

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

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

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning , 2024, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COLORADO COALITION FOR THE HOMELESS Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2111 CHAMPA STREET City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80205 F Name and address of principal officer: BRITTA FISHER SAME AS C ABOVE H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number 7181
I Tax-exempt status: <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	D Employer identification number 84-0951575 E Telephone number (303) 293-2217 G Gross receipts \$ 116,858,021
J Website: WWW.COLORADOCOALITION.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1984 M State of legal domicile: CO

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF THE COLORADO COALITION FOR THE HOMELESS IS TO WORK COLLABORATIVELY TOWARD THE PREVENTION OF HOMELESSNESS AND THE (CONTINUED ON SCHEDULE O)		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	1,034
	6	Total number of volunteers (estimate if necessary)	6	235
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	70,520,818	71,071,580
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,061,232	44,222,383
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(64,576)	16,992
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	907,094	1,540,845
	12		104,424,568	116,851,800
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,889,894	16,393,777
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	58,718,223	61,585,964
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	2,773,784	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	35,219,518	32,614,184
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	106,827,635	110,593,925
	19	Revenue less expenses. Subtract line 18 from line 12	(2,403,067)	6,257,875
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	188,100,601	203,459,572
	22	Net assets or fund balances. Subtract line 21 from line 20	59,700,108	68,801,203
22		128,400,493	134,658,369	

Part II Signature Block

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

Jing Huang (Aug 14, 2025 10:13:09 MDT)

08/14/2025

Sign
Here

Signature of officer

Date

JING HUANG, INTERIM CHIEF FINANCIAL OFFICER

Type or print name and title

Paid
Preparer
Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if
self-employed

PTIN

ADAM R. SMITH

Adam R Smith

08/12/2025

P00958966

Firm's name **FORVIS MAZARS, LLP**Firm's EIN **44-0160260**Firm's address **111 SOUTH TEJON SUITE 800, COLORADO SPRINGS, CO 80903-9848**Phone no. **(719) 471-4290**May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2024)

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

OMB No. 1545-0047

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

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

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

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

Part I — Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. COLORADO COALITION FOR THE HOMELESS	Taxpayer identification number (TIN) 84-0951575
	Number, street, and room or suite no. If a P.O. box, see instructions. 2111 CHAMPA STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DENVER, CO 80205	

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

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

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

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

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

- The books are in the care of THE ORGANIZATION, 2111 CHAMPA STREET, DENVER, CO 80205
- Telephone No. (303) 293-2217 Fax No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____
- If this is for the whole group, check this box ☐
- If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for . . . ☐

1 I request an automatic 6-month extension of time until 11/17, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20 24 or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

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

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

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

1 I request an extension of time until _____, 20____, to file Form 5330.

a Enter the Code section(s) imposing the tax.	1a			
b Enter the payment amount attached.	1b	\$		
c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	1c			

[illegible]

Date _____

6/23/2025 2:08:13 PM

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

THE MISSION OF THE COLORADO COALITION FOR THE HOMELESS IS TO WORK COLLABORATIVELY TOWARD THE PREVENTION OF HOMELESSNESS AND THE CREATION OF LASTING SOLUTIONS FOR FAMILIES, CHILDREN, AND INDIVIDUALS WHO ARE EXPERIENCING OR AT-RISK OF HOMELESSNESS THROUGHOUT COLORADO. CCH ADVOCATES FOR AND PROVIDES A CONTINUUM OF HOUSING AND A VARIETY OF SERVICES TO IMPROVE THE HEALTH,

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 52,934,491 including grants of \$ 16,393,777) (Revenue \$ 30,850,852)

HOUSING SERVICES: THE COALITION PROVIDES A WIDE RANGE OF CRITICAL HOUSING SERVICES INCLUDING SHELTER PLACEMENT, 24 MONTHS OF SERVICE ENRICHED TRANSITIONAL AND PERMANENT SUPPORTIVE HOUSING, CHILDREN'S PROGRAMS, AND WELFARE-TO-WORK PROGRAMS. THE COALITION HAS ALSO ADOPTED AN APPROACH CALLED HOUSING FIRST WHICH IS DESIGNED TO HELP CHRONICALLY HOMELESS INDIVIDUALS MOVE IMMEDIATELY OFF THE STREETS OR OUT OF THE SHELTER SYSTEM. THE APPROACH INCLUDES CRISIS INTERVENTION, RAPID ACCESS TO HOUSING, FOLLOW-UP CASE MANAGEMENT AND THERAPEUTIC SUPPORT SERVICES TO PREVENT THE RECURRENCE OF HOMELESSNESS. SEE SCHEDULE O FOR ADDITIONAL HOUSING SERVICES.

4b (Code:) (Expenses \$ 43,600,140 including grants of \$ 0) (Revenue \$ 14,912,376)

HEALTHCARE: THE COALITION'S STOUT STREET CLINIC HAS BEEN DELIVERING HEALTHCARE FOR THE HOMELESS IN DOWNTOWN DENVER FOR 36 YEARS. MEDICAL AND MENTAL HEALTHCARE SERVICES ARE PROVIDED TO MORE THAN 14,700 MEN, WOMEN, AND CHILDREN EACH YEAR, RANGING IN AGE FROM INFANCY TO THOSE OVER 85. COMPREHENSIVE PRIMARY AND PREVENTIVE CARE SERVICES INCLUDE MEDICAL EXAMS, DIAGNOSIS AND TREATMENT OF ACUTE AND CHRONIC ILLNESS, HEALTH MAINTENANCE, PRE- AND POST-NATAL, GYNECOLOGICAL SERVICES, FAMILY PLANNING, IMMUNIZATIONS, TB TESTING AND HEALTH EDUCATION. SEE SCHEDULE O FOR ADDITIONAL HEALTHCARE SERVICES.

