

**Tracking Number**  
2025033279



OFFICE OF THE ATTORNEY GENERAL  
STATE OF ILLINOIS

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

KWAME RAOUL  
ATTORNEY GENERAL

## Report Section

**Fiscal Year Beginning**

7/1/2024

**Fiscal Year Ending**

6/30/2025

**Is this a final report?**

Yes  No

**Name of Organization**

CHICAGO COALITION TO END HOMELESSNESS

**Mailing Address**

70 E. LAKE STREET #720  
CHICAGO, IL 60601

**FEIN**

363292607

**Email Address**

doug@chicagohomeless.org

**Are contributions to the organization tax-deductible?**

Yes  No

**Date organization was created**

9/10/1982

**BEGINNING OF THE YEAR ASSETS**

\$ 11,898,948.00

**YEAR END ASSETS**

**A) Assets**

\$ 13,149,204.00

**B) Liabilities**

\$ 1,539,025.00

**C) Net Assets**

\$ 11,610,179.00

**I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:**

	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV. (GROSS AMTS.)	91.8%	\$ 6,399,850.00
E) GOVERNMENT GRANTS AND MEMBERSHIP DUES	0.52%	\$ 36,297.00
F) OTHER REVENUES	7.68%	\$ 535,505.00
G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E & F)	100%	\$ 6,971,652.00

**II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:**

	PERCENTAGE	AMOUNT
H) OPERATING CHARITABLE PROGRAM EXPENSE	66.32%	\$ 4,419,493.00
I) EDUCATION PROGRAM SERVICE EXPENSE	0%	\$ 0.00
<b>J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H &amp; I)</b>	66.32%	\$ 4,419,493.00
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J)		\$ 0.00
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	21.08%	\$ 1,405,000.00
<b>L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J &amp; K)</b>	87.4%	\$ 5,824,493.00
M) MANAGEMENT AND GENERAL EXPENSE	3.67%	\$ 244,348.00
N) FUNDRAISING EXPENSE	8.93%	\$ 595,391.00
<b>O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, &amp; N)</b>	100%	\$ 6,664,232.00

**III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:**

(Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.)

PROFESSIONAL FUNDRAISERS:	PERCENTAGE	AMOUNT
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100%	\$ 0.00
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	0%	\$ 0.00
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	100%	\$ 0.00

**PROFESSIONAL FUNDRAISING CONSULTANTS:**

S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		\$ 0.00
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**IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:**

Did this organization have any paid personnel during the reporting period?

Yes  No

**T) Title:** EXECUTIVE DIRECTOR **Name:** DOUG SCHENKELBERG **Amount:** \$ 162,441.00

**U) Title:** LAW PROJECT DIRECTOR **Name:** PATRICIA NIX-HODES **Amount:** \$ 155,508.00

**V) Title:** DIRECTOR OF STATE LEGISLATION **Name:** NIYA KELLY **Amount:** \$ 145,230.00

**V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES**

**W) Description:** BRING CHICAGO HOME - SINCE 2018, CCH HAS BEEN A LEAD PARTNER OF BRING CHICAGO HOME (BCH), WHICH UNITES COMMUNITY ORGANIZATIONS, ELECTED OFFICIALS, AND PEOPLE IMPACTED BY HOMELESSNESS. TOGETHER, WE ADV **Code:** 090 Legal Services and legal Aid

**X) Description:** LAW: EDUCATIONAL RIGHTS - THE LAW PROJECT PROVIDES FREE LEGAL ASSISTANCE TO PEOPLE EXPERIENCING OR AT RISK OF HOMELESSNESS. THROUGH THE EDUCATIONAL RIGHTS INITIATIVE, LAW PROJECT STAFF HELP STUDENTS W **Code:** 090 Legal Services and legal Aid

**Y) Description:** **Code:** Page 2 of 5

LAW: YOUTH FUTURES - CCH'S LEGAL AID PROGRAM, THE LAW PROJECT, RUNS YOUTH FUTURES, A MOBILE CLINIC FOR YOUTH AGES 14-24. YOUTH FUTURES HELPS YOUNG PEOPLE WITH PRESSING LEGAL NEEDS, INCLUDING ACCESS TO

090 Legal  
Services and  
legal Aid

THE QUESTIONS BELOW ARE APPLICABLE TO THE CURRENT REPORTING PERIOD. IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:

1. Was the organization the subject of any court action, fine, penalty or judgment?

Yes  No

2. Did the organization make a grant award or contribution to any organization in which any of its officers, directors or trustees owns an interest; or was it a part to any transaction in which any of its officers, directors or trustees has a material financial interest; or did any officer, director or trustee receive anything of value not reported as compensation?

Yes  No

3. Has the organization invested in any corporate stock in which any officer, director or trustee owns more than 10% of the outstanding shares?

Yes  No

4. Is any property of the organization held in the name of or commingled with the property of any other person or organization?

Yes  No

5. Did the organization use the services of a professional fundraiser? ( attach form IFC )?

Yes  No

6a. Did the organization allocate the cost of any solicitation, mailing, advertisement or literature costs between program service and fundraising expenses?

Yes  No

7. Did the organization expend its restricted funds for purposes other than restricted purposes?

Yes  No

8. Has the organization ever been refused registration or had its registration or tax exemption suspended or revoked by any governmental agency?

Yes  No

9. Did the organization learn or become aware of any kickback, bribe or any theft, defalcation, misappropriation, commingling or misuse of organizational funds in the current or previous fiscal years?

Yes  No

10. List the name and address of the financial institutions where the organization maintains its three largest accounts:

Name	ATTN	Address Line 1	Address Line 2	City	State	Postal Code
FIFTH THIRD BANK		38 FOUNTAIN SQUARE PLAZA		CINCINNATI	OH	45263
ROCKEFELLER INVESTMENTS		227 WEST MONROE STREET	SUITE 2050	CHICAGO	IL	60606
AMERICAN COMMUNITY BANK		381 SOUTH MAINE STREET	PO BOX 2788	CRYSTAL LAKE	IL	60039

Provide name and telephone number of contact person:

Name:  
DOUG SCHENKELBERG

Telephone Number:  
(312) 641-4140

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## Signature

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Under penalty of perjury, I (we), the undersigned declare and certify that I (we) have examined this annual report and the attached documents, including all the schedules and statements, and the facts therein stated are true and complete and filed with the Illinois Attorney General for the purpose of having the people of the State of Illinois rely thereupon. I hereby further authorize and agree to submit myself and the registrant hereby to the jurisdiction of the State of Illinois.

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Signed Electronically: Richard Ducatenzeiler

**Date:** 12/05/2025

**Title:** President

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Signed Electronically: Shapelle Pisano

**Date:** 12/10/2025

**Title:** Treasurer

# Return of Organization Exempt From Income Tax

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

Department of the Treasury  
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

2024

Open to Public  
Inspection

<b>A For the 2024 calendar year, or tax year beginning</b> 7/01		<b>, 2024, and ending</b> 6/30		<b>, 2025</b>	
<b>B Check if applicable:</b> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C</b> <b>CHICAGO COALITION TO END HOMELESSNESS</b> <b>70 EAST LAKE STREET #720</b> <b>CHICAGO, IL 60601</b>		<b>D Employer identification number</b> <b>36-3292607</b> <b>E Telephone number</b> <b>312-641-4140</b> <b>F Name and address of principal officer:</b> DOUG SCHENKELBERG <b>SAME AS C ABOVE</b>	
				<b>G Gross receipts</b> \$ <b>6,791,042.</b>	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>J Website:</b> <a href="http://WWW.CHICAGOHOMELESS.ORG">WWW.CHICAGOHOMELESS.ORG</a>		<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If "No," attach a list. See instructions.</small>		<b>H(c) Group exemption number</b>	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation:</b> 1982		<b>M State of legal domicile:</b> IL	

Part I Summary		
<b>Activities &amp; Governance</b>  <b>Revenue</b>  <b>Expenses</b>  <b>Net Assets or Fund Balances</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>CHICAGO COALITION TO END HOMELESSNESS (CCH) BUILDS COMMUNITY POWER AND ADVANCES RACIAL EQUITY THROUGH ORGANIZING, ADVOCACY, LEGAL ASSISTANCE, AND EDUCATION TO PREVENT AND END HOMELESSNESS BECAUSE HOUSING IS A HUMAN RIGHT.</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>27</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>27</b>	
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a) ..... <b>5</b> <b>46</b>	
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>60</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b>	
	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>5,378,308.</b> <b>6,436,147.</b>	
	<b>9</b> Program service revenue (Part VIII, line 2g) ..... <b></b>	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>381,942.</b> <b>354,895.</b>	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b></b>	
<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>5,760,250.</b> <b>6,791,042.</b>		
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>410,577.</b> <b>1,488,308.</b>		
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b></b>		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>3,539,408.</b> <b>3,906,687.</b>		
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b></b>		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ..... <b>595,391.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>1,309,553.</b> <b>1,269,237.</b>		
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>5,259,538.</b> <b>6,664,232.</b>		
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>500,712.</b> <b>126,810.</b>		
<b>20</b> Total assets (Part X, line 16) ..... <b>11,898,948.</b> <b>Beginning of Current Year</b> <b>13,149,204.</b> <b>End of Year</b>		
<b>21</b> Total liabilities (Part X, line 26) ..... <b>596,189.</b> <b>11,302,759.</b> <b>1,539,025.</b>		
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>11,610,179.</b>		

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

<b>Sign Here</b>	 Signature of officer <b>DOUG SCHENKELBERG</b> <small>Type or print name and title</small>	<b>12/4/2025</b> <small>Date</small>	
		<b>EXECUTIVE DIR.</b>	

<b>Paid Preparer Use Only</b>	<b>Preparer's name</b> <b>MICHELLE RINGOLD</b>	<b>Preparer's signature</b>  <b>MICHELLE RINGOLD</b>	<b>Date</b> <b>12/4/2025</b>	<b>Check</b> <input type="checkbox"/> <b>if</b> <b>self-employed</b>	<b>PTIN</b> <b>P00777179</b>
	<b>Firm's name</b> <b>RINGOLD FINANCIAL MANAGEMENT SERVICES</b>				
	<b>Firm's address</b> <b>850 S WABASH AVE. STE 320</b> <b>CHICAGO, IL 60605</b>	<b>Firm's EIN</b> <b>36-4583118</b> <b>Phone no.</b> <b>708-478-5850</b>			

May the IRS discuss this return with the preparer shown above? See instructions .....  **Yes**  **No**



**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A .....	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I .....	3 X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II .....	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .....	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I .....	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .....	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III .....	8 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 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V .....	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI .....	11a X	
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .....	11b X	
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII .....	11c X	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX .....	11d X	
e 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 .....	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII .....	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .....	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	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV .....	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV .....	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 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions .....	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 gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III .....	19 X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .....	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	20b X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .....	21 X	

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V..... 

