 1 Mark H. Fox \$ 1,000 District Ifindi Fowler \$ 500 District Sum Taylot

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Applicant/Program:		
Coalition for the Homeless, Inc. /Proje	ct 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 1 Marcus Winkler	\$ <sup>500</sup>
District 18	<u> </u>
District 18 nthony Piagentini	\$ <sup>500</sup>
District 28tuart Bunson	\$_500
District 2Nicole A. George	\$\$
District 280bin 1 Engel	\$ 500
District 23ames feden	\$\$
District 24	\$
District 2 Amy Holton Stewart	\$_500
District 26	\$

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#### 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 \$15,000 Yes/No/NA Yes₹ Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? Is the funding proposed by Council Member(s) less than or equal to the request amount? Yes⊡ Is the proposed public purpose of the program viable and well-documented? Yes⊤ Will all of the funding go to programs specific to Louisville/Jefferson County? Yes▼ Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? Yes⊡ Has prior Metro Funds committed/granted been disclosed? YedŪ Is the application properly signed and dated by authorized signatory? Yes・ Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included? Yes▼ If Metro funding is for a separate taxing district is the funding appropriated for a program outside the V/A ₹ legal responsibility of that taxing district? Is the entity in good standing with: ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? Yes▼ ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? Is the current Fiscal Year Budget included? Yes▼ Yes▼ Is the entity's board member list (with term length/term limits) included? Is recommended funding less than 33% of total agency operating budget? 'ed₩ Does the application budget reflect only the revenue and expenses of the project/program? es\_ Is the cost estimate(s) from proposed vendor (if request is for capital expense) included? ′es\▼ Is the most recent annual audit (if required by organization) included? Yes▼ Is a copy of Signed Lease (if rent costs are requested) included? Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is N/A ▼ faith-based) included? Yes⊽ Are the Articles of Incorporation of the Agency included? Yes√ Is the IRS Form W-9 included? Is the IRS Form 990 included? Are the evaluation forms (If program participants are given evaluation forms) included? Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)? Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant

Date: June 3, 2021

met the BBB Charity Review Standards?

Prepared by: Andrea Derouen

		SECTION 1 - APPLI	EANT INFORMATIO	<b>V</b>
Legal Name of Applica	nt Orga	nization:	the Homeless, Inc.	
(as listed on: http://www.sa	s.ky.gov/l	ousiness/records	the Homeress, me.	
Main Office Street & N	/lailing /	Address: 1300 S. Fourth S	treet Suite 250, Loui	isville, KY 40208
Website: www.louhon	neless.or	g		
Applicant Contact:	Natalie	Harris	Title:	Executive Director
Phone:	502-36	3-9550 ext. 1212	Email:	nharris@louhomeless.org
Financial Contact:	Marsha	Bailey	Title:	Housing Manager and Office Man
Phone:	502-63	5-9550 ext. 1206	Email:	mbailey@louhomeless.org
Organization's Represe	entative	who attended NDF Traini	ng: Natalie Harris	
GEOGI	RAPHICA	L AREA(S) WHERE PROGR	AM ACTIVITIES ARE	(WILL BE) PROVIDED
Program Facility Locati	ion(s):	1300 S. Fourth Street, Su	ite 250 Louisville, K	Y 40208
Council District(s):	•	Serve all Jefferson Count	y Zip Code(s):	Serve all of Jefferson County
		ON 2 - PROGRAM REQUE		
PROGRAM/PROJECT N	AME:En	ding Veteran, Youth and C	Chronic Homelessnes	<sub>SS</sub> /Project Stand Down
Total Request: (\$)	15,000	Total Metro Av	vard (this program)	In previous year: (\$) 11,000
Purpose of Request (ch	eck all t	hat apply):		
Operating Fu	nds (gen	erally cannot exceed 33%	of agency's total op-	erating budget)
Programming	s/service	s/events for direct benefit	to community or qu	ualified individuals
☐ Capital Projec	t of the	organization (equipment,	furnishing, building,	etc)
The Following are Requ	uired Att	achments:		
IRS Exempt Status Dete	erminatio	n Letter	Signed lease if ren	t costs are being requested
Current year projected	budget		■ IRS Form W9	
■ Current financial statement		Evaluation forms If used in the proposed program		
Most recent IRS Form 990 or 1120-H		20-H	Annual audit (if required by organization)	
Articles of Incorporation	n (curre	nt & signed)	Faith Based Organ	ization Certification Form, if applicable
Cost estimates from processing capital expense	oposed v	endor if request is for		
Government for this or	any oth	er program or expense, inc	luding funds receive	eceived from Louisville Metro ed through Metro Federal Grants, oment Funds). Attach additional
Source: Co	munit	y Development Block 😭	Amount: (\$)	37,300
Source: Emergency Solutions Grant - CV Amount: (\$) 224,000				
Source:			Amount: (\$)	
Has the applicant conta	cted the	BBB Charity Review for pa	articipation? 🔳 Ye	s No
Has the applicant met ti	he BBB (	Charity Review Standards?	Yes No	

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#### 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 8,745 homeless persons served in Louisville last year was our neighbor and someone's child, parent, brother, or sister. Over 1,300 were under the age of 18 and 800+ were veterans.

And what we do is working. Through collaborative efforts, the Coalition for the Homeless leverages over \$12 million in federal funding to Louisville each year. We have implemented best practices in our service system including the Single Point of Entry, Eviction Prevention Outreach, Common Assessment, and Rx: Housing program, which has cut the number of homeless young adults and veterans without housing in Louisville to no more than become homeless each month.

This year, our priorities through Rx: Housing Veterans are to maintain the rate of housing young adults and veterans at the rate they become homeless and to reach this same rate of "functional zero" for families with children. Through community partnerships with over two dozen agencies, we continue to house approximately 250 newly homeless veterans and over 100 young adults each year. We were also able to house over 350 homeless families and severely disabled households this year during COVID. We hope to continue this success rate in the coming year with on-going COVID resources.

"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.

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SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF	
Board Member	Term End Date
Maria Schafer, Chair	December 2023
Kim Cordell-Fife, Vice Chair	December 2023
Caroline Heine, Treasurer	December 2023
Andy Patterson, Secretary	December 2022
Mark McWane	December 2021
Famara Reif	December 2021
lason Warrier	December 2023
Vaughn Payne	December 2021
Robert Byers	December 2023
Andrea Aikin	December 2023
Kathy Beach	December 2021
Laurie Beth Baird	December 2023
Carla Sturgeon	December 2021
Forn Walton	December 2023
Kyle Elmore (Dec 2022) Kristen Jordan (Dec 2022) Lonnie Williams (Dec 2022)	
Adria Johnson (Dec 2023) Tameka Laird (Dec 2023) Mark Quinnan (Dec 2022)	

#### 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
Mary Frances Schafer	71,000
Brandi Scott	71,000

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#### 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.):

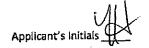
Project Stand Down was first created by the Veteran's Administration to provide services to homeless veterans. A separate event was created by the city and The Coalition for the Homeless for non-veterans. The groups then agreed to combine the events to create more opportunities for all homeless persons. 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, a more limited group of approximately 30 local service agencies will have booths at the Stand Down/Project Homeless Connect site of Salvation Army on Brook Street, October 6, 2021, 8-2:00 p.m. This opportunity brings services to the client versus them having to travel around town and wait in line to meet each need. The ultimate goal is to increase access to services and shorten lengths of homelessness in Louisville. We anticipate approximately 600 persons to be in attendance. They are able to access state IDs, flu shots and other medical services, eye screenings and glasses, counseling, applications for housing, food, clothing, hair cuts and sundry items, employment and educational opportunities, applications for food stamps, Medicaid and other benefits. Rx Housing is a program created to move people quickly from the streets to housing by covering the costs that prevent housing including application fees, housing deposits and furniture. These flexible funds are not provided by many housing programs and create a barrier to entry for many homeless persons.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): All NDF funds provided by Louisville Metro Council will be used to support the annual Stand Down 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 on October 6, 2021 from 8 a.m.-2:00 p.m. at the Salvation Army Male High School campus on Brook Street with approximately 600 participants and approximately 10 households will access housing through deposit or furniture assistance.

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, reader glasses, port-a-pots, breakfast, lunch, hair cutting services, rental and/or utility costs to Salvation Army and staff time to plan, set up and clean up after the event. Rx: housing funds will be paid directly to landlords and furniture stores to help at least 10 homeless households access housing.

The project planning for both projects has begun and items must be purchased prior to the October 6th 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.

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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:
rainas to be specificación di anticaman a partory, ocurriny and approved
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.
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.
<ul> <li>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.</li> </ul>

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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 on October 6, 2021. All served will be homeless. Services include state IDs, flu shots, shelter reservations, eye exams, health screenings, housing applications, education and job training opportunities, sign ups for Medicaid, hair cuts, 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.

Each participant is asked to complete a survey which asks what services were most helpful and what services should be added in the future. We also conduct assessments of those who have not had one done in the shelter to identify those in greatest need and find the best housing option for each person.

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 with assistance from this program helping at least ten cover the up front cost to access housing. 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, families and chronically homeless have immediate access to shelter, 3) create on-going system to insure all homeless vets, young adults, families 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 and family 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, VCAL, CenterStone, Coalition Supporting Young Adults, the CoC Youth Action Board, Metro United Way 2-1-1, 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, Kentucky Shakespeare, AMPed, Metro Louisville Police Department, Louisville Apartment Association, Jefferson Community and Technical College, Louisville Free Public Library, Family and Children's Place, Uspiritus, Maryhurst, Emerging Workforce, Jefferson County Public Schools (JCPS), University of Louisville, Greater Louisville Inc., Wellspring, Good News Volunteers, Restorative Justice of Louisville, Kristy Love Foundation Jewish Family and Career Services, Salvation Army, St. Vincent de Paul, Louisville Urban League, Wednesday's Child, Legal Aid of Louisville, Transit Authority of River City (TARC), and Louisville Human Trafficking Task Force.

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#### 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.

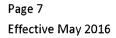
	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits	<del>3,500.00</del> 3,350.00	5,000.00	8,350.00
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)	11,650.00	\$26,500.00	\$38,150
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	\$15,000	\$31,500.00	\$46,500.00
% of Program Budget	32.3 %	67.7 %	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)	\$31,500.00
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	\$31,500.00

<sup>\*</sup>Total of Column 1 MUST match "Total Request on Page 1, Section 2"

<sup>\*\*</sup>Must equal or exceed total in column 2.





Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7	Column 1	Column 2	Column (1 + 2)=3
(circle one and use multiple sheets if necessary)	Proposed Metro Funds	Non- Metro Funds	Total Funds
Backpacks	1,000	500	1,500
Sleeping Bags/Blankets	300	0	300
Reader Glasses	200	0	200
Socks	0	500	500
Rental Deposits	2,000	15,000	17,000
Furniture	2,500	10,000	12,500
Sundry Items for Backpacks	200	500	700
Shirts	500	0	500
Non-perishable Snacks	300	0	300
Barber/Haircuts	250	0	250
IDs	600	0	600
Port-a-Pots	600	0	600
Donuts	700	0	700
Lunch Supplies and Prep	1,500	0	1,500
Building Costs for Stand Down	1,000	0	1,000
Total	11,650	26,500	38,150

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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*/fype of Contribution	Value of Contribution	Method of Valuation
Volunteers	\$26,735	660 x 4 hours x \$10
Lion's Eye and other health screenings	\$42,000	agency quotes
ouisville Apt. Assoc. and others client assist.	12000	value of last year's donation
Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &Other In Kind)	\$80,735	

\* 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

nt increase o	or decrease in your budget from the current fiscal year to the YES

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#### 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

- 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.
- 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.
- 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.
- Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal
  vear 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.
- 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**

- 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 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 24, 2021

Legal Signatory: (please print): Variable Harris

Title: Executive Director

Phone: 502-636-9550

Extension: 1212

Email: nharris@louhomeless.org

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DocuSign Envelope ID: 4387473B-4274-47B1-9427-BCDBC6B40E3D

2. D. BOX 2508

:INCINNATI, DH 45201

late: JAN 1 5 1991

HE COALITION FOR THE HOMELESS INC O BOX 4462 OUISVILLE, KY 40204-0462 Employer Identification Number:
61-1118307
Contact Person:
DOTTIE DOWNING
Contact Telephone Number:
(513) 684-3578

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

ear Applicant:

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

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

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

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

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

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

Harold M. Browning District Digestor

Letter 1050(D0/CG)

	fremi			S SERVICE		S. 7.110				\$ 476.17.00		A 10 10 10 10 10 10 10 10 10 10 10 10 10		\$2,728,887.00	\$14f #44.00	\$407,910.60	- 1800 C	***************************************		10,080,00		20 10 10 10 10 10 10 10 10 10 10 10 10 10		480				8 4,884,816.20		A THE SAME OF THE PARTY OF		\$ 180,000.00		100.00		38 628.49		1 14.0 kg 26		90,000,00	STATE S STATE OF	1000	Shyle of		- 18	100,00		400.00	• •	3.000.00	l.
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Bingo Service Chat \$	Bourbon Mixer	Assoc Rd Fuent E. C.	Glenn Darmite	owing relimits	IIIVYSKINEON INCOMO.	Commer Caregories	Accounting Service	thurs Base a	Domail Ausdunce	Web Management	Contract Services	Payroll Services	Bingo Security	Facilities Categories	Security	Jantorial Services	Property Insurance	Rent	Bingo Rent	HMIS/SPE Equipme \$	Operations Categories	Books and Referen	Fostaga	Copres	Street Fine Drinting	Bingo Printing	Bingo Supplies	Office Supplies	Tolophore	Language Line Exp \$	Client Incentives	Other Expense Categories	Bingo Advertising	Bingo Taxes	D&O/Lability Insur \$	Payroll Categories	Health Insurance a	Satarles	Refrement France	Life/Disability insta	Employer Payroll Ta \$	Employee Payroll 1	Bingo Payroll Tax	Worker's Comp	AmeriCorps/VISTA	Program Expense Categories	White Flac and Sh	TARC Tickets	Stand Down Expert \$	Community Educar \$	Rx: Houlsng Depor					
1	19609		⊥.	1	1	4	٠.	1	L		1	$\perp$	21103				52825		Щ.		_		Щ,	65839	9	┸			Щ.		لسا			L	2 2 2	-	53155	11	DZ159	1	L	Per Carre 66	1_	1	1	66080		1	P6090			_	67630	Lí	E2029	1