4c (Code:) (Expenses \$ 861,257 including grants of \$ 0) (Revenue \$ 0)

EDUCATION AND ADVOCACY: THE COALITION'S EDUCATION AND ADVOCACY PROGRAM SEEKS TO RAISE PUBLIC AWARENESS OF HOMELESSNESS AND TO ADVOCATE FOR PUBLIC POLICIES TO PREVENT AND END HOMELESSNESS. THROUGH WEB-BASED OUTREACH AND INFORMATION EXCHANGE, STATEWIDE EDUCATIONAL CONFERENCES, LOCAL COMMUNITY FORUMS, GRASS-ROOTS EFFORTS, MEDIA RELATIONS, SPEAKERS, BUREAU PROGRAMS AND POLITICAL ADVOCACY, THE COALITION WORKS TO FOSTER LONG-TERM STRATEGIES TO END HOMELESSNESS THROUGH COORDINATED SYSTEMS THAT INCREASE THE SUPPLY OF AFFORDABLE AND SUPPORTIVE HOUSING, LIVABLE INCOMES, AND ACCESS TO HEALTH, MENTAL HEALTH AND SUBSTANCE TREATMENT SERVICES FOR THE MOST VULNERABLE CITIZENS.

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

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

4e Total program service expenses 97,395,888

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 ✓	
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	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 ✓	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	✓
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	✓
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	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
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 ✓	
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	✓
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 ✓	
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	✓
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 ✓	
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 ✓	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
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	✓
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓
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 ✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
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	✓
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	✓
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	✓
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	✓
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	✓
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	✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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 ✓	

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 ✓	
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 ✓	
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	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	✓
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	✓
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	✓
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	✓
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	✓
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	✓
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	✓
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29 ✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
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	✓
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 ✓	
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 ✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a ✓	
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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓
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	✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 ✓	

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 722	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,034
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a <u>17</u> If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b <u>17</u>		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders? 6		<input checked="" type="checkbox"/>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body? 8b	<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
THE ORGANIZATION, 2111 CHAMPA STREET, DENVER, CO 80205, (303) 293-2217

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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 employee	Former			
(1) JAMAL MOLOO VP OF INTEGRATED HEALTH SERVICES	40.0 0.0					✓		324,574	0	45,512
(2) BRITTA FISHER PRESIDENT AND CEO	38.0 2.0			✓				335,000	0	15,205
(3) ROLLIN ODEN DIRECTOR, WAGEES	40.0 0.0					✓		270,023	0	37,476
(4) LISA THOMPSON CHIEF PROGRAM OFFICER	40.0 0.0			✓				279,658	0	27,577
(5) PETE STOLLER CHIEF FINANCIAL OFFICER	36.0 4.0			✓				272,197	0	34,355
(6) ELISE TER HAAR CLINICAL DIRECTOR	40.0 0.0					✓		287,150	0	15,461
(7) DANIEL LEWIS PHYSICIAN	40.0 0.0					✓		285,051	0	15,787
(8) JOSEPH HORVATH PSYCHIATRIST	40.0 0.0					✓		251,902	0	36,781
(9) JENNIFER CLOUD CHIEF REAL ESTATE OFFICER	1.0 39.0			✓				215,545	0	44,932
(10) LIZZ JACKSON CHIEF EQUITY & ADMINISTRATIVE OFFICER	39.0 1.0			✓				203,617	0	19,343
(11) MEG MULLEN CHIEF DEVELOPMENT OFFICER (END 8/24)	40.0 0.0			✓				189,371	0	31,990
(12) LOUISA AMOTT CHIEF HUMAN RESOURCES OFFICER	39.0 1.0			✓				195,186	0	20,943
(13) CATHY ALDERMAN CHIEF COMMUNICATIONS & PUBLIC POLICY OFFICER	39.0 1.0			✓				193,607	0	21,732
(14) ADAM MINGAL CHIEF LEGAL COUNSEL	39.0 1.0			✓				196,521	0	13,560

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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 employee	Former			
(15) ANDREW GRIMM CHIEF INTEGRATED HEALTH OPERATIONS OFFICER	40.0 0.0			✓				188,184	0	19,160
(16) MANDY MAY CHIEF QUALITY & INFORMATION OFFICER (END 7/24)	39.0 1.0			✓				115,199	0	22,458
(17) CUICATL MONTOYA SECRETARY	1.0 0.0	✓		✓				0	0	0
(18) DONNA HILTON VICE CHAIR	1.0 0.0	✓		✓				0	0	0
(19) MYCHAEAL DAVE CHAIR	1.0 0.0	✓		✓				0	0	0
(20) TOM WOLF TREASURER	1.0 0.0	✓		✓				0	0	0
(21) ANDREW ROMERO DIRECTOR	1.0 1.0	✓						0	0	0
(22) CHARLES SAVAGE DIRECTOR	1.0 0.0	✓						0	0	0
(23) CHRISTOPHER BATES DIRECTOR	1.0 0.0	✓						0	0	0
(24) DARRELL BROWN DIRECTOR	1.0 1.0	✓						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								3,802,785	0	422,272
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								3,802,785	0	422,272

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 **90**

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

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
CENTERRE CONSTRUCTION, INC, 4100 E MISSISSIPPI AVE, STE 900, DENVER, CO 80246	CONSTRUCTION	10,471,374
INVICTA SOLUTIONS LLC, P.O. BOX 11516, DENVER, CO 80211	SECURITY PROVIDER	553,665
MOUNTAIN AND PLAINS CATERING LLC, 19805 EAST GREENWOOD DRIVE, AURORA, CO 80013	CATERING SERVICES	464,163
SHAMROCK FOODS COMPANY, 460 SOUTH LIPAN STREET, DENVER, CO 80223	FOOD & HOUSEHOLD SUPPLIES	443,444
BAYAUD ENTERPRISES, INC, 333 W BAYAUD AVE, DENVER, CO 80223	JANITORIAL SERVICES	414,973
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	24	