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.....	1a	55
1b	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.....	1b	0
1c	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....	1c	X

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

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

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

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

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. .... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	27	
1b	Enter the number of voting members included on line 1a, above, who are independent. ....	27	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ....		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? ....		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ....		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? ....		X
6	Did the organization have members or stockholders? .... SEE SCHEDULE O		
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? .... SEE SCHEDULE O		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ....		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? ....		
b	Each committee with authority to act on behalf of the governing body? ....		
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.		

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

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

### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	IL
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
	<input type="checkbox"/> Own website	<input type="checkbox"/> Another's website
	<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	SEE SCHEDULE O
20	State the name, address, and telephone number of the person who possesses the organization's books and records.	DOUG SCHENKELBERG 70 EAST LAKE ST, #720 CHICAGO IL 60601 (312) 641-4140

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organi- zations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(1) DOUG SCHENKELBERG EXECUTIVE DIR.	40 0		X				154,715.	0.	7,726.
(2) PATRICIA NIX-HODES DIR. OF LAW PROJ.	40 0			X			142,278.	0.	13,230.
(3) NIYA KELLY DIR. OF STATE LEG.	40 0			X			134,438.	0.	10,792.
(4) MICHAEL NAMECHE DIR. OF DEVELOPMEN	40 0			X			135,322.	0.	6,362.
(5) EDNA ALVAREZ DIR. OF COMMUNIC.	40 0			X			131,425.	0.	7,615.
(6) THELMA MORALES ADMIN. DIRECTOR	40 0			X			128,824.	0.	8,426.
(7) CHRIS SANDERS DIRECTOR	2 0	X					0.	0.	0.
(8) MICHAEL BAGLEY DIRECTOR	2 0	X					0.	0.	0.
(9) JESSICA STAIGER FIN CTE COCHAIR	2 0	X	X				0.	0.	0.
(10) RENAUDA RIDDLE FUND CTE COCHAII	2 0	X	X				0.	0.	0.
(11) ANGELA BARNES DIRECTOR	2 0	X					0.	0.	0.
(12) CHARLES JENKINS DIRECTOR	2 0	X					0.	0.	0.
(13) BRETT RAUSCH DIRECTOR	2 0	X					0.	0.	0.
(14) ZANOVIA TUCKER DIRECTOR	2 0	X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organi- zations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Former highest compensated employee			
(15) QUINTIN WILLIAMS DIRECTOR	2 0	X					0.	0.	0.
(16) MEGAN FINKELMAN FUND CTE COCHAI	2 0	X	X				0.	0.	0.
(17) SHANE HOPKIN DIRECTOR	2 0	X					0.	0.	0.
(18) KATIE OWENS MULCAHY RACIAL EQ. CC	2 0	X	X				0.	0.	0.
(19) CARONINA GRIMBLE DIRECTOR	2 0	X					0.	0.	0.
(20) JAQUIE ALGEE DIRECTOR	2 0	X					0.	0.	0.
(21) HOLLY O'HERN BD DEV CO CHAIR	2 0	X	X				0.	0.	0.
(22) BERNARD DYME DIRECTOR	2 0	X					0.	0.	0.
(23) MORGAN MALONE DIRECTOR	2 0	X					0.	0.	0.
(24) MEHER REHMAN DIRECTOR	2 0	X					0.	0.	0.
(25) SHAPELLE PISANO TREASURER	2 0	X	X				0.	0.	0.
<b>1b Subtotal</b>							<b>827,002.</b>	0.	<b>54,151.</b>
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>							<b>827,002.</b>	0.	<b>54,151.</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
EAST LAKE STREET ASSOCIATES, LLC 815 W VAN BUREN CHICAGO, IL 60607	LANDLORD	160,428.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1		

## Continuation Sheet for Form 990

2024

Department of the Treasury  
Internal Revenue Service

Name of the Organization

CHICAGO COALITION TO END HOMELESSNESS

Employer Identification number

36-3292607

**Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MELISSA CHRUSFIELD RACIAL EQ CO CH	2 0	X X		0.	0. 0.
(2) TRACI BECK DIRECTOR	2 0	X		0.	0. 0.
(3) NEAL SALES-GRIFFIN DIRECTOR	2 0	X		0.	0. 0.
(4) CARLA JOHNSON SECRETARY	2 0	X X		0.	0. 0.
(5) THOMAS LYSAUGHT DIRECTOR	2 0	X		0.	0. 0.
(6) AKEEM ANDERSON BOARD DEV CO CH	2 0	X X		0.	0. 0.
(7) RICHARD DUCATENZEILER PRESIDENT	2 0	X X		0.	0. 0.
(8) DAVID SWENDSEN DIRECTOR	2 0	X		0.	0. 0.
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
(18)					
(19)					
(20)					
(21)					

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ..... 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns .....	<b>1a</b>			
	<b>1b</b> Membership dues.....	<b>1b</b> 36,297.			
	<b>1c</b> Fundraising events.....	<b>1c</b> 177,113.			
	<b>1d</b> Related organizations .....	<b>1d</b>			
	<b>1e</b> Government grants (contributions) .....	<b>1e</b>			
	<b>1f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 6,222,737.			
	<b>1g</b> Noncash contributions included in lines 1a-1f.....	<b>1g</b> 61,543.			
	<b>h Total.</b> Add lines 1a-1f.....	<b>h</b> 6,436,147.			
<b>Program Service Revenue</b>		<b>Business Code</b>			
	<b>2a</b> -----	<b>2a</b>			
	<b>b</b> -----	<b>b</b>			
	<b>c</b> -----	<b>c</b>			
	<b>d</b> -----	<b>d</b>			
	<b>e</b> -----	<b>e</b>			
	<b>f</b> All other program service revenue.....	<b>f</b>			
	<b>g Total.</b> Add lines 2a-2f.....	<b>g</b>			
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	<b>3</b> 354,895.			<b>354,895.</b>
	<b>4</b> Income from investment of tax-exempt bond proceeds				
	<b>5</b> Royalties.....				
	<b>6a</b> Gross rents .....	<b>6a</b> (i) Real			
		<b>6b</b> (ii) Personal			
	<b>6c</b>				
	<b>d</b> Net rental income or (loss).....	<b>d</b>			
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b> (i) Securities			
	<b>b</b> Less: cost or other basis and sales expenses	<b>7a</b> (ii) Other			
	<b>c</b> Gain or (loss).....	<b>7b</b>			
	<b>d</b> Net gain or (loss).....	<b>7c</b>			
<b>Other Revenue</b>	<b>8a</b> Gross income from fundraising events (not including \$ <u>177,113.</u> of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>			
	<b>b</b> Less: direct expenses.....	<b>8b</b>			
	<b>c</b> Net income or (loss) from fundraising events .....				
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>			
	<b>b</b> Less: direct expenses.....	<b>9b</b>			
	<b>c</b> Net income or (loss) from gaming activities.....				
	<b>10a</b> Gross sales of inventory, less..... returns and allowances.....	<b>10a</b>			
	<b>b</b> Less: cost of goods sold....	<b>10b</b>			
	<b>c</b> Net income or (loss) from sales of inventory.....				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
	<b>11a</b> -----	<b>11a</b>			
	<b>b</b> -----	<b>b</b>			
	<b>c</b> -----	<b>c</b>			
	<b>d</b> All other revenue.....	<b>d</b>			
	<b>e Total.</b> Add lines 11a-11d.....	<b>e</b>			
	<b>12 Total revenue.</b> See instructions.....	<b>12</b> 6,791,042.	0.	0.	<b>354,895.</b>

**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. 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.....	1,405,000.	1,405,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	83,308.	83,308.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	162,441.	126,704.	19,493.	16,244.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	0.	0.	0.	0.
7 Other salaries and wages .....	2,937,302.	2,510,121.	129,312.	297,869.
8 Pension plan accrals and contributions (include section 401(k) and 403(b) employer contributions).....	123,947.	105,316.	6,184.	12,447.
9 Other employee benefits .....	682,997.	580,944.	37,775.	64,278.
10 Payroll taxes .....				
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c Accounting.....	90,933.	76,578.	4,462.	9,893.
d Lobbying.....				
e Professional fundraising services. See Part IV, line 17...				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.).....	16,296.	12,247.	191.	3,858.
12 Advertising and promotion .....	56,705.	4,432.	277.	51,996.
13 Office expenses .....	156,036.	128,316.	6,936.	20,784.
14 Information technology.....				
15 Royalties.....				
16 Occupancy.....	193,157.	162,458.	9,564.	21,135.
17 Travel.....	80,954.	76,449.	1,741.	2,764.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings.....				
20 Interest.....				
21 Payments to affiliates.....				
22 Depreciation, depletion, and amortization .....	114,402.	96,259.	5,639.	12,504.
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).....				
a <u>PROGRAMS AND ORGANIZING</u> .....	377,680.	330,720.	16,081.	30,879.
b <u>PRINTING AND PUBLICATIONS</u> .....	63,708.	54,401.	2,881.	6,426.
c <u>SPECIAL EVENTS</u> .....	46,436.	16,319.		30,117.
d <u>POSTAGE AND SHIPPING</u> .....	38,199.	31,364.	1,807.	5,028.
e All other expenses.....	34,731.	23,557.	2,005.	9,169.
25 Total functional expenses. Add lines 1 through 24e.....	6,664,232.	5,824,493.	244,348.	595,391.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).....				

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

		(A) Beginning of year		(B) End of year
	<b>Assets</b>			
1	Cash – non-interest-bearing.....	210,787.	1	384,468.
2	Savings and temporary cash investments.....	4,722,914.	2	4,554,033.
3	Pledges and grants receivable, net.....	360,665.	3	1,409,509.
4	Accounts receivable, net .....		4	
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
7	Notes and loans receivable, net.....		7	
8	Inventories for sale or use.....		8	
9	Prepaid expenses and deferred charges.....	107,096.	9	60,611.
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	596,697.		
b	Less: accumulated depreciation.....	296,730.	10b	318,369. 299,967.
11	Investments – publicly traded securities.....	5,802,349.	11	6,193,245.
12	Investments – other securities. See Part IV, line 11.....		12	
13	Investments – program-related. See Part IV, line 11.....		13	
14	Intangible assets.....		14	
15	Other assets. See Part IV, line 11.....	376,768.	15	247,371.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33).....	11,898,948.	16	13,149,204.
	<b>Liabilities</b>			
17	Accounts payable and accrued expenses.....	187,110.	17	1,247,759.
18	Grants payable .....		18	
19	Deferred revenue .....	20,859.	19	32,738.
20	Tax-exempt bond liabilities.....		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		22	
23	Secured mortgages and notes payable to unrelated third parties.....		23	
24	Unsecured notes and loans payable to unrelated third parties.....		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....	388,220.	25	258,528.
26	<b>Total liabilities.</b> Add lines 17 through 25.....	596,189.	26	1,539,025.
	<b>Net Assets or Fund Balances</b>			
	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b>	<input checked="" type="checkbox"/>		
27	Net assets without donor restrictions.....	9,268,652.	27	8,339,952.
28	Net assets with donor restrictions.....	2,034,107.	28	3,270,227.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b>	<input type="checkbox"/>		
29	Capital stock or trust principal, or current funds.....		29	
30	Paid-in or capital surplus, or land, building, or equipment fund.....		30	
31	Retained earnings, endowment, accumulated income, or other funds.....		31	
32	Total net assets or fund balances.....	11,302,759.	32	11,610,179.
33	Total liabilities and net assets/fund balances.....	11,898,948.	33	13,149,204.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. 