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		\$275,182,00	\$21,280.00	\$113,500.00		\$20.278.00								\$ 250,000,00 100,000 1
		00.678,8578,00.		00 543,708.00			Ь.							100 1 100 1 100 1
		52,243.00 \$386,327	107,712 00.757,72	56,758.00 \$67,789	\$1,500.00	13,802,00 \$18,787							The state of the s	831,348,00] \$ 804,63
		0 \$135,406.00 \$2	\$14,338.00			\$7,078,00	1							od \$ 225 Szenoj 1
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	14,00000 \$	\$ 0070071 \$	4,000.00 \$ 1,000.00 \$	14,006.09 2.	4,000.00   2,004.00	4,000.00   2,000.00	4,000.00   2,000.00	4,006.00   2,006.00	124,000.00   124	14,000.00   1,4,	14,000,00   1,000,00	4,000,00   5   125,1282.00	1.24,000.00   1.24,000.00	124,000,00   2   124,

	TO
ncome	
43300 Direct Public Grant Categories	44.000
43310 Sponsorships	14,800
43330 Foundation and Trust Grants	202,058
Total 43300 Direct Public Grant Categories	216,858
43400 Direct Public Support Categories	
43450 Individ, Business Contributions	366,901
43490 Religious Organizations	3,250
Total 43400 Direct Public Support Categories	370,151
44500 Government Grant Categories	
44520 HUD Grants to Coalition Categories	
44521 HUD Grant - Coc/HPPP	177,844
44522 HUD Grants - Administration	95,641
44523 HUD Grants - HMIS	209,577
44525 HUD Grants - Leasing Salaries	37,891
44526 HUD Grant - Prev/Div	109,127
Total 44520 HUD Grants to Coalition Categories	630,082
44520P Program Income To Coalition	
44522P PI Administration	306
44525P PI Leasing Salaries	1,664
Total 44520P Program Income To Coalition	1,971
44530 HUD Pass Thru Grant Categories	
44531 HUD Grants - Leasing Thru CFH and Our inspections	1,140,745
44532 HUD Grants - Leasing Thru Grantees	499,800
44533 HUD Grants - Operations for Grantees	90,376
44534 HUD Grants - Services	453,059
44535 HUD Grants - HMIS	695
44536 HUD Grants - Administration	93,841
44537 HUD Grants - CFH Operations for client utilities	23,775
Total 44530 HUD Pass Thru Grant Categories	2,302,294
44530P Program Income Pass Thru	
44531P PI Leasing Thru CFH	112
44533P Operations to Grantees Program Income	12,501
44534P PI Services	98,974
44536P PI Administration	1,031
44537P Operations - CFH Operations for client utilities	2,220
Total 44530P Program Income Pass Thru	114,840

	TOTAL
44540 Louisville Grant Categories	
44541 CoC	28,025.00
44544 Stand Down	11,000.00
44545 WF	0.00
44548 Eviction Outreach	75,000.00
44549 Navigation Income	56,150.00
Total 44540 Louisville Grant Categories	170,175.00
44550 State Grant Categories	
44551 Adanta CoC/HPPP	6,432.50
44552 KHC Advocacy	16,000.00
44553 Other State Grants	15,050.00
Total 44550 State Grant Categories	37,482.50
Total 44500 Government Grant Categories	3,256,846.39
44800 Indirect Public Support Categories	1414176
44820 United Way - CoC/HPPP	14,141.76
Total 44800 Indirect Public Support Categories	14,141.76
45000 Investment Ctegories	44.00
45010 Interest-Savings, Short-term CD	44.86
45020 Income and Distributions	12,484.03
45030 Change in Market Value	188,112.67
Total 45000 Investment Ctegories	200,641.56
46400 Other Income Categories	
46410 Bingo Income	373,401.00
46420 TARC Sales	338,414.21
46425 Dona O'Sullivan Income	25,258.00
46426 James Graham Brown Grant Funds	88,340.00
Total 46400 Other Income Categories	825,413.21
47200 Membership Income Categories	
47230 Membership Dues	25,050.00
47240 HMIS Fees	29,163.51
Total 47200 Membership Income Categories	54,213.51
49000 Special Event Income Categories	
49005 Special/Pass-thru Projects	59,441.49
49010 Assoc Board Fundraiser	1,149.68
49020 Bourbon Mixer	29,161.68
Total 49000 Special Event Income Categories	89,752.85

	TOTAL
69500 Transfers In	107,000.00
Total Income	\$5,135,019.84
GROSS PROFIT	\$5,135,019.84
Expenses	
60900 Business Expense Categories	
60901 Hiring Expenses	0.00
60905 Office renovation / maintenance	14,979.67
60920 Board Meeting/Planning Expenses	1,202.32
60930 Bank Fees	812.11
60935 Bingo Fines and Penalties	24.00
60960 Event Expense Categories	40.040.00
60961 Fundraising - Bourbon Mixer	18,049.69
Total 60960 Event Expense Categories	18,049.69
60970 Licenses, Fees and Permits	109.60
60975 Bingo Licences, Fees and Permits	363.00
Total 60900 Business Expense Categories	35,540.39
60990 Investment Loss Categories	
60992 Other Investment Transactions	8,775.88
Total 60990 investment Loss Categories	8,775.88
62100 Contract Categories	
62110 Accounting Fees	700.00
62120 Audit	15,750.00
62170 Web Management	300.00
62180 Other Contract Services	26,362.36
62190 Payroll Services	2,231.09
Total 62100 Contract Categories	45,343.45
62800 Facilities Categories	
62825 Bingo Security	2,850.00
62830 ADT Security System	646.60
62850 Janitorial Services	273.00
62870 Property Insurance	2,794.93
62890 Rent, Parking, Utilities	114,685.10
62895 Bingo Rent	60,800.00
62899 HMIS/SPE Equipment and Services	68,774.59
Total 62800 Facilities Categories	250,824.22
65000 Operations Categories	
65010 Books, Subscriptions, Reference	437.84
65020 Postage, Mailing Service	3,228.88
65031 Bingo Printing	20.00

	TOTAL
65032 Copier	2,724.79
65035 Printing	927.50
65038 Street Tips Printing	2,340.94
65040 Supplies	5,765.56
65045 Bingo Supplies	79,930.16
65050 Communication Categories	
65051 Telephone	6,738.80
65052 Language Line Expenses - HMIS	351.45
65055 Client Incentives	757.33
Total 65050 Communication Categories	7,847.58
65060 Memberships and Dues	2,160.00
Total 65000 Operations Categories	105,383.25
65100 Other Types of Expenses	
65120 Insurance - Liability, D and O	2,354.00
65160 Other Misc Costs	124.56
65185 Bingo Taxes	15,222.92
Total 65100 Other Types of Expenses	17,701.48
**	
66000 Payroli Expenses 66010 Health insurance	77,550.87
66020 Salaries	909,371.33
66025 Salaries - Other	23,074.72
66030 Retirement Funds	56,841.11
66040 Life/Disability Insurance	7,488.87
66050 Worker's Comp Insurance	540.00
66065 Employer Payroll Taxes	77,491.10
66069B Bingo Payroll Tax	-9.30
66080 Metro United Way Payments	-2,307.41
Total 66000 Payroll Expenses	1,150,041.29
67000 Program Expense Categories	
67010 White Flag and Shelter Assistan	26,880.00
67020 TARC Tickets	345,707.43
67030 Stand Down Expenses	4,322.32
67050 Rx Housing Deposits	67,472.01
67051 Deposit Program	<b>75</b> ,622.67
67052 Navigation / Diversion	78,861.49
67055 Prevention & Diversion	31,412.52
67065 Other Program Expense	1,100.00
67070 Special / One-time Project	49,861.52
67075 Dona O'Sullivan Expense	27,200.00

	TOTAL
67080 HUD Pass Thru Categories	
67081 HUD Pass Thru Funds - Administration	93,841.21
67082 HUD Pass Thru Funds - Leasing to Landlords and Inspections	1,140,745.55
67083 HUD Pass Thru Funds - Operations	90,376.71
67084 HUD PASS Thru Funds - Services	453,059.96
67085 HUD Pass Thru Funds - HMIS Expenses	695.88
67086 Pass Thru Funds - Leasing to Subrecipients	499,800.04
67087 HUD Pass Thru Funds - Operations to CFH	23,775.45
Total 67080 HUD Pass Thru Categories	2,302,294.80
67080P Program Income Expense	
67081P Administration	1,031.72
67082P Leasing Thru Landlords	112.00
67084P Services	98,974.20
67085P Operations PI	12,501.74
67087P Operations to CFH PI	2,220.50
Total 67080P Program Income Expense	114,840.16
Total 67000 Program Expense Categories	3,125,574.92
68300 Staff Support Categories	
68310 Conference, Convention, Meeting	15,719.74
68320 Travel and Food	1,460.47
68330 Staff and Board Development	13,516.54
68340 Health Incentives to Staff	9,216.22
Total 68300 Staff Support Categories	39,912.97
69000 Transfers Out	107,000.00
Total Expenses	\$4,886,097.85
NET OPERATING INCOME	\$248,921.99
NET INCOME	\$248,921.99

Form 990

(Rev. January 2020) Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public Inspection

A	Fort	the 2019 c	alendar year, or tax year beginning C	7/01/19 , and	ending 06/30/	′20										
В	Check i	if applicable:	C Name of organization			[ [	) Employe	r identification number								
	Addres	s change	Coalition	for the Home	ess, Inc.											
$\Box$	Name	chango	Doing business as				61-1	118307								
		_	Number and street (or P.O. box if mail is not delive	red to street address)			Telephon									
$\sqcup$	Initial re Final re		1300 S. 4th Street City or town, state or province, country, and ZIP or	fersion applet each		<u> </u>	302-	636-9550								
	termina							B 500 808								
П	Amend	ed return	Louisville	KY 40203		G	Gross rec	eipts\$ 7,568,707								
$\equiv$			F Name and address of principal officer:			H(a) Is this a group	return for s	ubordinates? Yes X No								
	Applica	ition pending	Natalie Harris													
						H(b) Are all suboro										
					<u> </u>	II No, at	iach a lisi.	(see instructions)								
1	Tax-ex	empt status:		(insert no.) 4947(a	(1) or 527											
J	Websi	te: W	ww.louhomeless.org			H(c) Group exemp		<del></del>								
K	Form o	forganization:	X Corporation Trust Association	Other 🏲	L	Year of formation: 19	86	м State of legal domicite: КУ								
<u> </u>	art I		ımmary	<u></u>												
	1		scribe the organization's mission or most si	gnificant activities:	• • • • • • • • • • • • • • • • • • • •			•								
ģ		See	Schedule O				<i>.</i>									
E C	ĺ															
		*********		*		*******										
Š	2	Check this	s box 🕨 🔲 if the organization discontinue													
e e	3	Number o	f voting members of the governing body (Pa	art VI, line 1a)			3	24								
S	4	Number o	f independent voting members of the gover	ning body (Part VI, line 1	b)		4	24								
Activities & Governance	5	Total num	ber of individuals employed in calendar yea	r 2019 (Part V, line 2a)			5	21								
ᅙ			ber of volunteers (estimate if necessary)				6	400								
_	7a	Total unre	stated business revenue from Part VIII, colui			7a	0									
			ated business taxable income from Form 99				7b	0								
					Prior Year		Current Year									
<u>დ</u>	8	Contribution	ons and grants (Part VIII, line 1h)			4,237,		4,921,125								
Revenue	9	Program s	service revenue (Part VIII, line 2g)				636	636,656								
ě	10	Investmen	nt income (Part VIII, column (A), lines 3, 4, a		613	6,697										
ш.			enue (Part VIII, column (A), lines 5, 6d, 8c,		573	164,412										
			nue – add lines 8 through 11 (must equal P		4,893,		5,728,890									
			d similar amounts paid (Part IX, column (A)	2,933,	400	2,829,036										
			aid to or for members (Part IX, column (A),			0										
SS.	15	Salaries, o	other compensation, employee benefits (Par	t IX, column (A), lines 5	-10)	912,	218	1,104,552								
US(	16a	Profession	nal fundraising fees (Part IX, column (A), lin	e 11e)				0								
Expenses	b	Total fund	other compensation, employee benefits (Par nal fundraising fees (Part IX, column (A), lin raising expenses (Part IX, column (D), line:	25) 🕨	.73,339											
ш	17	Other expe	enses (Part IX, column (A), lines 11a-11d,	11f-24e)		744,		1,245,087								
	18	Total expe	nses. Add lines 13-17 (must equal Part IX,	column (A), line 25)		4,589,		5,178,675								
	19	Revenue le	ess expenses. Subtract line 18 from line 12			303,		550,215								
Net Assets or Fund Balances						Beginning of Current		End of Year								
See	20		ts (Part X, line 16)	.,,,		1,475,		2,260,770								
돌	21					288,		486,419								
			or fund balances. Subtract line 21 from line	e 20	<u></u>	1,187,	T3A	1,774,351								
	ari li		nature Block													
			erjury, I declare that I have examined this return				f my knov	ledge and belief, it is								
tru	e, corr	ect, and cor	mplete. Declaration of preparer (other than offic	er) is based on all informa	tion of which preparer ha	as any knowledge.	·									
		<b>      -</b>														
Sig		1:	gnature of officer				Date									
Her	е	BSS	Natalie Harris		Execu	tive Direc	ctor									
			pe or print name and tille				<del></del>									
n_, .	1	Print/Type	preparer's name	Preparer's signature		Date	Check	U II PTIN								
Paid		Myron D		Myron D. Fisher		05/13/21		<del></del>								
	arer	Firm's nam		PLLC		Firm's	EIN >	20-1416603								
use	Only	1	713 W Main St													
		Firm's addr		40475-1351		Phone	e no.	859-626-9040								
Viay	the iR	S discuss	this return with the preparer shown above?	(see instructions)		***********		Yes No								