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	126,083			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	61,108,824			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,836,673			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 101,748			
	h	Total. Add lines 1a-1f		71,071,580			
	Program Service Revenue			Business Code			
2a	MEDICARE/MEDICAID	621400	20,473,665	20,473,665			
b	RENTAL INCOME OR (LOSS)	531110	6,023,237	6,023,237			
c	GAIN ON HOUSING PARTNERSHIP INTERESTS	900999	5,844,132	5,844,132			
d	PROGRAM RELATED INTEREST INCOME	900999	1,504,162	1,504,162			
e	RELATED PROGRAM SERVICE REVENUE	900999	10,377,187	10,377,187			
f	All other program service revenue		0	0	0	0	
g	Total. Add lines 2a-2f		44,222,383				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		12,499			12,499
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)	4,493	0			
	d	Net gain or (loss)		4,493			4,493
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
	11a	MISCELLANEOUS INCOME	900999	927,988	927,988		
	b	DEBT FORGIVENESS	900999	500,000	500,000		
	c	INSURANCE PROCEEDS	900999	112,857	112,857		
	d	All other revenue		0	0	0	0
	e	Total. Add lines 11a-11d		1,540,845			
12	Total revenue. See instructions			116,851,800	45,763,228	0	16,992

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,590,337	2,590,337		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	13,803,440	13,803,440		
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	0	0		
5 Compensation of current officers, directors, trustees, and key employees	2,109,725		1,888,363	221,362
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	46,048,988	41,393,502	3,947,470	708,016
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,980,032	1,773,194	178,292	28,546
9 Other employee benefits	7,035,189	6,100,594	810,324	124,271
10 Payroll taxes	4,412,030	3,780,227	545,327	86,476
11 Fees for services (nonemployees):				
a Management	400,137	400,137		
b Legal	64,823		64,823	
c Accounting	192,643		192,643	
d Lobbying	45,000		45,000	
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.)	3,500,036	3,413,840	72,116	14,080
12 Advertising and promotion	37,562	37,562		
13 Office expenses	1,998,818	1,209,158	405,416	384,244
14 Information technology	2,286,818	1,107,735	605,349	573,734
15 Royalties				
16 Occupancy	4,508,100	4,380,474	119,835	7,791
17 Travel	494,670	234,575	133,534	126,561
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	431,406	202,933	117,299	111,174
20 Interest	457,402	450,936	6,466	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,114,307	3,111,715	2,592	
23 Insurance	960,147	658,596	154,818	146,733
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 CASE MGMT & CLIENT NEEDS	12,775,118	11,717,606	944,023	113,489
b BAD DEBT EXPENSE	463,963	218,248	126,152	119,563
c PHARMACEUTICALS & OPTICAL	406,093	372,793	29,726	3,574
d MEDICAL/OTHER CLIENT SUPPLIES	359,252	329,793	26,297	3,162
e All other expenses	117,889	108,493	8,388	1,008
25 Total functional expenses. Add lines 1 through 24e	110,593,925	97,395,888	10,424,253	2,773,784
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	12,177,034	1	10,330,984
	2 Savings and temporary cash investments	12,498,160	2	5,114,030
	3 Pledges and grants receivable, net	11,694,630	3	12,121,443
	4 Accounts receivable, net	2,541,342	4	2,862,145
	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	0	5	0
	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)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	226,514	8	200,823
	9 Prepaid expenses and deferred charges	1,873,942	9	2,690,645
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 124,408,551		
	b Less: accumulated depreciation	10b 56,801,550		
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	55,038,927	13	68,689,032
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	35,840,427	15	33,843,469
16 Total assets. Add lines 1 through 15 (must equal line 33)	188,100,601	16	203,459,572	
Liabilities	17 Accounts payable and accrued expenses	7,376,546	17	10,411,804
	18 Grants payable	0	18	0
	19 Deferred revenue	351,535	19	397,266
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	351,378	21	304,995
	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	50,000	22	0
	23 Secured mortgages and notes payable to unrelated third parties	30,754,876	23	38,350,077
	24 Unsecured notes and loans payable to unrelated third parties		24	0
	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	20,815,773	25	19,337,061
	26 Total liabilities. Add lines 17 through 25	59,700,108	26	68,801,203
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	116,062,035	27	113,900,762
	28 Net assets with donor restrictions	12,338,458	28	20,757,607
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
	32 Total net assets or fund balances	128,400,493	32	134,658,369
33 Total liabilities and net assets/fund balances	188,100,601	33	203,459,572	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	116,851,800
2	Total expenses (must equal Part IX, column (A), line 25)	2	110,593,925
3	Revenue less expenses. Subtract line 2 from line 1	3	6,257,875
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	128,400,493
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	134,658,368

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

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

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) JAMES E. DAVIS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(26) JANE A. TIDBALL ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(27) JOEL NECKERS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(28) JULIE MCGUIRE ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(29) NORMAN HAGLUND ----- DIRECTOR	1.0 ----- 1.0	✓						0	0	0
(30) RANDLE LOEB ----- DIRECTOR	1.0 ----- 1.0	✓						0	0	0
(31) ROBIN HILL ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(32) T.R. REID ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(33) THOMAS COLLINS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

COLORADO COALITION FOR THE HOMELESS

Employer identification number

84-0951575

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 33¹/₃% 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 33¹/₃% 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)						
Total						

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

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.")	62,074,472	78,979,958	77,767,692	70,520,818	71,071,580	360,414,520
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 Total. Add lines 1 through 3	62,074,472	78,979,958	77,767,692	70,520,818	71,071,580	360,414,520
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 Public support. Subtract line 5 from line 4						360,414,520

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	62,074,472	78,979,958	77,767,692	70,520,818	71,071,580	360,414,520
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,900	3,474	1,229	11,783	12,499	30,885
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.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						360,445,405
12 Gross receipts from related activities, etc. (see instructions)					12	183,721,002
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.99 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.99 %
16a 33¹/₃% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33¹/₃% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 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 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33¹/₃% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33 ¹ / ₃ %, and line 17 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33¹/₃% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 ¹ / ₃ %, and line 18 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. 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

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
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 .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described 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.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

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

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

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-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—explain in Part VI). 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 Total 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, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. 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 . . .			

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.)