1 Total revenue (must equal Part VIII, column (A), line 12).....	1	6,791,042.
2 Total expenses (must equal Part IX, column (A), line 25).....	2	6,664,232.
3 Revenue less expenses. Subtract line 2 from line 1.....	3	126,810.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).....	4	11,302,759.
5 Net unrealized gains (losses) on investments.....	5	210,282.
6 Donated services and use of facilities.....	6	
7 Investment expenses.....	7	-29,672.
8 Prior period adjustments.....	8	
9 Other changes in net assets or fund balances (explain on Schedule O).....	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).....	10	11,610,179.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. 

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

**SCHEDULE A**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Name of the organization

CHICAGO COALITION TO END HOMELESSNESS

Employer identification number

36-3292607

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5,636,394.	6,279,861.	5,256,007.	5,378,308.	6,436,147.	28,986,717.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.....						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge....						0.
4 <b>Total.</b> Add lines 1 through 3....	5,636,394.	6,279,861.	5,256,007.	5,378,308.	6,436,147.	28,986,717.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..						0.
6 <b>Public support.</b> Subtract line 5 from line 4.....						28,986,717.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4.....	5,636,394.	6,279,861.	5,256,007.	5,378,308.	6,436,147.	28,986,717.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.....	56,637.	91,584.	139,314.	381,942.	354,895.	1,024,372.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.....						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) <b>SEE PART VI</b> .....	381,811.					381,811.
11 <b>Total support.</b> Add lines 7 through 10.....						30,392,900.
12 Gross receipts from related activities, etc. (see instructions).....					12	0.
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)).....	14	95.37 %
15 Public support percentage from 2023 Schedule A, Part II, line 14.....	15	95.41 %
16a <b>33-1/3% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization.....		<input checked="" type="checkbox"/>
b <b>33-1/3% support test—2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization.....		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2024.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.....		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test—2023.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.....		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. ....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513. ....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. ....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge. ....						
<b>6 Total.</b> Add lines 1 through 5. ....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. ....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. ....						
<b>c</b> Add lines 7a and 7b. ....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) ....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6. ....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. ....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. ....						
<b>c</b> Add lines 10a and 10b. ....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. ....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) ....						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)). ....	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15. ....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)). ....	17	%
18 Investment income percentage from <b>2023</b> Schedule A, Part III, line 17. ....	18	%
<b>19a 33-1/3% support tests—2024.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization.....	<input type="checkbox"/>	
<b>b 33-1/3% support tests—2023.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization.....	<input type="checkbox"/>	
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.....	<input type="checkbox"/>	

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	<b>Yes</b>	<b>No</b>
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> 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).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

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

a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?

b A family member of a person described on line 11a above?

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

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

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a  The organization satisfied the Activities Test. Complete **line 2** below.

b  The organization is the parent of each of its supported organizations. Complete **line 3** below.

c  The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

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

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

**Section A – Adjusted Net Income**

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

**Section B – Minimum Asset Amount**

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

**Section C – Distributable Amount**

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

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

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

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i> )	5
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	6
<b>7 Total annual distributions.</b> Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
<b>10 Line 8 amount divided by line 9 amount</b>	<b>10</b>

**Section E – Distribution Allocations (see instructions)**

	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019 .....			
b From 2020 .....			
c From 2021 .....			
d From 2022 .....			
e From 2023 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020 .....			
b Excess from 2021 .....			
c Excess from 2022 .....			
d Excess from 2023 .....			
e Excess from 2024 .....			

BAA

Schedule A (Form 990) 2024

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**PART II, LINE 10 - OTHER INCOME**

<u>NATURE AND SOURCE</u>	<u>2024</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>
FUNDRAISING					
TOTAL	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 381,811.</u>

**Schedule B  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

CHICAGO COALITION TO END HOMELESSNESS

Employer identification number

36-3292607

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. .... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

CHICAGO COALITION TO END HOMELESSNESS

Employer identification number

36-3292607

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE CROWN FAMILY PHILANTHROPIES 222 N. LASALLE ST., STE. 1000 CHICAGO, IL 60601	\$ 1,131,009.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A #1 N/A CHICAGO, IL 60603	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A #2 N/A CHICAGO, IL 60603	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A #3 N/A CHICAGO, IL 60603	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CHICAGO COALITION TO END HOMELESSNESS

Employer identification number

36-3292607

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

**Name of organization**

**NAME OF ORGANIZATION** CHICAGO COALITION TO END HOMELESSNESS

**Employer identification number**

36-3292607

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... \$ \_\_\_\_\_ N/A  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			

**SCHEDULE C**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Political Campaign and Lobbying Activities****For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**

OMB No. 1545-0047

**2024****Open to Public  
Inspection****If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:**

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

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

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

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

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

Name of organization

CHICAGO COALITION TO END HOMELESSNESS

Employer identification number (EIN)

36-3292607

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.****1** Provide a description of the organization's direct and indirect political campaign activities in Part IV.  
See instructions for definition of "political campaign activities."**2** Political campaign activity expenditures. See instructions. .... \$ .....**3** Volunteer hours for political campaign activities. See instructions.....**Part I-B Complete if the organization is exempt under section 501(c)(3).****1** Enter the amount of any excise tax incurred by the organization under section 4955. .... \$ .....**2** Enter the amount of any excise tax incurred by organization managers under section 4955. .... \$ .....**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year?.....  Yes  No**4a** Was a correction made?.....  Yes  No**b** If "Yes," describe in Part IV.**Part I-C Complete if the organization is exempt under section 501(c) , except section 501(c)(3).****1** Enter the amount directly expended by the filing organization for section 527 exempt function activities. .... \$ .....**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. .... \$ .....**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. .... \$ .....**4** Did the filing organization file **Form 1120-POL** for this year?.....  Yes  No**5** Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

Schedule C (Form 990) 2024

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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>										
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....												
<b>d</b>	Other exempt purpose expenditures .....												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.....												
<b>IF the amount on line 1e, column (a) or (b), is:</b> <b>THEN the lobbying nontaxable amount is:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table>		not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
not over \$500,000	20% of the amount on line 1e.												
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.												
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.												
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.												
over \$17,000,000	\$1,000,000.												
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f).....												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-.....												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-.....												
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No										

**4-Year Averaging Period Under Section 501(h)**  
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2021</b>	<b>(b) 2022</b>	<b>(c) 2023</b>	<b>(d) 2024</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

BAA

Schedule C (Form 990) 2024

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

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

	(a)		(b)	
	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers? .....	X			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	X			
c Media advertisements? .....	X			
d Mailings to members, legislators, or the public? .....	X			
e Publications, or published or broadcast statements? .....	X			
f Grants to other organizations for lobbying purposes? .....		X	34,346.	
g Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X			
i Other activities? .....		X		
j Total. Add lines 1c through 1i. ....			34,346.	
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....		X		
b If "Yes," enter the amount of any tax incurred under section 4912. ....				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....				

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

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

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

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

**Part IV** Supplemental Information

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

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

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](http://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

CHICAGO COALITION TO END HOMELESSNESS

36-3292607

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....  Yes  No

**Part II Conservation Easements**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	Held at the End of the Tax Year	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> 2a	Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> 2b	Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	<input type="checkbox"/> 2c	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<input type="checkbox"/> 2d	
a Total number of conservation easements .....		
b Total acreage restricted by conservation easements .....		
c Number of conservation easements on a certified historic structure included on line 2a .....		
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....		
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....		
4 Number of states where property subject to conservation easement is located .....		
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....		
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$ .....		
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.		

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
(i) Revenue included on Form 990, Part VIII, line 1 .....
(ii) Assets included in Form 990, Part X .....
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.
a Revenue included on Form 990, Part VIII, line 1 .....
b Assets included in Form 990, Part X .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange program  
 e  Other \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V Endowment Funds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance.....					
b Contributions.....					
c Net investment earnings, gains, and losses.....					
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					
f Administrative expenses.....					
g End of year balance.....					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment %

b Permanent endowment %

c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

(i) Unrelated organizations?.....

(ii) Related organizations?.....

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land.....				
b Buildings.....				
c Leasehold improvements.....		194,085.	94,976.	99,109.
d Equipment.....		401,875.	201,017.	200,858.
e Other.....		737.	737.	0.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).....  299,967.

BAA

Schedule D (Form 990) (Rev. 12-2024)

<b>Part VII Investments – Other Securities</b> <span style="float: right;">N/A</span>		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.		
<b>(a)</b> Description of security or category (including name of security)	<b>(b)</b> Book value	<b>(c)</b> Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely held equity interests.....		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, column (B)).....		
<b>Part VIII Investments – Program Related</b> <span style="float: right;">N/A</span>		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.		
<b>(a)</b> Description of investment	<b>(b)</b> Book value	<b>(c)</b> Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, column (B)).....		
<b>Part IX Other Assets</b> <span style="float: right;">N/A</span>		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		
<b>(a)</b> Description	<b>(b)</b> Book value	
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, column (B)).....		
<b>Part X Other Liabilities</b>		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.		
1.	<b>(a)</b> Description of liability	<b>(b)</b> Book value
(1) Federal income taxes		
(2) OPERATING LEASE LIABILITY		258,528.
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, column (B)).....		258,528.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. <input checked="" type="checkbox"/> SEE PART XIII. <input checked="" type="checkbox"/>		

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

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

1	Total revenue, gains, and other support per audited financial statements.....	1	6,971,652.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments.....	2a	210,282.
b	Donated services and use of facilities.....	2b	
c	Recoveries of prior year grants.....	2c	
d	Other (Describe in Part XIII.).....	2d	
e	Add lines 2a through 2d.....	2e	210,282.
3	Subtract line 2e from line 1.....	3	6,761,370.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	29,672.
b	Other (Describe in Part XIII.).....	4b	
c	Add lines 4a and 4b.....	4c	29,672.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....	5	6,791,042.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

1	Total expenses and losses per audited financial statements.....	1	6,664,232.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities.....	2a	
b	Prior year adjustments.....	2b	
c	Other losses.....	2c	
d	Other (Describe in Part XIII.).....	2d	
e	Add lines 2a through 2d.....	2e	
3	Subtract line 2e from line 1.....	3	6,664,232.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	
b	Other (Describe in Part XIII.).....	4b	
c	Add lines 4a and 4b.....	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....	5	6,664,232.