Form 990 (2019) Coalition for	the Homeless, Inc.	. 61-1118307	Page :
	Service Accomplishments		
Check if Schedule O co	ontains a response or note to a	any line in this Part III	X
1 Briefly describe the organization's mission	n:		
See Schedule O			
2 Did the organization undertake any signif	icant program services during the year	which were not listed on the	
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services on			
3 Did the organization cease conducting, o	r make significant changes in how It co	nducts, any program	
services?			Yes X No
If "Yes," describe these changes on Scho	edule O.		
4 Describe the organization's program serv	ice accomplishments for each of its thr	ee largest program services, as measured b	ру
expenses. Section 501(c)(3) and 501(c)(	4) organizations are required to report to	he amount of grants and allocations to other	s,
the total expenses, and revenue, if any, for	or each program service reported.		
•	, ,		
the community, the ed coordination of its m The Coalition coordin resulting in over \$9. Homeless Youth Commit organizations, to ral adult homelessness. addressing this cause 2017, the Coalition a Louisville by 67%.	member agencies and lated Louisville's some states and the some states around the common we received and also through the HUD Hough the HUD	dozens of other commontinuum of Care appless services. It for re than 70 different on goal of ending you located \$3.45 million omeless Youth Demo Gr	unity partners. lication, med and led the partner th and young toward ant. Since
The Coalition negotia purchase bus tickets others. TARC tickets individuals only, are purchased approximate	and passes for ager and passes, which a then sold to progr	ncy members of the Co are provided for home ram participants. The	alition and less Coalition
***************************************	***************************************		
***************************************			
6. 10-J.	34,773 including grants of	of \$ 34,773 ) (Revent	(a. ¢
The white flag progra otherwise be turned a 35 degrees). Three sh housing numbers beyon reimbursement. The pr at a rate of \$5 per b	m provides emergend way during severe we elters participate d their normal capa ogram pays for appro-	ey shelter for person weather (above 95 deg in the program and s acity to the Coalitio	s who would rees or below ubmit their n for
* * * * * * * * * * * * * * * * * * * *			****************************
***********************************		,	***************************************
* * * * * * * * * * * * * * * * * * * *	•••••••••••		***************************************
• • • • • • • • • • • • • • • • • • • •	•••••		
•	,		
4d Other program services (Describe on Sch	edule O.)		
(Expenses \$	including grants of \$	) (Revenue \$	)
4e Total program service expenses ▶	4,805,516		

<u></u>	art IV Checklist of Required Schedules	<del></del>	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			1
•	complete Schedule A	1	x	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			1
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		1	1
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>	<del>                                     </del>	<del>                                     </del>
0	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
æ	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			╁
6	have the right to provide advice on the distribution or Investment of amounts in such funds or accounts? If		[	
		6		x
	"Yes," complete Schedule D, Part I		<del> </del>	1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1-2
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	ļ	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	9	ļ	X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	1		1
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u></u>	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	l
b	MI & B (SA) AB ALL TO THE			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			$\overline{}$
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
el.	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	111	x	
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	400	x	
	Schedule D, Parts XI and XII	12a	Δ.	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		v
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	, , , , , , , , , , , , , , , , , , , ,			
	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	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		ļ	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		ĺ	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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	18	x	
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_	Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	- 1	
b or	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	<del></del>		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
	domestic government on Factor, counting (A), time 11 if 1123, compare consecute i, 1 and 1 and ii			(2019)

	BALIV Checklist of Required Schedules (Collinided)			····	1,,	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals of	n			Yes	s No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the					1
	organization's current and former officers, directors, trustees, key employees, and highest compensated					ı
	employees? If "Yes," complete Schedule J			23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than					
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines a	24b				
	through 24d and complete Schedule K. If "No," go to line 25a			24a	1	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24b	<u> </u>	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	ır				
				24c	ļ	↓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24d	<b></b>	┷
<b>25</b> a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess to	oenefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a	<del> </del>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a per-					
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E	:Z?				<b> </b>
	If "Yes," complete Schedule L, Part I			25b	<b> </b>	X
25	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	rent			1	1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			İ .		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L., Part II			26	<del> </del>	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, k	œy				
	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					١,,
	persons? If "Yes," complete Schedule L, Part III			27	800000	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, I	Part				
	IV instructions, for applicable filing thresholds, conditions, and exceptions):	17				
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	II		200		x
	"Yes," complete Schedule L, Part IV			28a 28b		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			200	-	
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? #			28c		x
••	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N				<del> </del>	X
29 20	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	<b>,</b>			<u> </u>	╁╧
30	conservation contributions? If "Yes," complete Schedule M			30		X
24	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N					X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	, ran	*			<del></del>
JZ				32		X
33	complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulation	ກຣ			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>
J	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III					<b></b>
•	or IV, and Part V, line 1			34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			· · · · · · · · · · · · · · · · · · ·		Х
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a					
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable					[
	related organization? If "Yes," complete Schedule R, Part V, line 2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				·	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	VΙ		37		X
38	Did the organization complete Schedule O and provide explanations In Schedule O for Part VI, lines 11b a	រាជ		ļ		
	19? Note: All Form 990 filers are required to complete Schedule O.			38	X [	L
P	Rt V Statements Regarding Other IRS Filings and Tax Compliance					L1
	Check if Schedule O contains a response or note to any line in this Part \	<u>/</u>	<u></u>			
		1	1 05	F.03332334	Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>1a</u>	87	I		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	26			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	<u> </u>	

Form 990 (2019) Coalition for the Homeless, Inc. 61-1118307

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

	ant v Stateme	nts Regarding Other IKS Filings and Tax Compliance (Comi	nu <del>c</del> u,	<u> </u>		Von	No
	<del></del>	and have a recent of an Earn M. S. Transmitted of Misses and Tay	ı	<b>!</b>		1 68	1 NO
28		mployees reported on Form W-3, Transmittal of Wage and Tax	2a	21			4
		ne calendar year ending with or within the year covered by this return ted on line 2a, did the organization file all required federal employment tax returns?			2b	X	1
b		es 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
n		ave unrelated business gross income of \$1,000 or more during the year?			3a	2000	X
3a	ti "Voo." bas it filed o	Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			3b	1	1
b	At any time during the	calendar year, did the organization have an interest in, or a signature or other autho	rity ove			1	$\top$
48	At any time during the	a foreign country (such as a bank account, securities account, or other financial acc	ount)?	·· ;	4a		x
L		·	oung.		30000		
b		ne of the foreign country ▶ ing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acco	unts (	FBAR)	• • • • • • • • • • • • • • • • • • • •		1
<b></b>		· · · · · · · · · · · · · · · · · · ·			5a	1000000	X
5a	vv as the organization	notify the organization that it was or is a party to a prohibited tax shelter transaction?					X
b					5c	$t^{}$	<del> </del>
C		o, did the organization file Form 8886-T? have annual gross receipts that are normally greater than \$100,000, and did the			••••	<del>                                     </del>	1
6a					6a		x
٠.		zation include with every solicitation an express statement that such contributions o				<del>                                     </del>	t
b			•		6b		
_	gifts were not tax dedu	octible?  nay receive deductible contributions under section 170(c).					1
7							
a		sceive a payment in excess of \$75 made partly as a contribution and partly for goods			7a	X	*****
	and services provided	to the payor?  zation notify the donor of the value of the goods or services provided?				X	<del></del>
b							1
C		ell, exchange, or otherwise dispose of tangible personal property for which it was			7c		х
	•	282?	7d	***,**********	***************************************		
d		umber of Forms 8282 filed during the year			7e		X
e		luring the year, pay premiums, directly or indirectly, on a personal benefit contract?			7 <del>1</del>	<del> </del>	X
1		eived a contribution of qualified intellectual property, did the organization file Form 85	 199 as	required?	7g		<u> </u>
g		eived a contribution of cars, boats, airplanes, or other vehicles, did the organization f			7h		1
h		ations maintaining donor advised funds. Did a donor advised fund maintained by		,,,,,,,			
8		on have excess business holdings at any time during the year?	, 11.0		8	er palabase.	The same
		ations maintaining donor advised funds.	• • • • • •	*	· · · ·		
9					9a		1
a	Did the sponsoring or	panization make a distribution to a donor, donor advisor, or related person?					
b 10	Section 501(c)(7) org					10000	
		ital contributions included on Part VIII, line 12	10a		33333		
a		ed on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) or		<u></u>				
		embers or shareholders	11a				1
a b		ner sources (Do not net amounts due or paid to other sources					]
ė,		r re ut s	11b				
12a	Section 4947/s\f1\ n	or received from them.)  on-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10-	<del></del>		128		
		ount of tax-exempt interest received or accrued during the year					
13		ualified nonprofit health insurance issuers.					
		nsed to issue qualified health plans in more than one state?			13a		
8		ions for additional information the organization must report on Schedule O.					
b		serves the organization is required to maintain by the states in which					
-			13b				
c	•	serves on hand					
14a		eceive any payments for indoor tanning services during the tax year?			14a		Х
b b		Form 720 to report these payments? If "No," provide an explanation on Schedule O					
15		oject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration			···		
		ment(s) during the year?			15		Х
	• , •	ns and file Form 4720, Schedule N.					
16		educational institution subject to the section 4968 excise tax on net investment incor	ne?		16		X
10	If "Yes," complete For						
	1 169' CONTRICKE LA	11-71-20, 001-00410-01		· · · · · · · · · · · · · · · · · · ·		000	3

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

Sec	ction A. Governing Body and Management				<del></del>	T						
		1.	1 04	F32333333	Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24									
	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					80.00						
	committee, explain on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent	1b	24									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			2		x						
	any other officer, director, trustee, or key employee?											
3	Did the organization delegate control over management duties customarily performed by or under the direct			J		١						
					ļ	X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				<b>├</b> ─	X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			. 5	ļ	X						
6	Did the organization have members or stockholders?			. 6	<u> </u>	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	ļ	X						
đ	Are any governance decisions of the organization reserved to (or subject to approval by) members,											
	stockholders, or persons other than the governing body?	,	· · · · · · · · · · · · · · · ·	. 7b	<u> </u>	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	the foll	owing:	2000000 2000000								
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				L	X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	ernal i	Revenue	Code.)	,							
					Yes							
10a	Did the organization have local chapters, branches, or affiliates?			10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,											
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			. 10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	orm?		11a		X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12a	The state of the s											
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to				X							
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"											
	describe in Schedule O how this was done			12c	Х							
13	Did the organization have a written whistleblower policy?			13	Х							
14	Did the organization have a written document retention and destruction policy?			14	X							
15	Did the process for determining compensation of the following persons include a review and approval by											
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official			15a	X							
b	Other officers or key employees of the organization			155		X						
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		***********									
16a												
	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								
Sec	tion C. Disclosure											
17	the state of the s				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>						
List the states with which a copy of this Form 990 is required to be filed F  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.	•	-									
	(3)s only) available for public inspection. Indicate now you made these available. Check all that apply.  X Own website Another's website X 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											
1.5	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											
	stalie Harris 1300 S 4th St											
	ouisville KY 4020	3	50	2-63	6-9	500						

Form 990 (2)	019) Coalition	for the	Homeless,	Inc.	61-1118307	Page <sup>*</sup>					
Part VII	Compensation of	Officers, D	rectors, Truste	es, Key E	mployees, Highest Compensa	ted Employees, and					
	Independent Contractors										
	Check if Schedule O contains a response or note to any line in this Part VII										
Section A.	Officers, Directors, Tru	istees, Key En	iployees, and High	est Compens	ated Employees						
1a Complete		equired to be lis	ed. Report compens	ation for the c	alendar 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.