**Schedule B
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

COLORADO COALITION FOR THE HOMELESS

Employer identification number

84-0951575

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(**3**) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % 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

COLORADO COALITION FOR THE HOMELESS

Employer identification number

84-0951575

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		\$ 19,898,321	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 11,714,103	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 8,214,171	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 13,293,705	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,771,812	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,535,232	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COLORADO COALITION FOR THE HOMELESS	Employer identification number 84-0951575
---	--

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
-----	----- ----- ----- -----	\$ -----	-----
(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

COLORADO COALITION FOR THE HOMELESS

Employer identification number

84-0951575

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.) \$ _____

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

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
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SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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

COLORADO COALITION FOR THE HOMELESS

Employer identification number (EIN)

84-0951575

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

- Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- Political campaign activity expenditures. See instructions \$
- Volunteer hours for political campaign activities. See instructions

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

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 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)				

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

Cat. No. 50084S

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	141,100													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)	141,100													
d	Other exempt purpose expenditures	117,445,698													
e	Total exempt purpose expenditures (add lines 1c and 1d)	117,586,798													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1"> <thead> <tr> <th>IF the amount on line 1e, column (a) or (b) is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		IF the amount on line 1e, column (a) or (b) is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b) is:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c Total lobbying expenditures	94,297	142,811	116,594	141,100	494,802
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	94,297	142,811	116,594	141,100	494,802

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?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

[SEE NEXT PAGE](#)

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.

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DESCRIPTION OF LOBBYING	THE COALITION'S EDUCATION AND ADVOCACY PROGRAM SEEKS TO RAISE PUBLIC AWARENESS OF HOMELESSNESS AND TO ADVOCATE FOR PUBLIC POLICIES TO PREVENT AND END TO HOMELESSNESS THROUGH WEB-BASED OUTREACH AND INFORMATION EXCHANGE, STATEWIDE EDUCATIONAL CONFERENCES, LOCAL COMMUNITY FORUMS, GRASS-ROOTS EFFORTS, MEDIA RELATIONS, SPEAKERS, BUREAU PROGRAMS AND POLITICAL ADVOCACY.

SCHEDULE D
(Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

COLORADO COALITION FOR THE HOMELESS

Employer identification number

84-0951575

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements

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

1	Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

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

Part V Endowment Funds

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

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

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

a Board designated or quasi-endowment _____%

b Permanent endowment _____%

c Term endowment _____%

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

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

(i) Unrelated organizations? **3a(i)** ☐ Yes ☐ No

(ii) Related organizations? **3a(ii)** ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ Yes ☐ No

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	0	9,709,764		9,709,764
b Buildings	0	106,908,014	50,301,652	56,606,362
c Leasehold improvements	0	0	0	0
d Equipment	0	5,692,749	5,223,346	469,403
e Other	0	2,098,024	1,276,552	821,472
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				67,607,001

Part VII Investments—Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .		

Part VIII Investments—Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) NOTE RECEIVABLE	58,475,916	
(2) INVESTMENT IN HOUSING PARTNERSHIP	10,213,116	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .	68,689,032	

Part IX Other Assets

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

(a) Description	(b) Book value
(1) RELATED PARTY RECEIVABLES	21,989,459
(2) BRIDGE LOAN RECEIVABLE	133,173
(3) DEVELOPMENT FEES RECEIVABLE	1,089,069
(4) ESCROW ACCOUNTS	304,995
(5) RIGHT OF USE ASSETS	10,326,773
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	33,843,469

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RELATED PARTY PAYABLE	8,032,324
(3) DEPOSITS	112,621
(4) DEVELOPMENT FEES ACCRUED INTEREST	4,032
(5) RIGHT OF USE LIABILITIES	11,188,084
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	19,337,061

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

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

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

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

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	
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	
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	

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.

[SEE STATEMENT](#)

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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART IV, LINE 2B - EXPLANATION OF ESCROW AGREEMENT	DESCRIBE ESCROW AND CUSTODIAL ARRANGEMENTS: COLORADO COALITION FOR THE HOMELESS SERVES AS A REPRESENTATIVE PAYEE FOR MANY OF ITS CLIENTS AS AN ORGANIZATION APPOINTED BY THE SOCIAL SECURITY ADMINISTRATION TO RECEIVE AND MANAGE THEIR SOCIAL SECURITY AND SSI BENEFITS WHO ARE OTHERWISE INCAPABLE OF DOING SO.
SCHEDULE D, PART X, LINE 2 - UNCERTAIN TAX POSITIONS	THE ORGANIZATION FOLLOWS THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ACCOUNTING STANDARD WHICH REQUIRES THE ORGANIZATION TO DETERMINE WHETHER A TAX POSITION (AND THE RELATED TAX BENEFIT) IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY, BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON SETTLEMENT, PRESUMING THE TAX POSITION IS EXAMINED BY THE APPROPRIATE TAXING AUTHORITIES THAT HAVE KNOWLEDGE OF ALL RELEVANT INFORMATION. DURING THE YEARS ENDED DECEMBER 31, 2024 AND 2023, THE ORGANIZATION'S MANAGEMENT EVALUATED ITS TAX POSITIONS TO DETERMINE THE EXISTENCE OF UNCERTAINTIES, AND DID NOT NOTE ANY MATTERS THAT WOULD REQUIRE RECOGNITION OR THAT MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS.

Name of the organization
COLORADO COALITION FOR THE HOMELESS

Employer identification number
84-0951575

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) ADVOCATES AGAINST DOMESTIC ASSAULT PO BOX 696, TRINIDAD, CO 81082	74-2285205	501(C)(3)	16,846				CASE MANAGEMENT
(2) FAMILY TREE 3805 MARSHALL ST, WHEATRIDGE, CO 80033	84-0730973	501(C)(3)	61,946				(SEE STATEMENT)
(3) HELP FOR ABUSED PARTNERS PO BOX 1286, STERLING, CO 80751	84-0915799	501(C)(3)	59,118				(SEE STATEMENT)
(4) HOUSING SOLUTIONS OF THE SOUTHWEST 295 GIRARD STREET, DURANGO, CO 81303	84-0853925	501(C)(3)	92,744				(SEE STATEMENT)
(5) POSADA 225 COLORADO AVE, PUEBLO, CO 81004	74-2473501	501(C)(3)	161,109				(SEE STATEMENT)
(6) SHARE INC. PO BOX 414, FORT MORGAN, CO 80701	74-2213761	501(C)(3)	66,850				(SEE STATEMENT)
(7) URBAN PEAK 730 21ST ST, DENVER, CO 80205	84-1212246	501(C)(3)	235,484				CASE MANAGEMENT
(8) CATHOLIC CHARITIES WESTERN SLOPE 4045 PECOS ST, DENVER, CO 80211	84-0686679	501(C)(3)	119,957				(SEE STATEMENT)
(9) VOLUNTEERS OF AMERICA 2660 LARIMER STREET, DENVER, CO 80205	84-0430995	501(C)(3)	289,851				(SEE STATEMENT)
(10) THE DELORES PROJECT P.O. BOX 1406, DENVER, CO 80201	20-1122039	501(C)(3)	261,039				(SEE STATEMENT)
(11) THE GATHERING PLACE 1535 N HIGH STREET, DENVER, CO 80218	84-1021059	501(C)(3)	135,750				(SEE STATEMENT)
(12) (SEE STATEMENT)							