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X - FASB ASC 740 FOOTNOTE**

CCH IS RECOGNIZED AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME. CCH HAD NO UNRELATED BUSINESS INCOME DURING FISCAL YEAR 2025 AND, THEREFORE, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE  
 BAA

Schedule D (Form 990) (Rev. 12-2024)

**Part XIII** **Supplemental Information (continued)****PART X - FASB ASC 740 FOOTNOTE (CONTINUED)**

DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE CCH'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE LIKELY THAN NOT" OF BEING SUSTAINED WHEN CHALLENGED OR WHEN EXAMINED BY THE APPLICABLE TAX AUTHORITY. FOR THE YEAR ENDED JUNE 30, 2025, MANAGEMENT HAS DETERMINED THAT THERE WERE NO MATERIAL UNCERTAIN TAX POSITIONS.

**SCHEDULE G**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**Open to Public  
Inspection**

Name of the organization

CHICAGO COALITION TO END HOMELESSNESS

Employer identification number

36-3292607

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

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

a <input checked="" type="checkbox"/> Mail solicitations	e <input checked="" type="checkbox"/> Solicitation of nongovernment grants
b <input checked="" type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input checked="" type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? .....  Yes  No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						0.

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

-----  
-----  
-----  
-----

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 <u>MARATHON</u> (event type)	(b) Event #2 <u>GIVING TUESDAY</u> (event type)	(c) Other events <u>2</u> (total number)	(d) Total events (add col. (a) through col. (c))
1 Gross receipts.....	69,239.	62,085.	45,186.	176,510.
2 Less: Contributions.....	69,239.	62,085.	45,186.	176,510.
3 Gross income (line 1 minus line 2).....				
4 Cash prizes.....				
5 Noncash prizes.....				
6 Rent/facility costs.....				
7 Food and beverages.....				
8 Entertainment.....				
9 Other direct expenses.....				
10 Direct expense summary. Add lines 4 through 9 in column (d).....				
11 Net income summary. Subtract line 10 from line 3, column (d).....				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue.....				
2 Cash prizes.....				
3 Noncash prizes.....				
4 Rent/facility costs.....				
5 Other direct expenses.....				
6 Volunteer labor.....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d).....				
8 Net gaming income summary. Subtract line 7 from line 1, column (d).....				

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

a Is the organization licensed to conduct gaming activities in each of these states?.....  Yes  No

b If "No," explain: \_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....  Yes  No

b If "Yes," explain: \_\_\_\_\_  
\_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers? .....  Yes  No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? .....  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility .....  13a  %

b An outside facility. .....  13b  %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

c If "Yes," enter the name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year... \$ \_\_\_\_\_

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

**SCHEDULE I**  
(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

CHICAGO COALITION TO END HOMELESSNESS

Employer identification number

36-3292607

**Part I General Information on Grants and Assistance**

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) <u>HOUSING FORWARD</u> - 1851 S 9TH AVE - MAYWOOD, IL 60153	36-3876660		21,663.	0.	FV		SMALL SHELTER FUND
(2) <u>MATTHEW HOUSE</u> - 3722 S. INDIANA - CHICAGO, IL 60653	36-3838286		22,667.	0.	FV		SMALL SHELTER FUND
(3) <u>MARGARET'S VILLAGE</u> - 7315 S. YALE - CHICAGO, IL 60621	36-3104655		19,167.	0.	FV		SMALL SHELTER FUND
(4) <u>NORTH SIDE HOUSING SUPPORTIVE</u> - 4410 N RAVENSWOOD AVE - CHICAGO, IL 60640	36-3318158		16,667.	0.	FV		SMALL SHELTER FUND
(5) <u>CORNERSTONE COMMUNITY OUTREAC</u> - 4628 NORTH CLIFTON AVE - CHICAGO, IL 60640	36-3670992		16,667.	0.	FV		SMALL SHELTER FUND
(6) <u>GOOD NEWS PARTNERS</u> - 1600 W. JONQUIL TERR. - CHICAGO, IL 60626	36-3107283		21,667.	0.	FV		SMALL SHELTER FUND
(7) <u>UNITY PARENTING &amp; COUNSELING</u> - 600 W. CERMACK, SUITE 300 - CHICAGO, IL 60616	36-4029502		16,667.	0.	FV		SMALL SHELTER FUND
(8) <u>CHRISTIAN COMMUNITY HEALTH CE</u> - 9718 SOUTH HALSTED - CHICAGO, IL 60628	36-3799834		14,167.	0.	FV		SMALL SHELTER FUND
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							20
3 Enter total number of other organizations listed in the line 1 table							0

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

TEEA3901L 11/13/24

Schedule I (Form 990) (Rev. 12-2024)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	SCHOLARSHIPS	29	83,308.		FAIR VALUE	
2						
3						
4						
5						
6						
7						

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

## Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 2

Name of the organization	Employer identification number
CHICAGO COALITION TO END HOMELESSNESS	36-3292607

### **Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
OLIVE BRANCH MISSION 6310 S. CLAREMONT CHICAGO, IL 60636	36-2365901		19,167.		FV		SMALL SHELTER FUND
ST LEONARDS MINISTRIES 2100 W. WARREN BLVD CHICAGO, IL 60612	36-2378516		15,000.		FV		SMALL SHELTER FUND
BREAKTHROUGH URBAN MINISTRIES 402 N. ST. LOUIS CHICAGO, IL 60624	36-3810926		20,000.		FV		SMALL SHELTER FUND
FRANCISCAN OUTREACH 717B W. 18TH STREET CHICAGO, IL 60616	36-2928835		20,000.		FV		SMALL SHELTER FUND
SALVATION ARMY (EVANGELINE) 800 W LAWRENCE CHICAGO, IL 60640	36-2167909		11,667.		FV		SMALL SHELTER FUND
ONE NORTHSIDE 4648 N. RACINE AVE CHICAGO, IL 60640	51-0137583		20,000.		FV		BRING CHICAGO HOME
JEWISH COUNCIL ON URBAN AFFAI 4700 N RAVENSWOOD CHICAGO, IL 60640	36-2538957		20,000.		FV		BRING CHICAGO HOME
COMMUNITIES UNITED 4749 N. KEDZIE AVE, 2ND FLOOR CHICAGO, IL 60625	36-4394374		20,000.		FV		BRING CHICAGO HOME
SOUTHSIDE TOGETHER ORGANIZING 602 E 61ST STREET CHICAGO, IL 60637	71-1034518		20,000.		FV		BRING CHICAGO HOME
CASA CENTRAL SOCIAL SERVICES 1343 N. CALIFORNIA CHICAGO, IL 60622	36-2728618		21,667.		FV		SMALL SHELTER FUND

## Continuation Sheet for Schedule I (Form 990)

**Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II and Part III.**

Continuation Page 2 of 2

**SCHEDULE J****(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Compensation Information****For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****Complete if the organization answered "Yes" on Form 990, Part IV, line 23.****Attach to Form 990.****Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

CHICAGO COALITION TO END HOMELESSNESS

Employer identification number

36-3292607

**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

First-class or charter travel  
 Travel for companions  
 Tax indemnification and gross-up payments  
 Discretionary spending account

Housing allowance or residence for personal use  
 Payments for business use of personal residence  
 Health or social club dues or initiation fees  
 Personal services (such as maid, chauffeur, chef)

	<b>Yes</b>	<b>No</b>
<b>1a</b>		
<b>1b</b>		
<b>2</b>		

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

Compensation committee  
 Independent compensation consultant  
 Form 990 of other organizations

Written employment contract  
 Compensation survey or study  
 Approval by the board or compensation committee

<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.****5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

<b>5a</b>		X
<b>5b</b>		X

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

<b>6a</b>		X
<b>6b</b>		X

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

<b>7</b>		X
<b>8</b>		X

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

<b>8</b>		X
<b>9</b>		

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule J (Form 990) (Rev. 12-2024)**

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DOUG SCHENKELBERG 1 EXECUTIVE DIR.	(i) 154,715. (ii) 0.	0.	0.	0.	7,726. 0.	162,441. 0.	0. 0.
PATRICIA NIX-HODES 2 DIR. OF LAW PROJ.	(i) 142,278. (ii) 0.	0.	0.	0.	13,230. 0.	155,508. 0.	0. 0.
3	(i) (ii)						
4	(i) (ii)						
5	(i) (ii)						
6	(i) (ii)						
7	(i) (ii)						
8	(i) (ii)						
9	(i) (ii)						
10	(i) (ii)						
11	(i) (ii)						
12	(i) (ii)						
13	(i) (ii)						
14	(i) (ii)						
15	(i) (ii)						
16	(i) (ii)						

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2024**

**Open to Public  
Inspection**

Name of the organization

CHICAGO COALITION TO END HOMELESSNESS

Employer identification number

36-3292607

**Part I** **Types of Property**

	<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amounts
1 Art – Works of art.....				
2 Art – Historical treasures.....				
3 Art – Fractional interests.....				
4 Books and publications.....				
5 Clothing and household goods.....				
6 Cars and other vehicles.....				
7 Boats and planes.....				
8 Intellectual property.....				
9 Securities – Publicly traded.....	X	439	61,543.	FAIR VALUE
10 Securities – Closely held stock.....				
11 Securities – Partnership, LLC, or trust interests.....				
12 Securities – Miscellaneous.....				
13 Qualified conservation contribution – Historic structures.....				
14 Qualified conservation contribution – Other.....				
15 Real estate – Residential.....				
16 Real estate – Commercial.....				
17 Real estate – Other.....				
18 Collectibles.....				
19 Food inventory.....				
20 Drugs and medical supplies.....				
21 Taxidermy.....				
22 Historical artifacts.....				
23 Scientific specimens.....				
24 Archeological artifacts.....				
25 Other ( _____ ).....				
26 Other ( _____ ).....				
27 Other ( _____ ).....				
28 Other ( _____ ).....				

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

29

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

	Yes	No
30a	X	
31	X	
32a	X	

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

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

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

b If "Yes," describe in Part II.

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

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

---

**SCHEDULE O**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

CHICAGO COALITION TO END HOMELESSNESS

Employer identification number

36-3292607

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

EXPENSES	INCLUDING GRANTS	REVENUE
	589,639.	