Name and bile	Check this box if neither the organ		elate	d org			comp	ens			(P)
(1)Dr. Vaughn Payne  Chair  0.00 X  X  X  0.00 X  (2)Marla Schaefer  1.00  Vice Chair  0.00 X  (3)Andy Patterson  1.00  Secretary  0.00 X  X  X  0  0  (5)Shella Etchen  1.00  Past Chair  0.00 X  X  X  0  0  0  (6)Wood McGraw  1.00  Board Member  0.00 X  1.00  Board Member  0.00 X  CONDON X  COND	(A) Name and title	hours per week (list any	bo	(do not check more than one box, unless person is both an officer and a director/trustee)				n )	compensation from the organization	compensation from related organizations	of other compensation from the
Chair		related organizations below	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2) 1000 (IIIOO)	,,,	
Chair 0.00 X X X 0 0 0  (2)Marla Schaefer 1.00	(1)Dr. Vaughn Payne										
(2)Marla Schaefer  1.00 X X X X 0 0 0 (3)Andy Patterson 1.00 Secretary 0.00 X X X 0 0 0 (4)Caroline Heine 1.00 Treasurer 0.00 X X X 0 0 0 (5)Shella Etchen 1.00 Past Chair 0.00 X X X 0 0 0 (6)Wood McGraw 1.00 Board Member 0.00 X 0 (7)Greg Mayes, Jr. 1.00 Board Member 0.00 X 0 (8)Mark McWane 1.00 Board Member 0.00 X 0 0 0 (9)Tamara Reif 1.00 Board Member 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Chair		x		х				0	0	0
Vice Chair   0.00   X   X   X   0   0   0											
(3) Andy Patterson  1.00 Secretary 0.00 X X 0 0  (4) Caroline Heine 1.00 Treasurer 0.00 X X 0 0  (5) Shella Etchen 1.00 Past Chair 0.00 X X 0 0  (6) Wood McGraw 1.00 Board Member 0.00 X 0 0  (7) Greg Mayes, Jr. 1.00 Board Member 0.00 X 0 0  (8) Mark McWane 1.00 Board Member 0.00 X 0 0 0  (9) Tamara Reif 1.00 Board Member 0.00 X 0 0 0  (10) Jason Warrier 1.00 Board Member 0.00 X 0 0 0	**************************************		J		v				n	n	o
Secretary		0.00	Α.		<u> </u>	ļ	$\vdash$		U		
(4) Caroline Heine  1.00  Treasurer  (5) Shella Etchen  1.00  Past Chair  1.00  Board Member  1.00  Documents Avenue	(6)	1.00									
1.00		0.00	X		Х				0	0	0
Treasurer 0.00 X X X 0 0 0  (5) Shella Etchen 1.00 Past Chair 0.00 X X 0 0 0  (6) Wood McGraw 1.00 Board Member 0.00 X 0 0 0  (7) Greg Mayes, Jr. 1.00 Board Member 0.00 X 0 0 0  (8) Mark McWane 1.00 Board Member 0.00 X 0 0 0  (9) Tamara Reif 1.00 Board Member 0.00 X 0 0 0  (10) Jason Warrier 1.00 Board Member 0.00 X 0 0 0  (11) Kim Cordell-Fife	(4) Caroline Heine	1 00							!		
1.00	Treasurer		x		х				0	0	0
Past Chair											
1.00   Nood McGraw   1.00	Past Chair		x		х				0	0	0
Board Member   0.00   X   0   0   0								一			
Total Member								ĺ		0	o
1.00   Nark McWane   1.00   Nark McWane   1.00   Nark McWane   1.00   Nark McWane   1.00   Nark McWana   Narch McWana   Narc		0.00	X					-	<u>U</u>	U	<u> </u>
(8) Mark McWane  1.00  Board Member  0.00 X  0  (9) Tamara Reif  1.00  Board Member  0.00 X  0  0  0  0  0  0  0  0  0  0  0  0  0	(/)Gred Mayes, or.										
1.00   No.		0.00	X						U	0	0
Board Member   0.00 X   0   0   0	(8) Mark McWane	1.00						l			
1.00   N	Board Member		х						0	0	0
Board Member	(9) Tamara Reif										
(10) Jason Warrier  1.00  Board Member 0.00 X 0 0  (11) Kim Cordell-Fife		1.00	J					-	n	n	0
Board Member 0.00 X 0 0		0.00	^				-	ᅱ	V		<u> </u>
(11)Kim Cordell-Fife	(10)000011 110001-0-	1.00									_
			Х					_	0	0	0
1 1 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(11)Kim Cordell-Fife	1.00									
Board Member 0.00 X 0 0	Board Member		x						0	0	0

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Page 8

Part VII Section A. Officers		stee	s, Ke	y Et	nplo	yees	, an	d Highest Compensated i	Employees (continued)	
(A) Name and title	hours per week (list any		x, unid licer a	Pos check ess pe nd a c	erson i Sirecto	than d is both or/trust	ee)	(D) Reportable compensation trom the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	hours for related organizations below dolted line)	Individual trustae or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(17-2) 1055-MaJU)	related organizations
(12) Robert Byers Board Member	1.00	х						0	0	0
(13) Andrea Aikin	1.00									
Member (14) Kathy Beach	1.00	X						0	0	0
Board Member (15) Laurie Beth B	0.00	x						0	0	0
Board Member (16) Carla Sturged	0.00 n	x						0	0	0
Board Member (17) Tom Walton	0.00	x					:	0	0	0
Board Member (18) Tabitha Under	1.00 0.00	x						0	0	0
Board Member	1.00	x						0	0	0
(19) Kyle Elmore Board Member	1.00	x						0	0	0
1b Subtotal	ts to Part VII, Se						<b>A A A</b>	95,700 95,700		20,173 20,173
Total number of individuals (incireportable compensation from the compensation from	luding but not lim	ited t	o the	se li	sted	abov	e) w			Yes No
<ul> <li>Did the organization list any form employee on line 1a? If "Yes," of For any individual listed on line organization and related organization and related organization of Did any person listed on line 1a</li> </ul>	omplete Schedul 1a, is the sum of ations greater the	le J fi repo an \$1	or su rtable 50,0	ch in con 00?	ndivid npen if "Y	dual Isatio es," d	n an comp	d other compensation from plete Schedule J for such	the	3 X
for services rendered to the organization B. Independent Contractor	anization? <i>If "Yes</i> s	," co	mple	te S	cheo	lule J	for :	such person	<u> </u>	5 X
Complete this table for your five compensation from the organization.	highest compensation. Report com (A) business address	pens	inde ation	epen for	dent the c	cont	racto dar y	ear ending with or within the	\$100,000 of a organization's tax year. (B) ion of services	(C) Compensation
Tible die	Section 2411000									
######################################										
Total number of independent co	ntractors (includi	ng b	ut no	t limi	ted t	o tho	se li	sted above) who		
received more than \$100,000 of	compensation fr	om ti	1e or	gani	zatio	n 🏲			0	Form 990 (2019)

		0 (2019) Coal			the	Home	less,	Inc. 6	1-1118307		Page
P	art 3	Vill Statem	ent o	of Revenue	taine	a rocor	מפט מר מס	te to any line in t	this Part VIII		
		Officer	i Su	ledule O con	Lamb	a respo	inse oi no	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded Irom tax under sections 512-514
<u>د</u> :	12	Federated camp	aigns		1a						
<u>.</u>	į	Membership due			1b		80,07				
رز د د	C	Fundraising ever		***************************************	1c		38,38	<u> </u>			
<u>.</u>		d Related organizations 1d						_			
g E	e	Government grants (co	ontributi	ons)	10	3	,706,87	5			
ᇎ	5	<ul> <li>All other contributions, and similar amounts n</li> </ul>			l .	_	005 50				
룓					1f	<del></del>	,095,78	실			
Contributions, Giffs, Grants	٤	Noncash contributions			1g		<u></u>	4,921,12			
0 8		Total. Add lines	18-11	************		* * * * * * * * * * * * *	Business Cod				
	2a	Ware.					Buşiness Coc	636,650	636,656	· ·	
Program Service	l L							1 000,000	3		
	ď	1									
<u>و</u> م	е										
2	f	All other program									
	g	Total. Add lines	2a-2f				>	636,656	5		
	3	Investment incon	ne (inc	cluding dividends	intere	st, and					
		other similar amo	unts)	**************			🕨	6,69	7		6,697
	4	Income from inve	estmer	nt of tax-exempt b	ond pr	oceeds	<b>&gt;</b>				
	5	Royalties				<u></u>	<u></u> ▶				
				(i) Real		(ii)	Personal	4			
		Gross rents	<u>6a</u>					4			
		Less: rental expenses	6b								
		Rental inc. or (loss)	6c	L		<u> </u>					
		Net rental income Gross amount from	e or (IC	(i) Securities		7	Other				
		sales of assets	sales of assets other than inventory 7a		100	) Outer	+				
<b>a</b> u	h	Less: cost or other	10			<u> </u>		1			
Revenue	٦	basis and sales exps.	7b								
Š	c	Gain or (loss)	7c			<b>†</b>		1			
<u> </u>		Net gain or (loss)					▶				
Other		Gross income from				***************************************					
_		(not including \$									
		of contributions rep	orted c	on line 1c).							
		See Part IV, line 18			8a		74,121				
		Less: direct expe			8b		82,120				
		Net income or (lo			ents .		<u></u>	-7,999	1		-7,999
	9a	Gross income from	-	g activities.		4	016 700				
	t.	See Part IV, line 19			9a		915,792 757,697				
		Less: direct exper		an agraine activiti	9b			158,095			158,095
		Net income or (lo Gross sales of in					· · · · · · · · · · · · · · · · · · ·	200,090			233,033
	100	returns and allow		• •	10a						
	b	Less: cost of goo			10b			1			
		Net income or (los			<u>'</u>	<u></u>	, <u></u>				
9						-	Business Code				
2 2 2	11a	Miscellanec	nis B	levenue				14,316	14,316		
Revenue	b										
Fe.	C	C									
Í		All other revenue					L	44 04 0			
		Total. Add lines 1						14,316			156 702
	12	Total revenue. S	ee ins	structions			<u>,,</u>	5,728,890	650,972	0	156,793

Form 990 (2019) Coalition for the Homeless, Inc.

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 (A) Total expenses (B) (C) (D) Fundralsing Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part Vill. expenses general expenses expenses Grants and other assistance to domestic organizations 1,583,922 1,583,922 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 1,245,114 1,245,114 Individuals. See Part IV, line 22 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, 115,873 86,905 13,325 15,643 trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 90,244 105,245 579,834 775.323 Other salaries and wages Pension plan accruals and contributions (include 6,525 56,733 88,165 7,659 42,549 section 401(k) and 403(b) employer contributions) 66,124 10,139 11,902 Other employee benefits 9,242 7,873 68,458 51,343 Payroll taxes ..... 10 Fees for services (nonemployees): Management ..... Legal 17,220 17,220 Accounting \* Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column 4,219 71,322 75,541 (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 4,755 5,553 40,982 30,674 Office expenses 13 Information technology 14 Royalties 15 33,621 17,471 96,511 147,603 Occupancy 16 1,847 36,928 35,081 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates ..... 21 4,606 534 624 3,448 Depreciation, depletion, and amortization 22 23 Insurance 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.) 582,724 582,724 151,401 151,401 Other Assistance 107,048 107,048 Special Project Expense 65,315 65,315 Shelter Assistance 15,719 6,201 9,518 e All other expenses 4,805,516 199,820 173,339 5,178,675 Total functional expenses. Add lines 1 through 24e . 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 ▶ | if following SOP 98-2 (ASC 958-720)

Total liabilities and net assets/fund balances

2,260,770 Form 990 (2019)

1,475,208

Forn	n 990 (2019) Coalition for the Homeless, Inc. 61-1118307			Pa	<u>ige 12</u>
P.	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		_ [X]
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,7		
2	Total expenses (must equal Part IX, column (A), line 25)	2			675
3	Revenue less expenses. Subtract line 2 from line 1	3			215
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			139
5	Net unrealized gains (losses) on investments	5		<u>36,</u>	<u>997</u>
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	1,7	74,	<u>351</u>
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
			reconstruction of the same of	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual 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?	******	2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	22222
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
За	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?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
	·		For	n <b>9</b> 90	(2019)

Form 990 (2019) Coalition for the Homeless, Inc.

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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (D) (F) (A) (B) Position Name and title Reportable Reportable Estimated amount Average (do not check more than one compensation hours compensation of other box, unless person is both an from the from related compensation per week officer and a director/trustee) organization organizations from the (list any (W-2/1099-MISC) (W-2/1099-MISC) organization and hours for Officer nstitutional Key employee ndividuai trustee related organizations related organizations below dotted line) (20)Kristen Jordan 1.00 0 0 0.00 X Board Member Lonnie Williams (21)1.00 0 0.00 0 X Board Member (22)Adria Johnson 1.00 X 0 0 Board Member 0.00 (23)Tameka Laird 1.00 0 0 0 0.00 Board Member Х Mark Quinnan (24)1.00 0 0 0 0.00 X Board Member (25)Natalie Harris 40.00 0 95,700 0.00 X 20,173 Executive Director 95,700 20,173 c Total from continuation sheets to Part VII, Section A ..... Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated 3 3 employee on line 1a? If "Yes," complete Schedule J for such Individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 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. (C) Compensation (A) Name and business address (8) Description of services Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

**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.

2019

➤ Attach to Form 990 or Form 990-EZ.

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

Open to Public inspection

Internal Revenue Service
Name of the organization

Coalition for the Homeless, Inc.