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

17

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

0

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 RENTAL/DEPOSIT ASSISTANCE	967	13,803,440			
2					
3					
4					
5					
6					
7					

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

Part II**Grants and Other Assistance to Governments and Organizations in the United States (continued)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) THE SALVATION ARMY 1370 PENNSYLVANIA STREET, DENVER, CO 80203	94-1156347	501(C)(3)	504,804				HOUSING ASSISTANCE & CASE MANAGEMENT
(13) BRIGHT FUTURE FOUNDATION FOR EAGLE COUNTY PO BOX 2558, AVON, CO 81620	84-0938374	501(C)(3)	122,511				HOUSING ASSISTANCE & CASE MANAGEMENT
(14) LOAVES & FISHES MINISTRIES FREMONT COUNTY 241 JUSTICE CENTER DR, CANON CITY, CO 81212	84-1050917	501(C)(3)	156,819				HOUSING ASSISTANCE & CASE MANAGEMENT
(15) CENTER FOR POLICY RESEARCH 1570 EMERSON STREET, DENVER, CO 80218	84-0849945	501(C)(3)	17,834				CASE MANAGEMENT
(16) COLORADO DEPARTMENT OF LOCAL AFFAIRS 1313 SHERMAN STREET, DENVER, CO 80203	N/A	GOV'T	175,573				HOUSING ASSISTANCE & CASE MANAGEMENT
(17) SPARK COMMUNITY FOUNDATION PO BOX 100067, DENVER, CO 80250	27-4374456	501(C)(3)	112,101				HOUSING ASSISTANCE & CASE MANAGEMENT

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	<p>ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS: GRANTS MADE TO SUB RECIPIENTS (SHOWN ON SCHEDULE I, PART II): MONITORING WILL OCCUR IN A NUMBER OF WAYS THROUGH REVIEW OF FINANCIAL REQUESTS, HMIS DATA RECORDS AND REGULAR PROGRESS REPORTS AND SITE MONITORING, BUT MAY BE BROKEN INTO TWO BROAD CATEGORIES: IN-HOUSE DESKTOP MONITORING (PERFORMED ON ALL SUB RECIPIENTS):</p> <ul style="list-style-type: none"> - FINANCIAL, REIMBURSEMENT DATA/FINANCIAL AND SINGLE AUDITS - HMIS DATA - ORGANIZATIONAL AND PROGRAM POLICIES - MONTHLY REPORTING <p>ON-SITE MONITORING (PERFORMED FOR HIGH-RISK SUB RECIPIENTS):</p> <ul style="list-style-type: none"> - CLIENT DATA AND ELIGIBILITY - FINANCIAL, TEST REIMBURSEMENT DATA, SYSTEM ANALYSIS - IMPLEMENTATION OF ORGANIZATIONAL AND PROGRAM POLICIES <p>GRANTS MADE TO INDIVIDUALS (SHOWN ON SCHEDULE I, PART III): ALL RECIPIENTS OF COLORADO COALITION FOR THE HOMELESS SUPPORT MUST APPLY THROUGH A SCREENING PROCESS BEFORE RECEIVING ASSISTANCE. THE APPLICATION INCLUDES INCOME VERIFICATION, NUMBER OF FAMILY MEMBERS AND OTHER QUESTIONS TO PROVIDE THEM WITH THE APPROPRIATE SERVICES THAT CCH PROVIDES.</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>FAMILY TREE:</p> <p>HOUSING ASSISTANCE & CASE MANAGEMENT</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>HELP FOR ABUSED PARTNERS:</p> <p>HOUSING ASSISTANCE & CASE MANAGEMENT</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>HOUSING SOLUTIONS OF THE SOUTHWEST:</p> <p>HOUSING ASSISTANCE & CASE MANAGEMENT</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>POSADA:</p> <p>HOUSING ASSISTANCE & CASE MANAGEMENT</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>SHARE INC.:</p> <p>HOUSING ASSISTANCE & CASE MANAGEMENT</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>CATHOLIC CHARITIES WESTERN SLOPE:</p> <p>HOUSING ASSISTANCE & CASE MANAGEMENT</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>VOLUNTEERS OF AMERICA:</p> <p>HOUSING ASSISTANCE & CASE MANAGEMENT</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>THE DELORES PROJECT:</p> <p>HOUSING ASSISTANCE & CASE MANAGEMENT</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>THE GATHERING PLACE:</p> <p>HOUSING ASSISTANCE & CASE MANAGEMENT</p>