LAW: YOUTH FUTURES - CCH'S LEGAL AID PROGRAM, THE LAW PROJECT, RUNS YOUTH FUTURES, A MOBILE CLINIC FOR YOUTH AGES 14-24. YOUTH FUTURES HELPS YOUNG PEOPLE WITH PRESSING LEGAL NEEDS, INCLUDING ACCESS TO HOUSING, HEALTH CARE, EDUCATION, AND PUBLIC BENEFITS.

EXPENSES	INCLUDING GRANTS	REVENUE
	547,316.	

HOUSING POLICY AND ADVOCACY - CCH ADVOCATES FOR THE DEVELOPMENT OF PERMANENT SUPPORTIVE HOUSING FOR HOUSEHOLDS EXPERIENCING HOMELESSNESS AND EQUITABLE BUDGETING FOR HOUSING, SHELTERS, AND HUMAN SERVICES IN CHICAGO AND ACROSS ILLINOIS. WE ALSO CONDUCT AN ANNUAL ESTIMATE OF CHICAGOANS EXPERIENCING HOMELESSNESS, WHICH IS FREQUENTLY CITED BY HOUSING ORGANIZATIONS, ELECTED OFFICIALS, AND LOCAL AND NATIONAL NEWS MEDIA.

EXPENSES	INCLUDING GRANTS	REVENUE
	419,242.	

STATE NETWORK & LEGISLATIVE AGENDA - OUR STATE NETWORK MOBILIZES A TABLE OF 30+ HOUSING PROVIDERS, HOMELESS AGENCIES, AND CONTINUUMS OF CARE IN SUBURBAN AND DOWNSTATE COMMUNITIES THAT ARE FOCUSED ON EQUITABLE BUDGETING AND IMPROVEMENTS TO ILLINOIS HOUSING PROGRAMS AND POLICIES. CCH AND PARTNERS WORK TO IMPLEMENT AN ANNUAL LEGISLATIVE AGENDA THAT ADVANCES STATEWIDE POLICY SOLUTIONS FOR HOUSING, EDUCATION, PUBLIC BENEFITS, AND OTHER ISSUES RELEVANT TO PEOPLE IMPACTED BY POVERTY.

EXPENSES	INCLUDING GRANTS	REVENUE
	414,048.	

LAW: CIVIL RIGHTS - PEOPLE WHO EXPERIENCE HOMELESSNESS ARE OFTEN DISCRIMINATED AGAINST AND CRIMINALIZED. THROUGH ADVOCACY, OUTREACH, AND IMPACT LITIGATION, CCH WORKS TO PROTECT THE CIVIL RIGHTS OF PEOPLE EXPERIENCING HOMELESSNESS, INCLUDING THE RIGHT TO ACCESS PUBLIC SPACES, THE RIGHT TO PRIVACY OF PERSONAL PROPERTY, AND THE RIGHT TO VOTE, AMONG MANY OTHERS.

**SCHEDULE O**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

CHICAGO COALITION TO END HOMELESSNESS

**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

36-3292607

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

EXPENSES	INCLUDING GRANTS	REVENUE
304,599.		

COMMUNITY EDUCATION & AWARENESS - CCH ORGANIZERS AND LEGAL STAFF PROVIDE BROAD COMMUNITY OUTREACH AT SCHOOLS, SHELTERS, DROP-IN CENTERS, HOUSING PROGRAMS, AND ENCAMPMENTS. THROUGH OUTREACH, WE EDUCATE PEOPLE IMPACTED BY HOMELESSNESS ON THEIR RIGHTS AND OPTIONS, CONNECT THEM TO RESOURCES AND LEGAL ASSISTANCE, AND ENGAGE THOSE INTERESTED IN JOINING OUR ADVOCACY EFFORTS. WE WRITE AND DISTRIBUTE 20+ TYPES OF KNOW-YOUR-RIGHTS MATERIALS COVERING TOPICS RELEVANT TO PEOPLE EXPERIENCING HOMELESSNESS AND PROVIDE FREE TRAININGS TO SERVICE PROVIDERS, SCHOOL STAFF, AND ATTORNEYS.

EXPENSES	INCLUDING GRANTS	REVENUE
197,870.		

REENTRY PROJECT - THE REENTRY PROJECT FOCUSES ON LEGISLATIVE REFORMS FOR FAIR REENTRY PRACTICES, INCREASED ACCESS TO HOUSING AND EMPLOYMENT, AND THE PROVISION OF COMPREHENSIVE SUPPORT SERVICES FOR JUSTICE-INVOLVED INDIVIDUALS. WORKING WITH THE RESTORING RIGHTS AND OPPORTUNITIES COALITION OF ILLINOIS (RROCI), THE PROJECT ADVOCATES TO END HOUSING AND JOB BARRIERS, ENACTING TEN LAWS SINCE 2015.

EXPENSES	INCLUDING GRANTS	REVENUE
181,843.		

YOUTH COMMITTEE & ENGAGEMENT - CCH MOBILIZES THE HOMELESS YOUTH COMMITTEE, A STATEWIDE ADVOCACY TABLE FOCUSED ON POLICY SOLUTIONS FOR YOUNG PEOPLE EXPERIENCING HOMELESSNESS. CCH FOSTERS YOUTH LEADERSHIP BY EDUCATING UNACCOMPANIED YOUTH ON HOUSING AND HOMELESSNESS ISSUES AND HELPING THEM DEVELOP NEW SKILLS SUCH AS PUBLIC SPEAKING AND LOBBYING.

EXPENSES	INCLUDING GRANTS	REVENUE
145,248.		

SPEAKERS BUREAU - LED BY CCH GRASSROOTS LEADERS, OUR SPEAKERS BUREAU REACHES ABOUT 2,000 PEOPLE A YEAR AT EVENTS HOSTED BY SCHOOLS, UNIVERSITIES, AND CIVIC GROUPS. SPEAKERS EDUCATE COMMUNITY MEMBERS ON HOMELESSNESS BY SHARING THEIR OWN EXPERIENCES

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

CHICAGO COALITION TO END HOMELESSNESS**Supplemental Information to Form 990 or 990-EZ**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

36-3292607

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

AND PROVIDING OPPORTUNITIES TO ENGAGE WITH CCH ADVOCACY EFFORTS.

EXPENSES	INCLUDING GRANTS	REVENUE
137,740.		

STREETLIGHT CHICAGO - STREETLIGHT CHICAGO IS A FREE APP AND WEBSITE THAT CONNECTS UNSTABLY HOUSED YOUNG PEOPLE TO RESOURCES, INCLUDING SHELTER, FOOD, AND HEALTH CARE. IT IS AVAILABLE ONLINE AT [WWW.STREETLIGHTCHICAGO.ORG](http://WWW.STREETLIGHTCHICAGO.ORG) AND CAN BE DOWNLOADED ON APPLE AND ANDROID.

EXPENSES	INCLUDING GRANTS	REVENUE
123,328.		

RACIAL EQUITY COMMITTEE - THE RACIAL EQUITY COMMITTEE (REC) WORKS TO IMPLEMENT, SUPPORT, AND ADVANCE EQUITY AND RACIAL JUSTICE BOTH INTERNALLY AND EXTERNALLY TO CCH. PRIORITY AREAS INCLUDE HIRING AND COMPENSATION, POLICYMAKING, STAFF ENGAGEMENT THROUGH RACIAL CAUCUSING, AND EQUITABLE EVALUATION OF PROGRAMS AND CAMPAIGNS.

EXPENSES	INCLUDING GRANTS	REVENUE
87,511.		

HORIZONS - ORGANIZERS OFFER CREATIVE WRITING WORKSHOPS TO INDIVIDUALS AND FAMILIES STAYING AT SHELTERS ACROSS CHICAGO. THROUGH THE HORIZONS PROGRAM, PARTICIPANTS DEVELOP STORY-TELLING SKILLS WHILE FOSTERING SELF-EXPRESSION AND COMMUNITY CONNECTION.

EXPENSES	INCLUDING GRANTS	REVENUE

SMALL SHELTER FUND - THE SMALL SHELTER FUND ADMINISTERS PASS-THROUGH GRANTS FOR SMALL CHICAGO SHELTERS, SUPPORTED BY AN ANONYMOUS FUNDER.

**FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER**

MEMBERS CONSIST OF INDIVIDUALS OR ORGANIZATIONS WHO CHOSE TO PROVIDE FUNDING FOR THE CHICAGO COALITION FOR THE HOMELESS.

**FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY**

CCH BOARD OF DIRECTORS NAME AND REAPPOINT BOARD MEMBERS TO TWO-YEAR TERMS. THIS DOES NOT REQUIRE A RATIFICATION VOTE OF THE CCH MEMBERSHIP. THE BOARD MUST CONSIST OF AT

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

CHICAGO COALITION TO END HOMELESSNESS**Supplemental Information to Form 990 or 990-EZ**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

36-3292607

**FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY (CONTINUED)**

LEAST 23 AND NO MORE THAN 30 MEMBERS.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE 990 IS REVIEWED BY THE ADMINISTRATIVE DIRECTOR, THE ASSOCIATE DIRECTOR OF DEVELOPMENT, THE CORPORATE CONTROLLER, AND THE EXECUTIVE DIRECTOR.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

THE POLICY IS MONITORED BY THE MANAGEMENT STAFF AND BY THE BOARD AS NEW RELATIONSHIPS ARISE.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**

ALL SALARIES AND PROPOSED CHANGES ARE EVALUATED BY THE BOARD AS PART OF THE ANNUAL BUDGET APPROVAL PROCESS. OVERALL COMPENSATION CHANGES MUST BE APPROVED BY THE BOARD THROUGH THE BUDGET APPROVAL PROCESS. RAISES ARE TYPICALLY GIVEN AS A FLAT PERCENTAGE INCREASE TO EACH EMPLOYEE.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

ANY REQUEST FOR DOCUMENTS CAN BE MADE TO THE OFFICES OF THE CHICAGO COALITION TO END HOMELESSNESS AT THEIR WEBSITE. THE ORGANIZATION'S WEBSITE OFFERS INFORMATION ABOUT THE ORGANIZATION AND ITS WORK.

IRS E-file Signature Authorization  
for a Tax Exempt EntityDepartment of the Treasury  
Internal Revenue ServiceFor calendar year 2024, or fiscal year beginning 7/01, 2024, and ending 6/30, 2025  
Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

2024

Name of filer

EIN or SSN

CHICAGO COALITION TO END HOMELESSNESS

36-3292607

Name and title of officer or person subject to tax

DOUG SCHENKELBERG EXECUTIVE DIR.