Employer Identification number 61-1118307

P	art l	Reas	on for Public Charity	Status (All organization:	s must o	complet	e this part.) See instruct	ions.	
The	orga	<del></del>		it is: (For lines 1 through 12, che					
1	Ň		-	ciation of churches described in			A)(i).		
2	П	A school des	od described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3	П			organization described in section					
4	H			In conjunction with a hospital des				tal's name,	
•		city, and state							
5				a college or university owned or o				,,,,	
•	ئــــا	-	b)(1)(A)(iv). (Complete Part			, ,			
6	П			rernmental unit described in <b>sect</b>	ion 170(b	)(1)(A)(v)	) <b>.</b>		
7		An organizati	on that normally receives a su	obstantial part of its support from					
	Γ ]		section 170(b)(1)(A)(vi). (Co	70(b)(1)(A)(vi). (Complete Part II	11				
8 9	-			ribed in section 170(b)(1)(A)(ix)		in conjun	etion with a land-grant college		
5		or university of university:	or a non-land-grant college of	agriculture (see instructions). En	iter the na	me, city, a	and state of the college or		
10	X	receipts from support from	on that normally receives: (1) activities related to its exemp gross investment income and	more than 33 1/3% of its support t functions—subject to certain ex I unrelated business taxable inco 1975. See section 509(a)(2). (C	ceptions, me (less s	and (2) no ection 51	more than 33 1/3% of its		
11	$\Box$		•	clusively to test for public safety.			)(4).		
12	H			clusively for the benefit of, to perf					
	<u></u>	of one or mor	e publicly supported organiza	tions described in section 509(a	)(1) or sec	ction 509	(a)(2). See section 509(a)(3).		
		Check the box	x in lines 12a through 12d tha	it describes the type of supporting	g organiza	tion and c	complete lines 12e, 12f, and 12g	<b>!.</b>	
	а	Type I. A	supporting organization oper	rated, supervised, or controlled by	y its suppo	orted orga	nization(s), typically by giving		
				er to regularly appoint or elect a m		he directo	ors or trustees of the		
				mplete Part IV, Sections A and					
	b	Type II.	A supporting organization sup	ervised or controlled in connection	on with its	supported	l organization(s), by having		
				ng organization vested in the sam	ie persons	that cont	rol or manage the supported		
			ion(s). You must complete i				. If for a star well, the annumber of suitable		
	С	its suppor	rted organization(s) (see instr	upporting organization operated in uctions). You must complete P	art IV, Se	ctions A,	D, and E.		
	d	Type III r	non-functionally integrated	. A supporting organization opera organization generally must satisf	ated in con	nection w	ith its supported organization(s)		
				ust complete Part IV, Sections					
	е	Check thi	s box If the organization recei	ved a written determination from functionally integrated supporting	the IRS th	at it is a T			
	f		nber of supported organization		, or garnear	10111			
	g		llowing information about the				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(1)		of supported	(II) EIN	(ili) Type of organization	(iv) is the o	rganization	(v) Amount of monetary	(vi) Amount of	
113		anization	thit cut	(described on lines 1-10	1'''	ır governing	support (see	other support (see	
				above (see instructions))	docui	nent?	instructions)	instructions)	
					Yes	No			
(A)									
					<del> </del>				
(B)									
(C)				***************************************					
(D)									
(E)									
/									
Otal									

Coalition for the Homeless, Inc. 61-1118307 Schedule A (Form 990 or 990-EZ) 2019 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) (b) 2016 (a) 2015 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on ...... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)

11	Total support. Add lines 7 through 10		
12	Gross receipts from related activities, etc. (see instructions)	12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)		<b>.</b>
	organization, check this box and stop here		<b>P</b>
Sec	tion C. Computation of Public Support Percentage	<del></del>	
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)	14	%
15	Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a	33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this		
	box and stop here. The organization qualifies as a publicly supported organization		▶ ∟
b	33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check		_
	this box and stop here. The organization qualifies as a publicly supported organization		▶ ∟
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is		
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in		
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported		
	organization		▶ [
b	10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line		
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.		
	Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly		
	supported organization		▶ [
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		
	instructions		▶ [

Coalition for the Homeless, Inc. 61-1118307

Page 3

Schedule A (Form 990 or 990-EZ) 2019 Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

	II the organization rails to	quality and to	TO TOOLO HOLOU			····/·································	
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	3,500,488	3,450,453	4,146,558	4,237,640	4,921,125	20,256,264
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	390,894	395,701	401,353	406,636	650,972	2,245,556
3	Gross receipts from activities that are not an unrelated trade or business under section 513	2,360,726	2,490,684	2,543,714	2,603,445	1,989,913	11,988,482
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	6,252,108	6,336,838	7,091,625	7,247,721	7,562,010	34,490,302
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
¢	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<b></b>	line 6.)						34,490,302
	tion B. Total Support					<u> </u>	2.00 MP 4. 5
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	6,252,108	6,336,838	7,091,625	7,247,721	7,562,010	34,490,302
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	24,447	30,393	25,072	22,613	6,697	109,222
b	Unrelated business taxable Income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	24,447	30,393	25,072	22,613	6, 697	109,222
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				Little Martin Townson		
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.)	6,276,555	6,367,231	7,116,697	7,270,334	7,568,707	34,599,524
14	First five years. If the Form 990 is for the o						<u>.</u> m
_	organization, check this box and stop here	,					<u></u> ▶ ∐
<u>Sec</u>	tion C. Computation of Public Si						
15	Public support percentage for 2019 (line 8, c						99.68%
16	Public support percentage from 2018 Sched					16	99.64%
<u>Sec</u>	tion D. Computation of Investme			403		1 1	
17	Investment income percentage for 2019 (line					l E	<u>%</u>
18	Investment income percentage from 2018 Sc	chedule A, Part III, li	ne 17			18 J	%
19a	33 1/3% support tests—2019. If the organization	zation did not check	the box on line 14,	and line 15 is more	e man 33 1/3%, and	3 II/18	<b>▶</b> X
	17 is not more than 33 1/3%, check this box	and stop here. The	organization quali	ries as a publicly su	ipported organizati	511 1/20/- and	······ • • • • • • • • • • • • • • • •
b	33 1/3% support tests—2018. If the organization 18 is not more than 33 1/3%, check this	zation did not check	a box on line 14 of	me isa, and me i Subsections	io is more than 33 ly europarted areas	trovo, estu ization	<b>▶</b> □
	line 18 is not more than 33 1/3%, check this Private foundation. If the organization did r	pox and stop nere.	ine organización o	check this hav and	iy aupported organ Leep instructions	ECHIOT	
20	Private foundation. If the organization did i	IOL CHECK & DOX ON III	15 14, 158, 01 190,	CHECK HIS DOY SH	. add mad dollong		······································

Schedule A (Form 990 or 990-EZ) 2019

Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	T	r .
	Yes	No
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8 9a		
8 9a		
9a 9b		
9a 9b 9c		

Schedu	ole A (Form 990 or 990-EZ) 2019 Coalition for the Homeless, Inc. 6	51-1118307	Page 5
Par			
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
	A person who directly or Indirectly controls, either alone or together with persons described in (b) and (c)		
	below, the governing body of a supported organization?	118	
ь	A family member of a person described in (a) above?	11b	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	
	on B. Type I Supporting Organizations		
		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		
•	regularly appoint or elect at least a majority of the organization's 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 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	
Secti	on 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	
Secti	on 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		
2	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	23 2000 2000
3	By reason of the relationship described in (2), did the organization's supported organizations have a		
3	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	200000000000000000000000000000000000000
Secti	on 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 in	structions).	
·	The organization satisfied the Activities Test. Complete line 2 below.	,	
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	'see instructions).	
•		•	
2 A	ctivities Test. Answer (a) and (b) below.	Yes	No
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	
ь	Did the activities described in (a) 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 (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
44	trustees of each of the supported organizations? 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	

Schedu	le A (Form 990 or 990-EZ) 2019 Coalition for the Homeless,	Inc	·	307 Page
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>janiz</u>	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20	0, 197	0 (explain in Part VI). See	
	instructions. All other Type III non-functionally integrated supporting organizations must co	mplete	e Sections A through E.	· · · · · · · · · · · · · · · · · · ·
Sect	on 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			
col	ection of gross income or for management, conservation, or			
ma	intenance 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		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	ructions 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	10		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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	Γ		
	ergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated Type	III su	oporting organization (see	
•	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Schedu <b>Par</b>	le A (Form 990 or 990-EZ) 2019 Coalition for the Type III Non-Functionally Integrated 509(a)(3	Homeless, Inc	ations (continued)	307 Page 7
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	es		
2	Amounts paid to perform activity that directly furthers exempt purposes			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization	ion is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		T	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014		4-111141 111111 <del>11111 1111</del>	
b	From 2015			
	From 2016			
d	From 2017			
	From 2018			
	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3l from 3f.			
4	Distributions for 2019 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019, Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (For	m 990 or 990-EZ) 2019	Coalit	ion for	r the	Homeles	s, Inc.	61-1118307	Page 8
Part VI	Supplemental III, line 12; Part I B. lines 1 and 2:	n <b>formation.</b> F V, Section A, Part IV, Section V. line 1: Part	Provide the lines 1, 2, on C, line V. Section	explana 3b, 3c, 4 1; Part I\ n B, line	tions require b, 4c, 5a, 6, /, Section D, 1e; Part V, S	d by Part II, lind 9a, 9b, 9c, 11a lines 2 and 3; l section D, lines	e 10; Part II, line 17a or , 11b, and 11c; Part IV Part IV, Section E, lines 5, 6, and 8; and Part V instructions.)	, Section s 1c, 2a, 2b,
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#### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

• 3	Section 501(c)(4), (5), or (6) organizations: Complete Part III.				
Nam	e of organization			1 ' '	tification number
	Coalition for the He	omeless, Inc.		61-11183	
Pa	t I-A Complete if the organization is exer	mpt under section 501(	c) or is a sect	ion 527 organiza	tion.
1	Provide a description of the organization's direct and indirect	political campaign activities in F	Part IV. (see instruc	tions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions)	,		.,,	*****************
3	Volunteer hours for political campaign activities (see instruct				V
Pa	付品B Complete if the organization is exe				
1	Enter the amount of any excise tax incurred by the organizati	ion under section 4955	.,	▶\$	•
2	Enter the amount of any excise tax incurred by organization r				
3	If the organization incurred a section 4955 tax, did it file Form	n 4720 for this year?			
	Was a correction made?				Yes No
0000000	If "Yes," describe in Part IV.			11 F04/-\/O\	
Pa	t I-C Complete if the organization is exer		********	tion 501(c)(3).	
1				h .	
	activities	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>&gt;</b> \$	
2	Enter the amount of the filing organization's funds contribute	d to other organizations for secti	on		
	527 exempt function activities			▶\$	
3	Total exempt function expenditures. Add lines 1 and 2. Enter			<b>.</b> .	
	line 17b	************		<b>&gt;</b> \$	
4	Did the filing organization file Form 1120-POL for this year?				Yes No
5	Enter the names, addresses and employer identification num			o which the filing	
	organization made payments. For each organization listed, er				
	the amount of political contributions received that were prompt	otly and directly delivered to a se	parate political orga	anization, such	
	as a separate segregated fund or a political action committee		1		[
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
		]			delivered to a separate
					political organization.  If none, enter -0
/ d \					
(1)					
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(4)			<u> </u>		
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(5)					
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6)					
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Schedule C (Form 990 or 990-EZ) 2019 Coal	ition for t	he Homeless	, Inc.	61-1118307	
Part II-A Complete if the organ	ization is exemp	t under section	501(c)(3) and	filed Form 5768 (e	ection under
section 501(h)).					
A Check ► ☐ if the filing organization	n belongs to an aff	iliated group (and lis	st in Part IV eacl	n affiliated group men	nber's name,
address, EIN, expense	es, and share of exc	cess lobbying expen	ditures).		
B Check ▶ ☐ if the filing organization	n checked box A a	nd "limited control" p	provisions apply	•	
	bbying Expendi			(a) Filing	(b) Alfillated
(The term "expenditures"				organization's totals	group totals
1a Total lobbying expenditures to influence pu				0 750	
b Total lobbying expenditures to influence a l				23,758	
c Total lobbying expenditures (add lines 1a a				23,758	
d Other exempt purpose expenditures				4,805,516	
e Total exempt purpose expenditures (add lin				4,829,274	
f Lobbying nontaxable amount. Enter the am	ount from the following	table in both		391,464	
columns.				371,404	
If the amount on line 1e, column (a) or (b) is		ntexable amount is:			
Not over \$500,000	20% of the amoun				
Over \$500,000 but not over \$1,000,000		% of the excess over \$500	1 1/2/2003		
Over \$1,000,000 but not over \$1,500,000		% of the excess over \$1,0	1000000		
Over \$1,500,000 but not over \$17,000,000		of the excess over \$1,50	0,000.		
Over \$17,000,000	\$1,000,000.		1 (5056)	97,866	
g Grassroots nontaxable amount (enter 25%	<b>I</b>	0			
<ul> <li>h Subtract line 1g from line 1a. If zero or less</li> <li>I Subtract line 1f from line 1c. If zero or less,</li> </ul>				O	
I Subtract line it from line ic. it zero or less,	or line ther line 11 die	the organization file Fr			
reporting section 4911 tax for this year?					Yes No
reporting section 4911 tax for this year		ing Period Under S			<u></u>
(Some organizations that ma	4-Year Averagi	ing Period Under 3 Natablan da nat hi	ection ac itii) wa ta camplete	all of the five column	ne helow
(Some organizations that ma	ge a secuon ou i(ii Con the conomic i	nstructions for line	e 2a through 21	i di oi tilo neo obidini i	is below.
	oee the schalate i	nstructions for anc	o Lu illough L	•	
L	obbying Expendite	ures During 4-Year	Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
g <i>,</i>					
So Labbring nantavable amount				201 16	* "00 00"
2a Lobbying nontaxable amount	347,071	382,370	379,4	82 391,46	4 1,500,387
b Lobbying ceiling amount					2 257 501
(150% of line 2a, column (e))					2,250,581
c Total lobbying expenditures	። ለማላ	E 750	8,5	23,75	45,305
	7,271	5,759	0,	23,13	J 70,000
d Grassroots nontaxable amount	86,768	95,593	94,8	97,86	375,098
	89,700	95,595			***
e Grassroots ceiling amount					562,647
(150% of line 2d, column (e))					· · · · · · · · · · · · · · · · · · ·