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

COLORADO COALITION FOR THE HOMELESS

Employer identification number

84-0951575

Part I Questions Regarding Compensation

	Yes	No
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. <div><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</div>		
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	1b	
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?	2	
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. <div><input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee</div>		
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.	4a 4b 4c	 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
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.	5a 5b	 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
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.	6a 6b	 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
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	7	<input checked="" type="checkbox"/>
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	8	<input checked="" type="checkbox"/>
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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				
1	JAMAL MOLOO	(i) 324,574	(ii) 0	(iii) 0	16,956	28,556	370,086	0
	VP OF INTEGRATED HEALTH SERVICES	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
2	BRITTA FISHER	(i) 335,000	(ii) 0	(iii) 0	14,835	370	350,205	0
	PRESIDENT AND CEO	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
3	ROLLIN ODEN	(i) 270,023	(ii) 0	(iii) 0	14,112	23,364	307,499	0
	DIRECTOR, WAGEES	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
4	LISA THOMPSON	(i) 279,658	(ii) 0	(iii) 0	14,698	12,879	307,235	0
	CHIEF PROGRAM OFFICER	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
5	PETE STOLLER	(i) 272,197	(ii) 0	(iii) 0	14,070	20,285	306,552	0
	CHIEF FINANCIAL OFFICER	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
6	ELISE TER HAAR	(i) 287,150	(ii) 0	(iii) 0	15,091	370	302,611	0
	CLINICAL DIRECTOR	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
7	DANIEL LEWIS	(i) 285,051	(ii) 0	(iii) 0	14,301	1,486	300,838	0
	PHYSICIAN	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
8	JOSEPH HORVATH	(i) 251,902	(ii) 0	(iii) 0	13,499	23,282	288,683	0
	PSYCHIATRIST	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
9	JENNIFER CLOUD	(i) 215,545	(ii) 0	(iii) 0	11,671	33,261	260,477	0
	CHIEF REAL ESTATE OFFICER	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
10	LIZZ JACKSON	(i) 203,617	(ii) 0	(iii) 0	9,514	9,829	222,960	0
	CHIEF EQUITY & ADMINISTRATIVE OFFICER	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
11	MEG MULLEN	(i) 189,371	(ii) 0	(iii) 0	11,200	20,790	221,361	0
	CHIEF DEVELOPMENT OFFICER (END 8/24)	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
12	LOUISA AMOTT	(i) 195,186	(ii) 0	(iii) 0	9,895	11,048	216,129	0
	CHIEF HUMAN RESOURCES OFFICER	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
13	CATHY ALDERMAN	(i) 193,607	(ii) 0	(iii) 0	9,903	11,829	215,339	0
	CHIEF COMMUNICATIONS & PUBLIC POLICY OFFICER	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
14	ADAM MINGAL	(i) 196,521	(ii) 0	(iii) 0	9,999	3,561	210,081	0
	CHIEF LEGAL COUNSEL	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
15	ANDREW GRIMM	(i) 188,184	(ii) 0	(iii) 0	9,516	9,644	207,344	0
	CHIEF INTEGRATED HEALTH OPERATIONS OFFICER	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
16		(i)						
		(ii)						

Schedule J (Form 990) (Rev. 1-2025)

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

COLORADO COALITION FOR THE HOMELESS

Employer identification number

84-0951575

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	9	96,748	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ((SEE STATEMENT))				
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?
- 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.

	Yes	No
30a		✓
31	✓	
32a		✓
33		

Part I
Types of Property (continued)

Property Type	(a) Check If Applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
BRIGHT SPACE/FAMILY ROOM UPDATE	✓	1	5,000	COST

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.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - NUMBER OF STOCK CONTRIBUTIONS OTHER - BRIGHT SPACE/FAMILY ROOM UPDATE NUMBER OF CONTRIBUTIONS

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

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 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Colorado Coalition for the Homeless