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<input checked="" type="checkbox"/> <b>1a Form 990</b> check here .....	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12).....	<b>1b</b> <u>6,791,042.</u>
<input type="checkbox"/> <b>2a Form 990-EZ</b> check here .....	<b>b Total revenue</b> , if any (Form 990-EZ, line 9).....	<b>2b</b> _____
<input type="checkbox"/> <b>3a Form 1120-POL</b> check here .....	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<input type="checkbox"/> <b>4a Form 990-PF</b> check here .....	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5).....	<b>4b</b> _____
<input type="checkbox"/> <b>5a Form 8868</b> check here .....	<b>b Balance due</b> (Form 8868, line 3c).....	<b>5b</b> _____
<input type="checkbox"/> <b>6a Form 990-T</b> check here .....	<b>b Total tax</b> (Form 990-T, Part III, line 4).....	<b>6b</b> _____
<input type="checkbox"/> <b>7a Form 4720</b> check here .....	<b>b Total tax</b> (Form 4720, Part III, line 1).....	<b>7b</b> _____
<input type="checkbox"/> <b>8a Form 5227</b> check here .....	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D).....	<b>8b</b> _____
<input type="checkbox"/> <b>9a Form 5330</b> check here .....	<b>b Tax due</b> (Form 5330, Part II, line 19).....	<b>9b</b> _____
<input type="checkbox"/> <b>10a Form 8038-CP</b> check here .....	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22).....	<b>10b</b> _____

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_

and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize RINGOLD FINANCIAL MANAGEMENT SERVICES to enter my PIN 01201 as my signature  
ERO firm name  
Enter five numbers, but  
do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax DRM 10/4/2024 11:10:40 CSTDate 12/04/25**Part III Certification and Authentication**

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

15707488175

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

MICHELLE RINGOLD

Date

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

# CCH 6.30.2025 EFile\_BLANK

Final Audit Report

2025-12-04

Created:	2025-12-03
By:	Thelma Morales (thelma@chicagohomeless.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAinBxp5JaFrIMMvg46lzQGkmSo1dnULL8

## "CCH 6.30.2025 EFile\_BLANK" History

-  Document created by Thelma Morales (thelma@chicagohomeless.org)  
2025-12-03 - 8:43:42 PM GMT
-  Document emailed to Doug Schenkelberg (doug@chicagohomeless.org) for signature  
2025-12-03 - 8:43:46 PM GMT
-  Email viewed by Doug Schenkelberg (doug@chicagohomeless.org)  
2025-12-04 - 5:10:14 PM GMT
-  Document e-signed by Doug Schenkelberg (doug@chicagohomeless.org)  
Signature Date: 2025-12-04 - 5:10:40 PM GMT - Time Source: server
-  Agreement completed.  
2025-12-04 - 5:10:40 PM GMT



Adobe Acrobat Sign

CHICAGO COALITION  
TO END HOMELESSNESS  
Independent Auditor's Report  
and Audited Financial Statements  
For the Year Ended  
June 30, 2025

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# RINGOLD

**CERTIFIED PUBLIC ACCOUNTANTS  
& CONSULTANTS**

*Auditing, Accounting, Tax Services, Advisory Services, Program & Project  
Management, Supplier Diversity & Compliance, Training*

## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of  
Chicago Coalition to End Homelessness

### **Opinion**

We have audited the accompanying financial statements of Chicago Coalition to End Homelessness (the Organization), which comprise the statement of financial position as of June 30, 2025, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of June 30, 2025, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

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

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

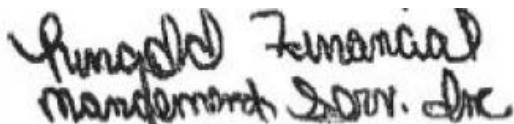
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

A handwritten signature in black ink that reads "Ringold Financial Management Services, Inc." followed by "Tinley Park, Illinois".

Ringold Financial Management Services, Inc.

Tinley Park, Illinois

October 30, 2025

**CHICAGO COALITION TO END HOMELESSNESS**  
**STATEMENT OF FINANCIAL POSITION**  
**AS OF JUNE 30, 2025**

**ASSETS**

**Current Assets**

Cash and Cash Equivalents	\$ 4,938,501
Investments	6,193,245
Contributions Receivable, net - current	855,202
Prepays and Other Assets	60,611
<b>Total Current Assets</b>	<b>12,047,559</b>

**Fixed Assets**

Property and Equipment	595,959
Less: Accumulated Depreciation and Amortization	(295,992)
Property and Equipment, net	299,967
Operating Right-of-Use (ROU) Asset, net	247,371
<b>Total Fixed Assets</b>	<b>547,338</b>

**Noncurrent Assets**

Contributions Receivable, net - noncurrent	554,307
<b>Total Noncurrent Assets</b>	<b>554,307</b>

**Total Assets** \$ 13,149,204

**LIABILITIES AND NET ASSETS**

**Current Liabilities**

Accounts Payable	\$ 53,231
Accrued Expenses	1,194,528
Deferred Revenue	32,738
Operating Lease Liability - current	137,694
<b>Total Current Liabilities</b>	<b>1,418,191</b>

**Noncurrent Liabilities**

Operating Lease Liability - noncurrent	120,834
<b>Total Noncurrent Liabilities</b>	<b>120,834</b>

**Total Liabilities** 1,539,025

**Net Assets**

Without Donor Restrictions:	
Undesignated	8,039,952
Board Designated	300,000
<b>Total Without Donor Restrictions</b>	<b>8,339,952</b>
With Donor Restrictions:	
Purpose and Time Restricted	1,216,588
Purpose Restricted	1,184,385
Time Restricted	869,254
<b>Total With Donor Restrictions</b>	<b>3,270,227</b>
<b>Total Net Assets</b>	<b>11,610,179</b>
<b>Total Liabilities and Net Assets</b>	<b><u><u>\$ 13,149,204</u></u></b>

See independent auditor's report and accompanying notes to financial statements

**CHICAGO COALITION TO END HOMELESSNESS**  
**STATEMENT OF ACTIVITIES**  
**FOR THE YEAR ENDED JUNE 30, 2025**

	<b>Without Donor Restrictions</b>	<b>With Donor Restrictions</b>	<b>Total</b>
<b>Support and Revenue</b>			
Foundation Grants	\$ 622,612	\$ 1,383,090	\$ 2,005,702
Scholarships	-	31,250	31,250
Corporate Contributions	51,515	-	51,515
Major Gifts	2,062,857	-	2,062,857
Small Shelter Fund	-	1,009,755	1,009,755
Other Contributions	72,264	-	72,264
Seasonal Appeals	95,266	-	95,266
Justice Circle	108,077	-	108,077
Individual Contributions	736,550	-	736,550
Matching Gifts	24,971	-	24,971
Special Events	177,113	-	177,113
Membership Dues	36,297	-	36,297
Service Fees	24,530	-	24,530
Interest Income	146,152	-	146,152
Net Investment Return	389,353	-	389,353
Net Assets Released from Restrictions:			
Satisfaction of Purpose	395,808	(395,808)	-
Satisfaction of Purpose and Passage of Time	649,167	(649,167)	-
Passage of Time	143,000	(143,000)	-
<b>Total Support and Revenue</b>	<b>5,735,532</b>	<b>1,236,120</b>	<b>6,971,652</b>
<b>Expenses</b>			
Program Services	5,824,493	-	5,824,493
Management and General	244,348	-	244,348
Fundraising	595,391	-	595,391
<b>Total Expenses</b>	<b>6,664,232</b>	<b>-</b>	<b>6,664,232</b>
<b>Change in Net Assets</b>	<b>(928,700)</b>	<b>1,236,120</b>	<b>307,420</b>
<b>NET ASSETS, beginning of year</b>	<b>9,268,652</b>	<b>2,034,107</b>	<b>11,302,759</b>
<b>NET ASSETS, end of year</b>	<b>\$ 8,339,952</b>	<b>\$ 3,270,227</b>	<b>\$ 11,610,179</b>

See independent auditor's report and accompanying notes to financial statements

**CHICAGO COALITION TO END HOMELESSNESS**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED JUNE 30, 2025**

	Program Services										
	Law: Educational Rights	Law: Civil Rights	Law: Youth Futures	Horizons	Youth Committee & Engagement	Streetlight Chicago	Housing Policy & Advocacy	State Network & Legislative Agenda	Small Shelter Fund	Reentry Project	
<b>Expenses</b>											
Salaries	\$ 353,465	\$ 251,157	\$ 357,452	\$ 57,497	\$ 109,459	\$ 78,625	\$ 340,720	\$ 253,359	\$ 34,880	\$ 119,154	
Payroll Taxes and Benefits	98,673	68,081	102,514	12,093	24,728	24,897	90,402	71,976	9,849	30,709	
Occupancy	21,799	16,342	23,576	3,350	7,197	4,617	19,868	13,500	4,605	6,938	
Professional Fees	11,929	8,906	12,628	1,719	3,736	10,231	10,198	6,986	2,369	3,609	
Office Expenses and Supplies	19,526	15,699	20,599	2,328	5,101	3,315	13,909	9,557	3,145	5,180	
Printing	8,384	4,988	7,956	1,023	2,176	3,648	6,104	4,130	1,399	2,157	
Postage & Delivery	4,244	3,108	4,558	644	1,385	880	3,780	2,606	880	1,349	
Dues & Subscriptions	3,916	3,147	3,538	186	624	249	2,163	2,916	249	622	
Conference & Travel	11,461	3,172	4,206	1,352	5,863	545	12,983	13,555	432	6,176	
Program & Organizing	37,994	24,388	33,238	5,328	17,295	7,987	35,497	32,615	5,732	17,846	
Scholarship Expense	3,298	-	-	-	-	-	-	-	-	-	
Awarded Scholarships	83,308	-	-	-	-	-	-	-	-	-	
Pass-through Grants	-	-	-	-	-	-	-	-	1,325,000	-	
Special Events	5,440	5,439	5,440	-	-	-	-	-	-	-	
Depreciation and Amortization	12,882	9,621	13,934	1,991	4,279	2,746	11,692	8,042	2,746	4,130	
<b>Total Expenses</b>	<b>\$ 676,319</b>	<b>\$ 414,048</b>	<b>\$ 589,639</b>	<b>\$ 87,511</b>	<b>\$ 181,843</b>	<b>\$ 137,740</b>	<b>\$ 547,316</b>	<b>\$ 419,242</b>	<b>\$ 1,391,286</b>	<b>\$ 197,870</b>	

**CHICAGO COALITION TO END HOMELESSNESS**  
**STATEMENT OF FUNCTIONAL EXPENSES (CONTINUED)**  
**FOR THE YEAR ENDED JUNE 30, 2025**