Schedule C (Form 990 or 990-EZ) 2019

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f Grassroots lobbying expenditures

******	till-B Complete if the organization is exempt under section 501(c)(3) and has NO	-111 T file			8	Page 3
( E ( C )	(election under section 501(h)).		3)	1	(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detalled ription of the lobbying activity.	Yes	[		Amount	
1	During the year, did the filling organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?					
c b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mallings to members, legislators, or the public?					
e f	Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?		120000000			
2a	Total. Add lines 1c through 1i  Did the activities In line 1 cause the organization to be not described In section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912					
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  III.A Complete if the organization is exempt under section 501(c)(4), section 501			ection		
	501(c)(6).				Ye	No No
2	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	· · · · · · · · ·			2 3	
Par	WII-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."					is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		-			
þ	Current year Carryover from last year Total		2a 2b 2c			
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the  excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		3	<u> </u>		
_5	and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information		4 5	H-1, 1, 1		
Provid	e 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, instructions); and Part II-B, line 1. Also, complete this part for any additional information.	lines 1 a	and			
					• • • • • • • • • • • • • • • • • • • •	

Schedule C (Form	n 990 or 990-EZ) 2019	Coalition	for the	Homeless,	Inc.	61-1118307	Page 4
Part IV	Supplemental	Information (co	ontinued)				
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name	of the organization		Employer identification number
C	oalition for the Homeless, Inc.		61-1118307
-	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on	inds or Other Similar Funds Form 990, Part IV, line 6.	or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the	e assets held in donor advised	
•	funds are the organization's property, subject to the organization's exclusive		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writ		
•	only for charitable purposes and not for the benefit of the donor or donor as		
	conferring impermissible private benefit?		Yes No
p,	ert II Conservation Easements.		
4005000	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all		
•	Preservation of land for public use (for example, recreation or education		lly Important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservati	ion contribution in the form of a conserv	vation
	easement on the last day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic structure include		
d	Number of conservation easements included in (c) acquired after 7/25/06,		
			2d
3	Number of conservation easements modified, transferred, released, exting		on during the
	tax year >		
4	Number of states where property subject to conservation easement is local	ted 🕨	
5	Does the organization have a written policy regarding the periodic monitoring	ng, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of vice	stations, and enforcing conservation eas	sements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, Inspecting, handling of violatio	ns, and enforcing conservation easeme	ents during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the r	equirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements	in its revenue and expense statement	and
	balance sheet, and include, if applicable, the text of the footnote to the orga	inization's financial statements that des	cribes the
Y	organization's accounting for conservation easements.		
Pį	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on I	Historical Treasures, or Oth Form 990, Part IV, line 8.	ner Similar Assets.
18	If the organization elected, as permitted under FASB ASC 958, not to repo		sheet works
	of art, historical treasures, or other similar assets held for public exhibition,	education, or research in furtherance of	of public
	service, provide in Part XIII the text of the footnote to its financial statement	s that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in		eet works of
	art, historical treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherance of p	oublic service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(II) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical treasures, or other	er similar assets for financial gain, prov	ide the
	following amounts required to be reported under FASB ASC 958 relating to		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		

Sche	dule D (Form 990) 2019 Coalition	for th	e Homel	less, I	nc.	61-1118		Page 2
	rt III Organizations Maintaining	Collection	ns of Art,	Historical	Treasures	, or Other Sir	nilar Asse	ets (continued)
3	Using the organization's acquisition, accession collection items (check all that apply):							
а	Public exhibition	đ	Loan or	exchange pro	ogram			
b	Scholarly research	e				41		
c	Preservation for future generations	•			*************			
_	Provide a description of the organization's colle	ations and eval	ain how they f	iudher the ord	ranization's exe	emot ouroose in P	art	
4	XIII.	ctions and expi	an now they i	www.meon	JERNELANDITO ONC	mpt por pood in t		
5	During the year, did the organization solicit or re	eceive donation	s of art, histor	ical treasures	s, or other simil	ar		
	assets to be sold to raise funds rather than to b	e maintained a	s part of the o	rganization's	collection?			Yes No
Pa	rt IV Escrow and Custodial Arr	angements	j.					
escenses	Complete if the organization	answered	"Yes" on F	orm 990, I	Part IV, line	9, or reported	i an amoui	nt on Form
	990, Part X, line 21.			•		-		
	Is the organization an agent, trustee, custodian	or other interm	ediary for con	tributions or o	other assets no	t		
14	Included on Form 990, Part X?							Yes No
<b>h</b>	If "Yes," explain the arrangement in Part XIII an	d complete the	following table		*************		~ . <b></b>	🗀 🗀
D	It is, explain the arengement in account	a complete the	ronoming tax	<b>.</b>				Amount
	Parkella balana						1c	
	Beginning balance							
	Additions during the year							
6	Distributions during the year							
f	Ending balance						L	Yes No
	Did the organization include an amount on Form							
	If "Yes," explain the arrangement in Part XIII. C	heck here if the	explanation h	ias been prov	ided on Part XI	<u> </u>	* 1 * * * * * * * * * * * * * * * * * *	
Pa	nt V Endowment Funds.		NZ11 F*	000 [	ممال ۱۱۸ است	10		
	Complete if the organization		1					
		(a) Current year	(6)	) Prior year	(c) Two yea	ars back (d) t	hree years back	(e) Four years back
	Beginning of year balance							
b	Contributions						<del></del>	
Ç	Net investment earnings, gains, and					į		
	losses							
d	Grants or scholarships							
	Other expenditures for facilities and					İ		1
	programs							
f	Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the current	vear end balar	ce (line 1g, c	olumn (a)) he	ld as:			
	Board designated or quasi-endowment ▶		. , .,	` ''				
b	Permanent endowment > %							
	Term endowment ▶ %							
·	The percentages on lines 2a, 2b, and 2c should	i equal 100%						
20	Are there endowment funds not in the possessi		ization that an	e held and ad	iministered for t	the		
Ja	organization by:	on or the organ	140000000000000000000000000000000000000	•				Yes No
								3a(i)
	(II) Related organizations  If "Yes" on line 3a(ii), are the related organization	ne lietad as rad	uired on Sche	dule B?				
	Describe in Part XIII the intended uses of the or				* 1 * * * * * * * * * * * * * * * * * *			
			downlencium	JS.				
	rt VI Land, Buildings, and Equi Complete if the organization	billelir	'Vac" on E	nrm QQA I	Part IV line	11a See For	m 990 Par	t X line 10
		1			r other basis	(c) Accumulat		(d) Book value
	Description of property	(a) Cost or	omer casis lment)	1 ' '	ther)	depreciation		/e/ -oo., 15,00
		<del></del>	anetty					
	Land			ļ				
	Buildings				62 621		, 182	60 110
	Leasehold improvements	1			63,631	-	, 102	60,449
d	Equipment	<b> </b>			25 025		900	10 202
	Other		·····	L	35,231	15	, 908	19,323
	Add lines to through to (Column (d) must equ	iel Form 990 F	ad X column	tB) line 10c	.1		▶ !	79.772

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

Sche	dule D (Form 990) 2019 Coalition for the Homeless, In	nc.	61-111830	7	Page 4
	Reconciliation of Revenue per Audited Financial Statement	ents '	With Revenue per Re	turn.	
MOREOTT.	Complete if the organization answered "Yes" on Form 990, P				
1	Total revenue, gains, and other support per audited financial statements			1	5,183,163
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
_ a	Net unrealized gains (losses) on investments	2a	36,997		
ь	Donated services and use of facilities	2b			
c					
q			-582,724		
	Add lines 2a through 2d			2e	-545,727
3	Subtract line 2e from line 1			3	5,728,890
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	1		
a	41 1 1 1 1 W 000 D-41 W 15-75	4a	}		
		4b			
	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,728,890
	rt XII Reconciliation of Expenses per Audited Financial Statem	nents	With Expenses per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, P	art IV	/. line 12a.		
1	Total expenses and losses per audited financial statements			1	4,595,951
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		.,		······································
	Donated services and use of facilities	2a			
	Prior year adjustments				
	Other losses Other (Describe in Part XIII.)				
	Add lines 2a through 2d		<u></u>	2e	
				3	4,595,951
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	Τ			
	Investment expenses not included on Form 990, Part VIII, Ilne 7b	4a			
	Other (Describe in Part XIII.)		582,724		
		L	1	4c	582,724
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,178,675
******	nt XIII Supplemental Information.			<u>-</u>	
Ormin	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	s 1b ar	nd 2b: Part V. line 4: Part X.	line	
) Dai	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	ddition	al information.		
-	we V ETN 40 Footpoto				
	TIV A FIN 40 FOOLIOCE		*****		***************************************
ጥት	ne Coalition for the Homeless, Inc., qualifi	ies	as a tax-exem	pt	
:				•	
01	rganization under Section 501(c)(3) of the 1	Inte	rnal Revenue	Code	and,
		•••••	.,	,	
ac	ecordingly, no provision for federal and sta	ate	income taxes	have	been made
	in the state of th				,
ir	these statements.				
• • • • •	F-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
Tł	ne Coalition's accounting policy provides th	nat	a tax expense	/ben	efit from
• • • •	***************************************				
ar	n uncertain tax position may be recognized w	vhen	it is more 1	ikel	y than not
					<b></b>
t.l	nat the position will be sustained upon exam	nina	tion, includi	ng r	esolution
οí	f any related appeals or litigation processe	es,	based on the	tech	nical
me	erits. Management believes the Coalition has	s no	uncertain ta	х ро	sitions
				• • • • <del>• • •</del> • • •	
re	esulting in an accrual of tax expense or ber	nefi	t.		
	and the state of t	• • • • • • •			
• • • • •	•••••••••••••••••••••••••••••••••••••••		• • • • • • • • • • • • • • • • • • • •	• · · · · · · ·	

Schedule D (Form 990) 2019 Coalition for the Homeless, Inc.	61-1118307	Page
Part XIII Supplemental Information (continued)		
Part XI, Line 2d - Revenue Amounts Included in Fi	nancials - Othe	er
Reclass ticket expense	\$	-582,724
		,
Part XII, Line 4b - Expense Amounts Included on F	Return - Other	
Reclass ticket expense	\$	582,724
	***************************************	
	************	
•		
	*************************	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
• • • • • • • • • • • • • • • • • • • •		
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	*************************	*******************************
		***************************************
		***********
	***************	

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

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization enswered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury

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

Open to Public

Name of the organization  Coalition for the	Homeless	Tno	٠		Employer Identifica	
Part I Fundraising Activities. Complete if Form 990-EZ filers are not required	f the organizat	ion ar	ISWE	ered "Yes" on Form 9		
Indicate whether the organization raised funds through any				eck all that apply.		
				ernment grants		
<del></del>	f Solicitation					
	g Special fur	-				
d In-person solicitations	-p		,			
2a Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in c	any individual (incliconnection with pro	uding of	ificer al fui	s, directors, trustees, ndraising services?		Yes No
b If "Yes," list the 10 highest paid individuals or entities (fund compensated at least \$5,000 by the organization.		to agree	emen			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(lil) Did raiser l custod contro contribu	have ly or of of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (l)	(vi) Amount paid to (or retained by) organization
		Yes			coi. (i)	
1						
2						
		1_1				
3						
		1				
4						
5						
6						
7						
8						
9			$\dashv$			
10						=
Total			D			
List all states in which the organization is registered or licer registration or licensing.	nsed to solicit cont	ributions	s or h	nas been notified it is exem	pt from	
	•••••	•••••		•••••		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
• • • • • • • • • • • • • • • • • • • •						,,,

Schedule G (Form 990 or 990-EZ) 2019

Coalition for the Homeless, Inc. 61-1118307

Page 2

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

		gross receipts o	reater than \$5,000.	(b) Event #2	(c) Other events	
				• •		(d) Total events
			Bourbon Mixer (event type)	GiveAJam (event type)	(total number)	(add col. (a) through col. (c))
Jue 3			(aseist thbo)	(Grant sype)		
Revenue	1	Gross receipts	82,906	29,603		112,509
	2	Less: Contributions	20,026	18,362		38,388
		Gross income (line 1 minus line 2)	62,880	11,241		74,121
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs	3,148			3,148
Exper	7	Food and beverages	20,987			20,987
Direct Expenses	8	Entertainment	1,000			1,000
	9	Other direct expenses	50,518	6,467		56,985
	10	Direct expense summary.	Add lines 4 through 9 in column (d)		<b>.</b>	82,120
TOTAL ST	11	Not income automory Sub	trant line 10 from line 3 column (d)		🏲	-7,999
	ari	Gaming. Com \$15,000 on Fo	plete if the organization ans rm 990-EZ, line 6a.	wered Yes Off Form 990, r	ait iv, line 19, of repo	rted more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue	302,434	1,613,358		1,915,792
ses	2	Cash prizes	342,283	1,240,889		1,583,172
хреп	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs	69,950			69,950
	5	Other direct expenses	88,145	16,430		104,575
	A	Volunteer labor	X Yes 85.00 %	X Yes 15.00 % No	Yes %	
			Add lines 2 through 5 in column (d)	The state of the s	<b>•</b>	1,757,697
	8	Net gaming income summa	ary. Subtract line 7 from line 1, colum	an (d)	<b>&gt;</b>	158,095
9 a			organization conducts gaming activiti conduct gaming activities in each of t			
b	lf "t	No," explain:		,		
1ก∞	We	re any of the orospization's	gaming licenses revoked, suspender			
		Yes," explain:	Security increases to tallock analysises	.,		
		*****				