Employer identification number

84-0951575

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	CREATION OF LASTING SOLUTIONS FOR FAMILIES, CHILDREN, AND INDIVIDUALS WHO ARE EXPERIENCING OR AT-RISK OF HOMELESSNESS THROUGHOUT COLORADO. CCH ADVOCATES FOR AND PROVIDES A CONTINUUM OF HOUSING AND A VARIETY OF SERVICES TO IMPROVE THE HEALTH, WELL-BEING AND STABILITY OF THOSE IT SERVES.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	THE COALITION ALSO PROVIDES COMPREHENSIVE SUBSTANCE ABUSE TREATMENT INCLUDING DAILY RECOVERY, EDUCATION AND RELAPSE MANAGEMENT, AND REFERRALS TO COMMUNITY PROGRAMS FOR INDIVIDUALS WITH DRUG AND ALCOHOL ADDICTIONS, AND FOR INDIVIDUALS WITH CO-OCCURRING ADDICTION AND MENTAL ILLNESS DISORDERS. THE COALITION'S RENAISSANCE CHILDREN'S CENTER (RCC) OFFERS AFFORDABLE, HIGH-QUALITY CHILD DEVELOPMENT PROGRAMS FOR LOW-INCOME AND FORMERLY HOMELESS FAMILIES AS WELL AS THOSE WHO MAY BE MORE AFFLUENT WHO APPRECIATE THE VALUE OF RCC'S UNIQUE AND HIGHLY SUCCESSFUL ENVIRONMENT. THE COALITION SEEKS TO PROVIDE A PLACE WHERE CHILDREN AND THEIR FAMILIES CAN FEEL SAFE, ARE SUPPORTED IN THEIR INDIVIDUAL NEEDS, AND ARE GIVEN TOOLS FOR ACADEMIC LEARNING, SOCIAL INTERACTIONS, AND EMOTIONAL COMPETENCE. RCC SERVES CHILDREN RANGING IN AGE FROM SIX WEEKS TO FIVE YEARS, WITH 75 CHILDCARE SLOTS TARGETED FOR HOMELESS AND LOW-INCOME FAMILIES.
FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS	HOUSING FIRST IS DESIGNED TO RESPOND TO THE MOST ACUTE NEEDS OF THE CHRONICALLY HOMELESS INDIVIDUALS WITH DISABILITIES - HOUSING AND THROUGH THE PROVISION OF HOUSING PROVIDE THE OTHER SERVICES NECESSARY TO MAINTAIN THAT HOUSING AND IMPROVE HEALTH. THE COALITION PROVIDES INDIVIDUALIZED SUPPORT SERVICES FOR ITS CLIENTS AS NEEDED, IN ORDER TO CREATE A STABLE ENVIRONMENT AND TO KEEP THOSE THAT WERE ONCE HOMELESS IN HOUSING. THIS INCLUDES RENTAL ASSISTANCE, HELP IN OBTAINING PUBLIC BENEFITS SUCH AS MEDICAID, CONNECTIONS TO JOBS, EMPLOYERS OR EMPLOYMENT RESOURCES, DEDICATED CASE MAN AND CUSTOMIZED MENTAL HEALTH AND SUBSTANCE TREATMENT APPROACHES. THE COALITION PROVIDES TRANSITIONAL, SECTION 8, AND PERMANENT HOUSING ASSISTANCE TO HOMELESS FAMILIES AND INDIVIDUALS. SERVICES INCLUDE HOUSING REFERRALS, COUNSELING, LANDLORD/TENANT ADVOCACY, HOUSING SEARCH ASSISTANCE, LIFE SKILLS TRAINING, AND ON-SITE HOUSING QUALITY INSPECTIONS.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	REVIEW OF FORM 990: THE DIRECTOR OF ACCOUNTING; ACCOUNTING MANAGER; AND THE CFO REVIEW THE DRAFT FORM 990 AND MAKE ANY REQUIRED CHANGES BEFORE PROVIDING TO THE PRESIDENT FOR HIS/HER REVIEW. THE 990 IS THEN REVIEWED BY THE FINANCE AND AUDIT COMMITTEE WHICH RECOMMENDS APPROVAL BY THE BOARD. ONCE ALL COMMENTS HAVE BEEN ADDRESSED AND CHANGES IMPLEMENTED, THE FORM 990 IS FILED WITH THE IRS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY: THE CONFLICT OF INTEREST POLICY GOVERNS THE ACTIVITIES OF THE BOARD AND STAFF OF THE COLORADO COALITION FOR THE HOMELESS. IT IS THE DUTY OF ALL TO BE AWARE OF THE POLICY AND TO IDENTIFY CONFLICTS OF INTEREST AND SITUATIONS THAT MAY RESULT IN THE APPEARANCE OF A CONFLICT AND TO DISCLOSE THE ISSUE TO EITHER THE CHAIR OF THE BOARD, THE PRESIDENT, OR THE EMPLOYEE'S SUPERVISOR OR OTHER DESIGNATED PERSON AS APPROPRIATE. THE POLICY PROVIDES GUIDELINES FOR IDENTIFYING CONFLICTS, DISCLOSING CONFLICTS AND PROCEDURES TO BE FOLLOWED. IN THE CASE OF A POTENTIALLY CONFLICTED PERSON WHO IS A BOARD MEMBER, THESE PROCEDURES INCLUDE THE INTERESTED PERSON LEAVING MEETINGS DURING ANY DISCUSSION OF, OR VOTE ON, WHETHER A CONFLICT OF INTEREST ACTUALLY EXISTS, AND IF SUCH CONFLICT IS DETERMINED BY THE BOARD TO EXIST, HE OR SHE SHALL LEAVE THE MEETING DURING ANY DISCUSSION OF, VOTE ON, THE TRANSACTION IN QUESTION. LASTLY, THE ORGANIZATION REQUIRES ALL EMPLOYEES AND BOARD MEMBERS TO SUBMIT AN UPDATED CONFLICT OF INTEREST FORM ANNUALLY TO HELP ENSURE COMPLIANCE WITH THE POLICIES.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION: THE ORGANIZATION ENDEAVORS TO PROVIDE A COMPETITIVE TOTAL COMPENSATION OPPORTUNITY CONSISTENT WITH THE MARKET PRACTICES FOR INDIVIDUALS POSSESSING THE EXPERIENCE AND SKILLS NEEDED TO IMPROVE THE OVERALL PERFORMANCE OF THE ORGANIZATION. A COMPENSATION COMMITTEE REVIEWS AND APPROVES THE COMPENSATION FOR THE PRESIDENT OF COLORADO COALITION FOR THE HOMELESS ANNUALLY. COMPENSATION DECISIONS ARE DOCUMENTED APPROPRIATELY IN EMPLOYEE FILES.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	REVIEW OF OTHER OFFICER OR KEY EMPLOYEES COMPENSATION: THE ORGANIZATION ENDEAVORS TO PROVIDE A COMPETITIVE TOTAL COMPENSATION OPPORTUNITY CONSISTENT WITH THE MARKET PRACTICES FOR INDIVIDUALS POSSESSING THE EXPERIENCE AND SKILLS NEEDED TO IMPROVE THE OVERALL PERFORMANCE OF THE ORGANIZATION. A COMPENSATION COMMITTEE REVIEWS AND ADJUSTS THE COMPENSATION FOR THE OFFICERS AND KEY EMPLOYEES OF COLORADO COALITION FOR THE HOMELESS ANNUALLY. COMPENSATION DECISIONS ARE DOCUMENTED APPROPRIATELY IN EMPLOYEE FILES.

Name of the organization
[Colorado Coalition for the Homeless](#)

Employer identification number
[84-0951575](#)

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE AUDIT IS ALSO AVAILABLE ON THE SINGLE AUDIT WEBSITE.
FORM 990, PART VII, SECTION A - OFFICER COMPENSATION:	OFFICER COMPENSATION: CERTAIN OFFICER COMPENSATION IS REIMBURSED TO THE FILING ORGANIZATION BY RELATED ORGANIZATIONS FOR SERVICES PERFORMED FOR THESE RELATED ORGANIZATIONS. OFFICER ROLES WHOSE COMPENSATION IS AT LEAST PART PARTIALLY ALLOCATED TO AND REIMBURSED BY RELATED ORGANIZATIONS INCLUDE THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, AND THE CHIEF REAL ESTATE OFFICER.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) STOUT STREET HEALTH CENTER LLC (46-1354206) 2111 CHAMPA STREET, DENVER, CO 80205	HEALTH CARE	CO	264,000	14,489,531	CCH
(2) LINCOLN/GLENARM LP (84-1289061) 2111 CHAMPA STREET, DENVER, CO 80205	HOUSING	CO	112,692	278,461	CCH
(3) FORUM BUILDING HOUSING LP (84-1320597) 2111 CHAMPA STREET, DENVER, CO 80205	HOUSING	CO	0	0	CCH
(4) OFF BROADWAY LOFTS LLLP (84-1519040) 2111 CHAMPA STREET, DENVER, CO 80205	HOUSING	CO	0	0	CCH
(5) CIVIC CENTER APARTMENTS (84-1609174) 2111 CHAMPA STREET, DENVER, CO 80205	HOUSING	CO	1,924,477	11,959,462	CCH
(6) (SEE STATEMENT)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input checked="" type="checkbox"/>	
b Gift, grant, or capital contribution to related organization(s)	<input checked="" type="checkbox"/>	
c Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input checked="" type="checkbox"/>	
e Loans or loan guarantees by related organization(s)	<input checked="" type="checkbox"/>	
f Dividends from related organization(s)		<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input checked="" type="checkbox"/>	
l Performance of services or membership or fundraising solicitations for related organization(s)	<input checked="" type="checkbox"/>	
m Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input checked="" type="checkbox"/>	
o Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	
p Reimbursement paid to related organization(s) for expenses	<input checked="" type="checkbox"/>	
q Reimbursement paid by related organization(s) for expenses	<input checked="" type="checkbox"/>	
r Other transfer of cash or property to related organization(s)	<input checked="" type="checkbox"/>	
s Other transfer of cash or property from related organization(s)	<input checked="" type="checkbox"/>	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) NORTH COLORADO STATION LIHTC LLLP	A	21,000	FINANCIAL STMTS
(2) NORTH COLORADO STATION LIHTC LLLP	B	377,226	FINANCIAL STMTS
(3) NORTH COLORADO STATION LIHTC LLLP	D	770,037	FINANCIAL STMTS
(4) NORTH COLORADO STATION LIHTC LLLP	E	377,226	FINANCIAL STMTS
(5) NORTH COLORADO STATION PAB LLLP	D	1,000,000	FINANCIAL STMTS
(6) (SEE STATEMENT)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) (Rev. 1-2025)