	Program Services (Continued)					Supporting Services				Total Expenses
	Community Education & Awareness	Speakers Bureau	Bring Chicago Home	Racial Equity Committee	Total Program Services	Management and General	Fundraising	Total Supporting Services		
<b>Expenses</b>										
Salaries	\$ 195,683	\$ 85,341	\$ 317,148	\$ 76,859	\$ 2,630,799	\$ 147,878	\$ 313,341	\$ 461,219	\$ 3,092,018	
Payroll Taxes and Benefits	41,233	21,915	75,727	19,491	692,288	44,885	77,497	122,382	814,670	
Occupancy	12,831	5,079	18,989	3,767	162,458	9,564	21,135	30,699	193,157	
Professional Fees	6,588	2,607	9,815	1,935	93,256	4,930	65,746	70,676	163,932	
Office Expenses and Supplies	9,123	3,565	14,555	2,714	128,316	6,936	20,784	27,720	156,036	
Printing	3,879	1,553	5,838	1,166	54,401	2,881	6,426	9,307	63,708	
Postage & Delivery	2,471	976	3,765	718	31,364	1,807	5,028	6,835	38,199	
Dues & Subscriptions	717	282	1,247	402	20,258	2,006	9,170	11,176	31,434	
Conference & Travel	2,854	1,988	11,493	369	76,449	1,741	2,764	4,505	80,954	
Program & Organizing	21,589	18,922	58,624	13,665	330,720	16,081	30,879	46,960	377,680	
Scholarship Expense	-	-	-	-	3,298	-	-	-	3,298	
Awarded Scholarships	-	-	-	-	83,308	-	-	-	83,308	
Pass-through Grants	-	-	80,000	-	1,405,000	-	-	-	1,405,000	
Special Events	-	-	-	-	16,319	-	30,117	30,117	46,436	
Depreciation and Amortization	7,631	3,020	11,303	2,242	96,259	5,639	12,504	18,143	114,402	
<b>Total Expenses</b>	<b>\$ 304,599</b>	<b>\$ 145,248</b>	<b>\$ 608,504</b>	<b>\$ 123,328</b>	<b>\$ 5,824,493</b>	<b>\$ 244,348</b>	<b>\$ 595,391</b>	<b>\$ 839,739</b>	<b>\$ 6,664,232</b>	

**CHICAGO COALITION TO END HOMELESSNESS**  
**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED JUNE 30, 2025**

**CASH FLOWS FROM OPERATING ACTIVITIES**

Change in net assets	\$ 307,420
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation and Amortization Expense	114,402
Amortization of Operating ROU Asset	129,397
Net Appreciation of Investments	(389,353)
Donated Investments	(61,543)
Changes in:	
Contributions Receivable	(1,048,844)
Prepays and Other Assets	46,485
Accounts Payable	(58,686)
Accrued Expenses	1,119,335
Deferred Revenue	11,879
Operating Lease Liability	(129,692)
<b>Cash provided by operating activities</b>	<b>40,800</b>

**CASH FLOWS FROM INVESTING ACTIVITIES**

Purchase of Fixed Assets	(96,000)
Sale of Investments	60,000
<b>Cash used by investing activities</b>	<b>(36,000)</b>
 <b>Net increase in cash and cash equivalents</b>	
	4,800
<b>CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR</b>	<b>4,933,701</b>
<b>CASH AND CASH EQUIVALENTS AT END OF YEAR</b>	<b>\$ 4,938,501</b>

**SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION**

Cash paid for:	
Interest	\$ -
Taxes	\$ -

See independent auditor's report and accompanying notes to financial statements

## **Chicago Coalition to End Homelessness**

### **Notes to the Financial Statements**

**June 30, 2025**

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#### **NOTE A. Description of Delegate Agency and Program Activity**

Chicago Coalition to End Homelessness (“CCH” or “the Organization”) works to prevent and end homelessness through organizing, advocacy, legal assistance, and education. Founded in 1980, CCH was incorporated on September 10, 1982, under the General Not-for-Profit Corporation Act of Illinois.

CCH staff run outreach at emergency shelters, schools, drop-in programs, and unsheltered communities. They also staff a legal aid clinic serving students, youth, families, and adults. In advocating for access to housing, jobs, schools, and support services, CCH organizers mobilize people impacted by homelessness, service providers, advocates, schools, and community organizations. People with lived experience of homelessness are developed and trained to become grassroots leaders tasked with guiding CCH advocacy.

The Law Project provides free legal assistance to people experiencing or at risk of homelessness. Legal staff closed 368 cases in FY25, 65% on behalf of students and youth. Legal casework centers on education, public benefits and health care access, shelter/housing, expungement, family law, civil rights, and obtaining legal ID records. A mobile legal clinic, Youth Futures, reached 1,370 students and youth through outreach at schools, youth shelters, and drop-ins. Legal staff reached 4,054 community members at 12 events. Staff distributed 23,511 pieces of staff-written informational material on 20+ topics. In addition, 2,567 people were trained on the rights and options for individuals and families impacted by homelessness. The Law Project manages a college scholarship program providing \$4,000 renewable awards to students who have experienced homelessness and Streetlight Chicago, an app/website that connects unstably housed young people to resources.

CCH advocates for the development of permanent supportive housing for households experiencing homelessness and equitable budgeting for housing, shelters, and human services in Chicago and across Illinois. Staff and partners also work to implement an annual legislative agenda that advances statewide policy solutions for housing, education, public benefits, and other issues relevant to people impacted by poverty. The Bring Chicago Home campaign advocates for a significant increase in city resources to address homelessness at scale in Chicago. The Homeless Youth Committee mobilizes 30+ organizational partners, young people, and advocates to address the unique challenges of unaccompanied youth.

In FY25, CCH organizers and outreach assistants connected with 2,541 people at 20+ shelters, schools, and housing programs across Chicago. State Network organizers reached 143 people impacted by homelessness in 15+ suburban and downstate communities. Organizing oversees Horizons, a creative writing program offered on-site in family and adult shelters, and the Edrika Fulford Mutual Aid Fund, which distributes emergency grants to Illinois households experiencing or at risk of homelessness.

The Reentry Project is guided by a steering committee of formerly incarcerated people, advocates, and academics. Working with the Restoring Rights and Opportunities Coalition of Illinois (RROCI), the project advocates to end housing and job barriers, enacting ten laws in seven years. The Small Shelter Fund administers pass-through grants for small Chicago shelters, supported by an anonymous funder. A Speakers Bureau of 10 grassroots leaders reaches a yearly audience of about 2,000, many of them student and religious groups, and mobilizes community volunteers at high schools and colleges. The Racial Equity Committee (REC) works to implement, support, and advance equity and racial justice both internally and externally to CCH.

To ensure its independent voice, CCH does not accept government grants. Donations, foundation and corporate grants, and special events sustain the organization. These include small events hosted by the Associate Board and a Justice Circle fundraiser.

## **Chicago Coalition to End Homelessness**

### **Notes to the Financial Statements**

**June 30, 2025**

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#### **NOTE B. Summary of Significant Accounting Policies**

##### **Basis of Presentation**

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Chicago Coalition to End Homelessness maintains its accounts in accordance with the principles and practices of fund accounting. Fund accounting is the procedure by which resources for various purposes are classified for accounting purposes in accordance with activities or objectives specified by donors.

These financial statements have been prepared to focus on CCH as a whole and to present balances and transactions according to the existence or absence of donor-imposed restrictions. This has been accomplished by classification of fund balances and transactions into two classes of net assets – without donor restrictions and with donor restrictions.

Accordingly, net assets and changes therein are classified as follows:

**Net assets without donor restrictions:** Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions. This can also include net assets designated by the Board of Directors to be reserved for future use.

**Net assets with donor restrictions:** Net assets subject to donor (or certain grantor) restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates those resources be maintained in perpetuity. The Organization maintained net assets with donor restrictions as of June 30, 2025.

Revenues are reported as increases in net assets without donor restrictions unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in net assets without donor restrictions. Gains and losses on investments and other liabilities are reported as increases or decreases in net assets without donor restrictions unless their use is restricted by explicit donor stipulation or by law. Expirations of restrictions on net assets (i.e., the donor stipulated purpose has been fulfilled and/or the stipulated time period has elapsed) are reported as reclassifications between applicable classes of net assets.

##### **Cash and Cash Equivalents**

CCH's cash consists of cash on deposit with banks. Cash equivalents represent money market funds or short-term investments with original maturities of three months or less from the date of purchase, except for those amounts that are held as part of the Organization's investment portfolio which are invested for long-term purposes.

##### **Investments**

CCH records investment purchases at cost, or if donated, at fair value on the date of donation. Thereafter, investments are reported at their fair values in the Statement of Financial Position. Net investment return (loss) is reported in the Statement of Activities and consists of interest and dividend income, realized and unrealized capital gains and losses, less any external and direct internal investment expenses.

**Chicago Coalition to End Homelessness**  
**Notes to the Financial Statements**  
**June 30, 2025**

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**NOTE B. Summary of Significant Accounting Policies (Continued)**

**Fair Value Measurements**

The Fair Value Measurements and Disclosures topic of the FASB Codification establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the organization has the ability to access.
Level 2	Inputs to the valuation methodology include: <ul style="list-style-type: none"><li>• Quoted prices for similar assets or liabilities in active markets;</li><li>• Quoted prices for identical or similar assets or liabilities in inactive markets;</li><li>• Inputs other than quoted prices that are observable for the asset or liability;</li><li>• Inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li></ul> If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement. The Organization did not maintain any level 3 investments as of June 30, 2025.

**Contributions Receivable**

CCH records unconditional promises to give that are expected to be collected within one year at net realizable value. Unconditional promises to give expected to be collected in future years are initially recorded at fair value using present value techniques incorporating risk-adjusted discount rates designed to reflect the assumptions market participants would use in pricing the asset. In subsequent years, amortization of the discounts is included in contribution revenue in the Statement of Activities.

CCH determines the allowance for uncollectable promises to give based on historical experience, an assessment of economic conditions, and a review of subsequent collections. Promises to give are written off when deemed uncollectable. CCH believes all contributions are collectible, thus, no allowance for doubtful accounts has been established as of June 30, 2025.

**Fixed Assets**

Fixed assets are stated at historical cost. Depreciation and amortization are calculated on a straight-line basis over the estimated lives of the related assets. CCH capitalizes all assets with a cost basis of greater than \$2,000 and a useful life of more than one year. Additions and improvements to existing equipment are capitalized, while general maintenance and repairs are charged as expenses.

**Use of Estimates**

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

**Chicago Coalition to End Homelessness**  
**Notes to the Financial Statements**  
**June 30, 2025**

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**NOTE B. Summary of Significant Accounting Policies (Continued)**

**Revenue Recognition for Contributions**

CCH recognizes contributions when cash, securities or other assets, an unconditional promise to give, or notification of a beneficial interest is received. Contributions received are recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), 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 included as support until the conditions are met. Contributions of assets other than cash are recorded at their estimated fair value.