Schedule G (Form 990 or 990-EZ) 2019

Sche	dule G (Form 990 or 990-EZ) 2019	Coalition	for	the	Homeless,	Inc.	61-1118	330	7	-	Page 3
11	Does the organization conduct gaming act				******				X	Yes	No
12	Is the organization a grantor, beneficiary of	r trustee of a trust, o	r a memi	ber of a p	cartnership or other e	entity					
	formed to administer charitable gaming?									Yes	X No
13	Indicate the percentage of gaming activity	conducted in:					r	ı			
a	The organization's facility	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,		13a	10	0.0	10 %
b	An outside facility			,			L	13b			%
14	Enter the name and address of the person records:	who prepares the o	rganizati	on's garr	ning/special events be	ooks and					
	Name ► Jennifer Haggard 5001 Stephan Dr	i ve	<b></b>			.,	***************************************				
	Address Louisville						KY 40258				
15a	Does the organization have a contract with revenue?								П	Yes	X No
h	If "Yes," enter the amount of gaming reven	ue received by the o	roanizati	on <b>▶</b>	\$		and the	• • • •			
U	amount of gaming revenue retained by the					***********	•				
С	If "Yes," enter name and address of the thi		•••••								
	·										
	Name >							. <b>.</b>			
	Address >							• • • • • •			
16	Gaming manager information:										
	Name ▶ Jennifer Haggard				,						
	Gaming manager compensation ▶ \$	13,2	81								
	Description of services provided				,,		***************************************				
	Director/officer X Emplo	учее []	Indeper	ndent co	ntractor						
47	B. dan alabam r aliasolla, plana e										
17	Mandatory distributions: Is the organization required under state law	rto make charitable	distributi	ons from	the gaming proceed	is to					
a									□ '	Yes	X No
b	Enter the amount of distributions required	under state law to be	distribu	ted to oth	ner exempt organizati				-		_
	spent in the organization's own exempt act	ivities during the tax	vear 🕨	\$							
Pa	Supplemental Informat Part III, lines 9, 9b, 10b, See instructions.	ion. Provide the	e expla	anation	ns required by Pa oplicable. Also p	art I, line i rovide an	2b, columns (iii) a y additional inforr	and (\ matio	/); a n.	nd	
	••••••••••										
										,	
				- · · · · · · · · ·						· · · · · ·	• • • • • •
· • • • • •		,		· · · · · · · · · · ·				•••••	<i></i>		
		4		• • • • • • • • • • • • • • • • • • • •					• • • • • •		
· ••••											
							Schedule G (Forr	n 990	or 99	U-EZ	) 2019

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104548 05/13/2021 1:46 PM SCHEDULE 1 (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete If the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Public 2010 Inspection

OMB No. 1545-0047

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Employer Identification number X Yes 61-1118307 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Go to www.irs.gov/Form990 for the latest information. The selection of the face to award the grants of assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Inc Coalition for the Homeless, General Information on Grants and Assistance the selection criteria used to award the grants or assistance? ...... Department of the Treasury Internal Revenue Service Name of the organization Parti E TEA

(h) Purpose of grant or assistance Enter total number of section 501(c)(3) and government organizations fisted in the line 1 table noncash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 187,043 22,323 271,442 354,717 190,913 557,484 (d) Amount of cash grant (c) IRC section (if applicable) 501c3 501c3 501c3 501c3 501c3 501c3 (b) EIN 40206 KY 40212 40203 40202 40209 40201 (a) Name and address of organization X X X 700 E Muhammad Ali Blvd 1100 East Market Street 2215 Portland Aveneue (2) Home of the Innocents or government Family Health Center 4709 Allmond Avenue (5) St. Vincent de Paul 1022 S 6th Street St. John Center P. O. Box 1927 (3) House of Ruth (6) Wellspring Louisville Louisville Louisville Louisville Louisville Louisville 8 8 9

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2019)

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Schedule (Form 990) (2019) Coalition for the Homeless, Inc. 61-1118307  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.	c the Homeless, Domestic Individuals onal space is needed.	s, Inc. 63 als. Complete if the c	61–1118307 e organization answere	d "Yes" on Form 990, Par	Page 2 use 1 line 22.
(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		1,245,114			
2					
3					The state of the s
4					
5					
Ş					
Part IV Supplemental Information. Provide the information required in Part I, line	vide the information r	equired in Part I, line	2; Part III,	column (b); and any other additional information	al information.
					Schedule I (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Coalition for the Homeless, Inc.

Employer identification number 61–1118307

Form 990 - Organization's Mission or Most Significant Activities
The mission of the Coalition for the Homeless is to advocate for people who
are homeless and for the prevention and elimination of homelessness. The
Coalition for the Homeless has been the voice of homelessness in Louisville
for more than a quarter of a century. 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 )Coordinate the community response to homelessness
through efficient use of resources and funding.
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

Page 1 of 1

ORIGINAL COPY FILED SECRETARY OF STATE OF KENTUCKY,

ARTICLES OF INCORPORATION

MAY 22 1983 10

0F

Drefelf & Davis

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.  $\bigvee$ 

#### 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:

- 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;
- 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.

 $\mathbf{q} = m \, \mathcal{E}_{\mathbf{q}} \cdot \mathbf{q} \, \mathbf{e}_{\mathbf{q}}$ 

Emp 234 P. 184

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:

- Larry Otto
   420 South Second Street
   Louisville, Kentucky 40202
- Jim Gilmore
   323 W. Broadway
   Louisville, Kentucky 40202
- 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:

- Larry Otto, President
   421 South Second Street
   Louisville, Kentucky 40202
- Jim Gilmore, Vice President Brown Building, Suite 615 323 West Broadway Louisville, Kentucky 40202
- 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
- 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) impermissable under Section 501(c)(3) of the Internal Revenue Code of 1954 and amendments, applicable to corporations exempt from federal income tax or
- b) impermissable under Section 170(c)(2) of the Internal Revenue Code of 1954 and amendments, applicable to corporations which can receive tax deductable 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.

STATE OF KENTUCKY COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority personally appeared Florence C 1tto, James H. Silmone, gr. + alpanes ned limite, 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 1672 day of

My Commission Expires: Inly 9,1987

KENTUCKY

THIS DOCUMENT PREPARED BY:

LAURA M. DOUGLAS, ATTORNEY-AT-LAW

Legal Aid Society, Inc. 425 W. Muhammad Ali Blvd. Louisville, Kentucky 40202

1 out 354 pg

Form W-9

# Request for Taxpayer Identification Number and Certification

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

Ti	Name (as shown on your income tax return). Name is required on this line	1950年 - 17 - 17 - 17 - 17 - 17 - 17 - 17 - 1
	The Costition for the Home	less, Inc.
2	Business name/disregarded entity name, if different from above	
3	Check appropriate box for federal tax classification of the person whose following seven boxes.	name is entered on line 1. Check only one of the discernations (codes apply only to certain entities, not including see instructions on page 3):
15 1	☐ Individual/sole proprietor or	
Specific instructions on page 3.	Limited liability company. Enter the tax classification (C=C corporation Note: Check the appropriate box in the line above for the tax classification. LLC if the LLC is classified as a single-member LLC that is disregarded another LLC that is not disregarded from the owner for U.S. federal to is disregarded from the owner should check the appropriate box for till.  Other (see instructions)	cation of the aingle-member owner. Do not check Exemption from FATCA reporting and from the owner unless the owner of the LLC is accept the code (if any) 50/(c) 3
<b>&amp;</b>	5 Address (number, street, and apt. or suite no.) See instructions.  1300 S. 4+16 S+1, S+2.  8 City, state, and ZIP code	Requester's name and address (optional)
L	LOUISVIIIE, KY 402.08 The account number(a) here (options)	
an	Taxpayer Identification Number (TIN)	14 (14 (14 (14 (14 (14 (14 (14 (14 (14 (
siden tities V. lat	o withholding. For Individuals, this is generally your social security at alien, sole proprietor, or disregarded entity, see the instructions s, it is your employer identification number (EIN). If you do not have ter.  If the account is in more than one name, see the instructions for line or To Give the Requester for guidelines on whose number to enter.	for Part I, later. For other a a number, see How to get a  or  1. Also see What Name and Employer Identification number
?art	Certification	
nder	penalties of perjury, I certify that:	
Service I am	vice (IRS) that I am subject to backup withholding as a result of a fa onger subject to backup withholding; and n a U.S. citizen or other U.S. person (defined below); and FATCA code(s) entered on this form (if any) indicating that I am ex- ication instructions. You must cross out item 2 above if you have bee ave falled to report all interest and dividence on your tax return. For rea	backup withholding, or (b) I have not been notified by the internal Hevenue allure to report all interest or dividends, or (c) the IRS has notified me that I am
ign iere		Date + 04/04/2021
iei	neral Instructions	Form 1099-DIV (dividends, including those from stocks or mutual funds)
ectio oteci	on references are to the Internal Revenue Code unless otherwise	Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
utur	re developments. For the latest information about developments in the form W-9 and its instructions, such as legislation enacted they were published, go to www.irs.gov/FormW9.	Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) Form 1099-S (proceeds from real estate transactions)
	pose of Form	Form 1099-K (merchant oard and third party network transactions)
un Ind Inform denti SSN)	dividual or entity (Form W-9 requester) who is required to file an mation return with the IRS must obtain your correct taxpayer iffication number (TIN) which may be your social security number (), individual taxpayer identification number (TTN), adoption ayer identification number (ATIN), or employer identification number (at the amount paid to you, or other untreportable on an information return. He amount paid to you, or other interportable on an information return. Examples of information ne include, but are not limited to, the following.	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 allan), 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.



### Department of Veterans Affairs - Stand Down

TO:

**Project Homeless Connect/Stand Down Planning Committee** 

FROM:

**Jamie Watts** 

DATE:

December 3, 2015

SUBJECT:

2015 Evaluation

Project Homeless Connect/Stand Down was held at the Salvation Army on October 7, 2015. A total of 560 clients came through the front door. Of these it was confirmed that 133 identified themselves as serving in the military and that 7 of those were sleeping out. There were 76 non-Veterans who identified as sleeping out.

There were over 50 vendors and/or booths, a Veterans medical room, civilian medical room, eye exams, TARC transportation, state ID's, food, backpacks, hygiene kits, and common assessment screenings completed.

# Participating community partners were as follows:

Brain Injury Alliance of Kentucky

Common Assessment - Phoenix

Community Action

Coventry Cares of KY

Department of Veteran Affairs -Compensation and Pension Benefits (Regional Office)(VBA)

Health Department - HIV Testing

**Humana Care Source** 

Interlink Counseling Service Inc.

Internal Revenue Service - Taxpayer Advocate

Kentucky Department of Veterans Affairs (KDVA)

Kentucky Lions Eye Foundation

Kynect - Phoenix

Louisville Free Public Library

Louisville Health Department

Metro United Way 211

Mountain Comprehensive Care Center/Veterans Transition Center

Neighborhood Place - Social Service Collaborative

Office for Women - Louisville Metro Government

Phoenix Family Health Center

Phoenix Family Health Center - Dental

Phoenix Family Health Center (CAB)

Phoenix Health Care for the Homeless - Consumer Advisory Board

Phoenix Health Center - Social Service s

Robley Rex VAMC - Compensated Work Therapy

Robley Rex VAMC Chaplain Service

Robley Rex VAMC LGBT Services

Robley Rex VAMC - PTSD and MST Programs

Robley Rex VAMC Eligibility

Robley Rex VAMC Healthcare for Homeless Veterans

Robley Rex VAMC Homeless Community Employment Coordinator

Robley Rex VAMC Medical

Robley Rex VAMC OEF/OIF/OND Program

Robley Rex VAMC Substance Use Disorder Program

Robley Rex VAMC Suicide Prevention Program

Robley Rex VAMC Veterans Justice Outreach

Salvation Army

St. John Day Center

St. Vincent De Paul

The Center for Promotion of Recovery and Resilience of Traumatized Children and Youth

Together We Stand Ministry

VET Center of Louisville

Veteran Voices of Kentuckiana – Consumer Council

Veterans' Outreach

VOA Homeless Veteran Reintegration Program (HVRP)

VOA Supported Services for Veteran Families (SSVF)

Volunteers of America - HIV services

Wayside Christian Mission

WellCare Health Plans, Inc., Community Advocate

YMCA Safe Place Service

Participants utilized almost all services offered but were especially interested in healthcare, eye exams, driver's license / ID's, give aways, housing, and employment.

#### **Exit Interviews**

Number of people through the door -560

133 Veteran (7 reported sleeping out, down from 25 last year) -24% 90 completed exit interviews.

Of the 133 Veterans, 38 were housed and 65 were in GPD beds.

427 Non-Veteran participants (76 reported sleeping out) 283 completed exit interviews

# 1. Did you get what you came for

95% - Yes

If not, what were you looking for?

Shoes

Underwear

**Sweatshirts** 

Clothing

**Employment Opportunities** 

Booze

Satisfaction with individual areas:	Very satisfied	Satisfied	Not Satisfied	No Opinion/Didn't use
Health Services	66%	29%	1%	4%
Community Services	67%	29%	3%	1%
Security Services	60%	30%	4%	0%
People who served you	73%	27%	0%	0%
Veterans Resources	75%	7%	0%	5%

1. If you could change one thing about today, what would it be?

Breakfast
I don't know
Me
Too crowded
Homelessness
Security needs improving
Give away coats
Would like to volunteer next year
Would be better outside, not so crowded
Hallways are too tight
Configure service areas better
More notice or information
Extend services to Vets who served in boot camp
only

Almost all participants were Satisfied or Very Satisfied with the event. Themes that came from the suggestions were the following:

Tight hallways, too crowded

Vendors / Booths were sent a follow up survey for their suggestions. Eleven responses were received.

- Did you receive accurate information about registration and event?
   10 Yes 1 No- It would have been helpful to know where tables for resources were to be situated. Different from last year. I went to the area from last year with no direction and had to ask several people where to go.
- Did you have what you needed at the event?
   10 Yes 1 No If the area / tables were not closed in. Had to walk all the way around to get to seating area.
- 3. Do you think the set-up of the event was conducive to reaching the clients? 10 Yes 1 No Better structure in previous years where clients were evaluated based on needs, were mandated to apply for resources, and verified to get free resources, back packs, socks, etc.

4. Is there anything else you would suggest that we could do better or different next year?

The set up wasn't as structured or productive as previous years. It should be clearly stated where volunteers and resources workers are to be seated. Agenda? Map? Maybe

Set up for Veterans seemed blocked in - not easy access for providers to get in and out of area - My first event - was impressed - great event.

More coffee and water more accessible to volunteers.

8 responses had no other suggestions

All "no" responses came from the same feedback form.

## Committee members feedback for next year (add additional comments from 12/3/15 meeting)

- Haircuts Barber school attended Indiana Stand Down and would like to offer services for Louisville's Stand Down
- Add Athena's Sisters to the planning committee
- Separate VA and non-VA give away areas
- · More signage with arrows
- Reconfigure medical hallway or move services out too many people waiting in hallway

		<u>ID's</u>					
The total cost was \$	. There were	one vear IDs.	_ four year IDs and	renewals.			



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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www.baldwincpas.com

#### 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		<b>5</b> 7		-
Prepaid expenses		<b>2</b> 3,572		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	<b>,</b>	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	<b></b>	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	Total	Without Donor Restrictions	With Donor Restrictions	Total
Revenue and Support			- CARROL MANAGEM WAS AND A STATE OF THE STAT			The same of the sa
Grants and contributions	\$ 4,175,076	\$ 627,582	\$ 4,802,658	\$ 4,271,850	\$ 243,778	\$ 4,515,628
Charitable gaming revenue, net	158,095		158,095	195,079		195,079
Membership dues	80,079		80,079	79,630	1	79,630
Special event revenue, net	30,389	•	30,389	67,727	1	67,727
Investment income, net	43,694	1	43,694	18,464	1	18,464
Other income	68,248	,	68,248	12,785	***	12,785
	4,555,581	627,582	5,183,163	4,645,535	243,778	4,889,313
Net Assets Keleased from Kestrictions Restrictions satisfied by payments	231,463	(231,463)	german.	198,957	(198,957)	3
Total Revenue and Support	4,787,044	396,119	5,183,163	4,844,492	44,821	4,889,313
<b>Expenses</b> Program services	4,222,792	ı	4,222,792	4,305,267	1	4,305,267
Management and general	199,820	•	199,820	139,106	1	139,106
Fundraising	173,339	•	173,339	145,259	1	145,259
Total Expenses	4,595,951	1	4,595,951	4,589,632	Hillian in the Archive	4,589,632
Change in Net Assets	191,093	396,119	587,212	254,860	44,821	299,681
Net Assets at Beginning of Year	1,028,864	158,275	1,187,139	774,004	113,454	887,458
Net Assets at End of Year	\$ 1,219,957	\$ 554,394	\$ 1,774,351	\$ 1,028,864	\$ 158,275	\$ 1,187,139

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

		20	2020			2019	19	
	Program	Management			Program	Management		
	Services	and General	Fundraising	Total	Services	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	
Federal awards - subrecipients	2,829,036	t	I	2,829,036	2,851,128	r		2,851,128
Stand down program	6,201	;	1	6,201	6,833	1	ı	6,833
Shelter assistance	65,314	t	£	65,314	65,313	1	1	65,313
Special project expenses	107,048	1	t	107,048	146,877	,	ı	146,877
Other assistance	151,401	,	ı	151,401	264,396	3	1	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	ı	18,664	,	18,664	r	3,370	ţ	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	ı	36,928	58,745	5,129	ţ	63,874
Dues and subscriptions	ı	2,729	1	2,729	ī	2,563	ı	2,563
Depreciation	3,448	534	624	4,606	337	21	58	416
Professional fees	71,322	21,439	1	92,761	69,502	70,666	1	140,168
Miscellaneous	•	6,789	1	6,789	1	4,870	1	4,870
Direct special event expenses	1	\$	82,120	82,120	1	3	87,176	87,176
Total expenses	4 222 792	199 820	255.459	4 678 071	4 305 267	130 108	220 435	A 878 808
Less: Direct special event expenses		1	(82,120)	(82,120)	1	2	(87,176)	(87,176)
			WHITE STATE OF THE					***************************************
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 Adjustments to reconcile change in net assets	\$	587,212	\$ 299,681
to net cash provided by operating activities:  Depreciation  Realized and unrealized gain on investments		4,606 (36,997)	416 (13,850)
(Increase) decrease in operating assets:  Grants receivable		124,238	40,540
Promises to give Inventory		10,658 (57)	4,844 38
Prepaid expenses Increase (decrease) in operating liabilities:		(13,958)	(5,285)
Accounts payable Accrued expenses and withholdings	******	114,903 18,447	(21,413) 14,363
Net Cash Provided by Operating Activities		809,052	 319,334
Cash Flows from Investing Activities Purchase of investments Purchase of property and equipment	decessorement	(252,378) (80,586)	(81,228)
Net Cash Used by Investing Activities		(332,964)	 (81,228)
Cash Flows from Financing Activities Proceeds from loan payable		65,000	**************************************
Net Cash Provided by Financing Activities		65,000	 _
Net Increase in Cash Cash, Beginning of Year		541,088 557,485	 238,106 319,379
Cash, End of Year	\$	1,098,573	\$ 557,485

#### 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:

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

<u>Net assets with donor restrictions</u>: 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.

#### 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.

#### 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.

#### 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

<u>Cash</u> - 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.

#### 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:

								Total
		Level 1	Le	evel 2	Le	evel 3	F	air Value
June 30, 2020	. —				-		-	
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		**			W	88,019
	\$	772,493	\$	-	\$	_	\$	772,493
June 30, 2019								
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	***************************************				30744-0-1111	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.

#### 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:

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

#### Note 5 - Property and Equipment

Property and equipment and total accumulated depreciation are as follows:

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

#### Note 6 - Loan Pavable

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

#### 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,	F	\mount
2021	\$	-
2022		65,000
	\$	65,000

#### 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
	\$	554,394	\$ 158,275

#### 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.

#### 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 2022 2023 2024 2025	\$ 137,622 137,622 137,622 137,622 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 Ticket expense	\$	636,656 (582,724)	\$ 406,636 (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.

#### 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	A 4 505 677	A 4000 FDT
expenditure within one year	<u>\$ 1,602,975</u>	<u>\$ 1,303,527</u>

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.

#### 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

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

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.



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### 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



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### 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 Statement of Change of Principal Office

File Statement of Change of registered Agent / Registered Address

**Printable Forms** 

**Additional Services** 

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 Standing A - Active G - Good

State

KY

File Date

5/22/1986 5/22/1986

Organization Date
Last Annual Report

2/10/2021

**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**

Chairman

Maria Schaefer

CEO

Natalie Harris

... .. .

Kim Cordell Fife

Vice Chairman

Andy Patterson

Secretary

Caroline Heine

Treasurer

Caroline Heine

Director Director

Andy Patterson

Director	Natalie Harris
Director	Jennifer Baldwin
Director	Maria Schaefer
Director	Kim Cordell Fife
CFO	Jennifer Baldwin

#### Individuals / Entities listed at time of formation

Director

IncorporatorLARRY OTTOIncorporatorJIM GILMORE

Incorporator ALPHONSO O'NEIL WHITE

#### Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Annual Report	2/10/2021	1 page	PDF	
Annual Report	1/7/2020	1 page	PDF	
Annual Report Amendment	3/11/2019	1 page	PDF	
Annual Report	2/5/2019	1 page	PDF	
Annual Report	1/17/2018	1 page	PDF	
Annual Report	2/8/2017	1 page	PDF	
Annual Report	2/9/2016	1 page	PDF	
Annual Report	2/6/2015	1 page	PDF	
Annual Report	1/27/2014	1 page	PDF	
Annual Report	1/11/2013	1 page	PDF	
Principal Office Address Change	1/11/2012 12:32:24 PM	1 page	PDF	
Annual Report	1/11/2012	1 page	PDF	
Registered Agent name/address	1/25/2011 12:02:01 PM	1 2220	PDF	
change	1/23/2011 12.02.01 FW	1 page	FDF	
Annual Report	1/25/2011	1 page	PDF	
Annual Report	1/21/2010	1 page	PDF	
Annual Report	3/30/2009	1 page	PDF	
Annual Report	8/11/2008	1 page	PDF	
Annual Report	2/20/2007	1 page	tiff	PDF
Annual Report	1/31/2006	1 page	PDF	
Annual Report	2/11/2005	1 page	PDF	
Annual Report	8/25/2003	1 page	tiff	PDF
Annual Report	7/2/2002	1 page	tiff	PDF
Annual Report	8/15/2001	1 page	tiff	PDF
Annual Report	7/6/2000	4 pages	tiff	PDF
Annual Report	8/17/1999	5 pages	tiff	PDF
Statement of Change	7/21/1999	1 page	tiff	PDF
Letters	1/28/1999	1 page	tiff	PDF
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Statement of Change	7/3/1997	1 page	tiff	PDF
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Annual Report	7/1/1996	3 pages	tiff	PDF
Annual Report	7/1/1995	2 pages	tiff	PDF
Statement of Change	5/26/1994	1 page	tiff	PDF
Annual Report	4/20/1994	1 page	tiff	PDF
Annual Report	4/5/1993	1 page	tiff	PDF
Annual Report	3/25/1992	1 page	tiff	PDF
Statement of Change	3/16/1992	1 page	tiff	PDF
Annual Report	7/1/1991	2 pages	tiff	PDF
Annual Report	7/1/1990	3 pages	tiff	PDF
Annual Report	7/1/1989	2 pages	tiff	PDF
Articles of Incorporation	5/22/1986	7 pages	tiff	PDF
Articles of Incorporation	5/22/1986	7 pages	tiff	PDF

### **Assumed Names**

### **Activity History**

Filing	File Date	Effective Date	Org. Referenced
Annual report	2/10/2021 11:47:05		
Annual report	AM 1/7/2020 11:18:08 AM	AM 1/7/2020 11:18:08 AM	
Amendment to annual report	3/11/2019 10:55:11 AM	3/11/2019 10:55:11 AM	
Annual report	2/5/2019 2:05:46 PM	2/5/2019 2:05:46 PM	
Annual report	1/17/2018 2:10:31 PM	1/17/2018 2:10:31 PM	
Annual report	2/8/2017 2:40:08 PM	2/8/2017 2:40:08 PM	
Annual report	2/9/2016 12:04:13 PM	2/9/2016 12:04:13 PM	
Annual report	2/6/2015 1:44:44 PM	2/6/2015 1:44:44 PM	
Annual report	1/27/2014 2:59:52 PM	1/27/2014 2:59:52 PM	
Annual report	1/11/2013 12:34:01 PM	1/11/2013 12:34:01 PM	
Annual report	1/11/2012 12:40:16 PM	1/11/2012 12:40:16 PM	
Principal office change	1/11/2012 12:32:24 PM	1/11/2012 12:32:24 PM	
Registered agent address change	1/25/2011 12:02:01 PM	1/25/2011 12:02:01 PM	
Annual report	1/25/2011 11:58:11 AM	1/25/2011 11:58:11 AM	
Annual report	1/21/2010 2:56:23 PM	1/21/2010 2:56:23 PM	
Annual report	3/30/2009 9:46:38 AM	3/30/2009 9:46:38 AM	
Annual report	8/11/2008 12:00:58 PM	8/11/2008 12:00:58 PM	
Annual report	2/20/2007 7:34:13 AM	2/20/2007	

Annual report	1/31/2006 12:03:34 PM	1/31/2006 12:03:34 PM
Annual report	2/11/2005	2/11/2005
Annual report	6/1/2004	6/1/2004
Registered agent address change	e7/21/1999	7/21/1999
Principal office change	2/1/1999	2/1/1999
Annual report	7/3/1997	7/3/1997
Registered agent address change	e7/3/1997	7/3/1997

### **Microfilmed Images**

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Annual Report	8/17/1999	5 pages
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