**Functional Allocation of Expenses**

The costs of providing the various programs and other activities have been summarized on a functional basis in the Statement of Activities. Accordingly, certain costs have been allocated to specific program services based on direct benefit obtained. Certain expenses are attributable to more than one program or supporting function. Salaries, benefits, professional services, office expenses, information technology, insurance, and depreciation are allocated based on each staff members estimated work time percentage for each program. Estimated percentages are set annually during the budgeting phase.

**Income Taxes**

CCH is recognized as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code and is exempt from federal and State income taxes on related income. CCH had no unrelated business income during fiscal year 2025 and, therefore, no provision for federal or State income taxes has been made in the accompanying financial statements.

The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. This requires the evaluation of tax positions taken or expected to be taken in the course of preparing the CCH's tax returns to determine whether the tax positions are "more likely than not" of being sustained when challenged or when examined by the applicable tax authority. For the year ended June 30, 2025, management has determined that there were no material uncertain tax positions.

**Concentration of Credit Risk**

Financial instruments that potentially subject CCH to concentrations of credit risk consist principally of cash, cash equivalents, and investments. CCH maintains its cash and cash equivalents in various bank accounts that, at times, may exceed federally insured limits. CCH's cash and cash equivalent accounts have been placed with high credit quality financial institutions. CCH has not experienced, nor does it anticipate to experience, any losses with respect to such accounts. The balances are insured up to \$250,000, per customer, per insured bank, by the Federal Deposits Insurance Corporation (FDIC). As of June 30, 2025, bank balances exceeded federally insured limits by \$3,997,411.

**Advertising**

Marketing and advertising costs are expensed as incurred. Advertising expenses for the year ended June 30, 2025 totaled \$56,704.

**Chicago Coalition to End Homelessness**  
**Notes to the Financial Statements**  
**June 30, 2025**

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**NOTE B. Summary of Significant Accounting Policies (Continued)**

**Leases**

The Organization determines if an arrangement is or contains a lease at inception of a contract. A contract is determined to be or contain a lease if it conveys the right to control the use of identified property, plant, or equipment (an identified asset) in exchange for consideration. Leases are included in the right-of-use (ROU) asset and lease liability in the accompanying Statement of Financial Position. ROU assets and lease liabilities reflect the present value of the future minimum lease payments over the lease term, and ROU assets also include prepaid or accrued rent. Operating lease expense is recognized on a straight-line basis over the lease term. The Organization has elected the following practical expedients and accounting policy elections related to its lease agreements:

- ROU assets and lease liabilities are not recorded for short-term leases (leases with a term of 12 months or less). Instead, the lease payments of those leases are reported as lease expense on a straight-line basis over the lease term.
- ROU assets and lease liabilities are not recorded for leases with total undiscounted lease cost across the asset class less than \$6,000.
- Lease components are not separated from non-lease components in its lease contracts.
- The risk-free discount rate is used to determine the present value of the future minimum lease payments for all leases.

**NOTE C. Liquidity and Availability of Resources**

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the date of the Statement of Financial Position, comprise the following as of June 30, 2025:

Financial Assets:	
Cash and Cash Equivalents	\$ 4,938,501
Investments	6,193,245
Contributions Receivable, net - current	855,202
Total financial assets	<u>11,986,948</u>
Less Amounts Not Available to be Used Within One Year:	
Board-designated funds for future use	<u>(300,000)</u>
Financial assets available to meet general expenditures for the next twelve months	<u>\$ 11,686,948</u>

The Organization does not have a formal liquidity policy but strives to monitor its liquidity to be able to meet its operating needs and other contractual commitments. CCH has a goal to maintain financial assets, which consist of cash and short-term investments, on hand to meet 60 days of normal operating expenses, which are, on average, approximately \$750,000. CCH has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. In addition, as part of its liquidity management, CCH invests cash in excess of daily requirements in various short-term investments, including certificates of deposit and short-term treasury instruments.

**Chicago Coalition to End Homelessness**  
**Notes to the Financial Statements**  
**June 30, 2025**

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**NOTE C. Liquidity and Availability of Resources (Continued)**

CCH has no committed lines of credit which it could draw upon in the event of an unanticipated liquidity need.

The Organization receives significant contributions from donors, and considers contributions restricted for programs which are ongoing, major, and central to its annual operations to be available to meet cash needs for general expenditures. For the year ended June 30, 2025, restricted contributions net of long term receivables of approximately \$2,715,920 were included in financial assets available to meet cash needs for general expenditures within one year.

**NOTE D. Investments**

The Organization's investments are recorded at fair value and have been categorized upon a fair value hierarchy in accordance with FASB ASC 820. Investments held are summarized as follows for the year ended June 30, 2025:

	Total	Level 1	Level 2	Cost
Cash and Cash Equivalents	\$ 1,799,144	\$ 1,799,144	\$ -	\$ 1,799,144
Equities and Mutual Funds	2,265,501	2,265,501	-	1,828,152
Certificates of Deposit	1,199,314	-	1,199,314	1,200,000
Corporate Bonds	929,286	-	929,286	899,315
Total	<u>\$ 6,193,245</u>	<u>\$ 4,064,645</u>	<u>\$ 2,128,600</u>	<u>\$ 5,726,611</u>

Net investment return and its classification in the Statement of Activities is summarized as follows for the year ended June 30, 2025:

Dividends and Interest Income	\$ 208,743
Investment Fees	(29,672)
Gain on Investments	210,282
Net investment return	<u>\$ 389,353</u>

Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and those changes could materially affect the amounts reported in the Statement of Financial Position.

The Organization occasionally receives contributions in the form of donated investments. The investments are initially recorded based on the applicable fair value measurements. Unless otherwise specified by the donor, the Organization has a policy to maintain donated investment amounts in its investment portfolio to accumulate earnings to fund its ongoing operations. For the year ended June 30, 2025, donated investments totaled \$61,543.

**Chicago Coalition to End Homelessness**  
**Notes to the Financial Statements**  
**June 30, 2025**

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**NOTE E. Contributions Receivable**

Contributions receivable are estimated to be collected as follows at June 30, 2025:

In one year or less	\$ 878,500
In one to five years	600,000
Contributions Receivable, gross	<u>1,478,500</u>
Less: discount to net present value at 4.04%	<u>(68,991)</u>
Contributions Receivable, net	<u><u>\$ 1,409,509</u></u>

**NOTE F. Property and Equipment**

Property and equipment at June 30, 2025 is summarized as follows:

	Amount	Depreciable Lives in Years
Leasehold Improvements	\$ 194,085	5-15
Furniture and Fixtures	55,547	5-7
Automobiles	57,694	5
Software and Technology	288,633	3
Total Fixed Assets, gross	<u>595,959</u>	
Less: Accumulated Depreciation and Amortization	<u>(295,992)</u>	
Total Fixed Assets, net:	<u><u>\$ 299,967</u></u>	

Depreciation and amortization expense amounted to \$114,402 for the fiscal year ended June 30, 2025.

**NOTE G. Employee Benefit Plan**

The Organization maintains a defined contribution plan that covers all employees. Contributions to the plan are equal to 5% of the employee's annual salary. The Organization contributed \$131,673 for the year ended June 30, 2025.

**NOTE H. Operating Lease Commitment**

The Organization evaluates current contracts to determine which, if any, met the criteria of a lease. The operating right-of-use (ROU) asset represents the Organization's right to use the underlying asset for the lease term, and the operating lease liability represents the Organization's obligation to make lease payments arising from this operating lease agreement. The ROU asset and lease liability for the operating lease were calculated based on the present value of future lease payments over the lease term. The Organization has made an accounting policy election to use a risk-free rate in lieu of its incremental borrowing rate to discount future lease payments.

The Organization's operating lease consists of a real estate lease for office space in Chicago, IL. The agreement commenced May 1, 2017, and is set to expire on April 30, 2027. The agreement calls for escalating monthly payments ranging from \$9,384 to \$12,244 in addition to a certain percentage of monthly operating expenses of the space.

**Chicago Coalition to End Homelessness**  
**Notes to the Financial Statements**  
**June 30, 2025**

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**NOTE H. Operating Lease Commitment (Continued)**

Future maturities of the operating lease liability are presented in the following table for the fiscal years ending June 30:

2026	\$ 143,340
2027	122,435
Total Future Undiscounted Lease Payments	<u>265,775</u>
Less: Present Value Discount	<u>(7,247)</u>
<b>Total Lease Liability</b>	<b><u>\$ 258,528</u></b>

Additional information on the operating lease is presented in the following table for the year ended June 30, 2025:

*Components of Lease Cost:*

Operating lease cost	\$ 138,882
<b>Total Lease Cost</b>	<b><u>\$ 138,882</u></b>

*Supplemental cash flow information related to leases:*

Cash paid for amounts included in the measurement of lease liability:

Operating cash flows from operating lease	<u>\$ 139,178</u>
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*Supplemental Statement of Financial Position related to leases:*

ROU Asset - Operating	\$ 626,432
Less: Accumulated Amortization - Operating	<u>(379,061)</u>
ROU Asset - Operating, Net	<u>\$ 247,371</u>
Lease Liability - Operating	<u><b>\$ 258,528</b></u>

Weighted Average Remaining Lease Term: 1.83 years

Weighted Average Discount Rate: 2.88%

**Chicago Coalition to End Homelessness**  
**Notes to the Financial Statements**  
**June 30, 2025**

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**NOTE I. Net Assets**

Net assets with donor restrictions are restricted for the following purposes or periods as of June 30, 2025:

Restricted for the Passage of Time and Specified Purpose:

Scholarships	\$ 2,000
Small Shelter	1,009,755
Streetlight Chicago	22,500
Educational Rights	10,000
Law Project	172,333
Total subject to passage of time and expenditure for specified purpose	<u>\$ 1,216,588</u>

Restricted to Expenditure for a Specified Purpose:

Law Project	\$ 12,500
Scholarships	<u>1,171,885</u>
Total subject to expenditure for specified purpose	<u>\$ 1,184,385</u>

Restricted for the Passage of Time:

To be used in a future fiscal year	\$ 869,254
Total subject to passage of time	<u>\$ 869,254</u>
Total Net Assets with Donor Restrictions	<u>\$ 3,270,227</u>

Net assets without donor restrictions at June 30, 2025 are as follows:

Undesignated	\$ 8,039,952
Designated by board	<u>300,000</u>
Total Net Assets Without Donor Restrictions	<u>\$ 8,339,952</u>

CCH's Board of Directors has designated \$300,000 to serve as a possible endowment fund for future years.

**NOTE J. Subsequent Events**

Management has evaluated subsequent events through October 30, 2025, the date which the financial statements were available to be issued. Management has determined that there are no material subsequent events that require recognition or disclosure.