Part I**Identification of Disregarded Entities** (continued)

(a) Name, address and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total Income	(e) End-of-year assets	(f) Direct controlling entity
(6) BLUE SP. TOWNHOMES (84-1564040) 2111 CHAMPA STREET, DENVER, CO 80205	HOUSING	CO	1,605,708	7,514,679	CCH
(7) LOWRY BLVD. APPTS. LLLP (41-2036839) 2111 CHAMPA STREET, DENVER, CO 80205	HOUSING	CO	1,600,176	7,836,823	CCH
(8) FUSION STUDIOS, LLLP (84-3026819) 2111 CHAMPA STREET, DENVER, CO 80205	HOUSING	CO	2,020,950	10,037,769	CCH

Part III
Identification of Related Organizations Taxable as a Partnership (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) N CO. STATION LIHTC (61-1735451) 2111 CHAMPA STREET, DENVER, CO 80205	HOUSING	CO	N/A					✓				
(2) N CO. STATION PAB (47-1848985) 2111 CHAMPA STREET, DENVER, CO 80205	HOUSING	CO	N/A					✓				
(3) REN. RIVERFT. LOFTS (26-0420098) 2111 CHAMPA STREET, DENVER, CO 80205	HOUSING	CO	N/A					✓				
(4) REN. UPTOWN LOFTS (27-1277017) 2111 CHAMPA STREET, DENVER, CO 80205	HOUSING	CO	N/A					✓				
(5) WEST END FLATS LLLP (30-0656705) 2111 CHAMPA STREET, DENVER, CO 80205	HOUSING	CO	N/A					✓				
(6) XENIA VILL. APTS. (20-2780537) 2111 CHAMPA STREET, DENVER, CO 80205	HOUSING	CO	N/A					✓				
(7) STOUT STREET LOFTS (80-0866660) 2111 CHAMPA STREET, DENVER, CO 80205	HOUSING	CO	N/A					✓				
(8) DTOWN LOFTS LIHTC (47-3817802) 2111 CHAMPA STREET, DENVER, CO 80205	HOUSING	CO	N/A					✓				
(9) DTOWN OFTS PAB (47-3829080) 2111 CHAMPA STREET, DENVER, CO 80205	HOUSING	CO	N/A					✓				
(10) LEGACY LOFTS LIHTC (85-3030149) 2111 CHAMPA STREET, DENVER, CO 80205	HOUSING	CO	N/A					✓				
(11) LEGACY LOFTS PAB (85-3050818) 2111 CHAMPA STREET, DENVER, CO 80205	HOUSING	CO	N/A					✓				
(12) VETERANS FITZSIMONS (82-1638236) 2111 CHAMPA STREET, DENVER, CO 80205	HOUSING	CO	N/A					✓				
(13) FORUM APARTMENTS LLLP (87-2076502) 2111 CHAMPA STREET, DENVER, CO 80205	HOUSING	CO	N/A					✓				

Part IV**Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) RENAISSANCE ECONOMIC DEVELOPMENT CORP. (45-2575359) 2111 CHAMPA STREET, DENVER, CO 80205	INVESTMENT	CO	CCH	C CORPORATION			100.00	✓	

Part V**Transactions with Related Organizations** (continued)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) RENAISSANCE RIVERFRONT LOFTS LLLP	A	182,559	FINANCIAL STMTS
(7) RENAISSANCE RIVERFRONT LOFTS LLLP	D	3,620,574	FINANCIAL STMTS
(8) RENAISSANCE UPTOWN LOFTS LLLP	A	17,958	FINANCIAL STMTS
(9) RENAISSANCE UPTOWN LOFTS LLLP	D	616,552	FINANCIAL STMTS
(10) RENAISSANCE UPTOWN LOFTS LLLP	E	823,489	FINANCIAL STMTS
(11) WEST END FLATS LLLP	A	12,000	FINANCIAL STMTS
(12) WEST END FLATS LLLP	D	667,468	FINANCIAL STMTS
(13) WEST END FLATS LLLP	L	103,818	FINANCIAL STMTS
(14) XENIA VILLAGE APARTMENTS LLLP	D	504,609	FINANCIAL STMTS
(15) STOUT STREET LOFTS LLLP	A	51,767	FINANCIAL STMTS
(16) STOUT STREET LOFTS LLLP	D	1,336,301	FINANCIAL STMTS
(17) DOWNTOWN LOFTS LIHTC	A	27,747	FINANCIAL STMTS
(18) DOWNTOWN LOFTS LIHTC	D	1,300,539	FINANCIAL STMTS
(19) DOWNTOWN LOFTS PAB	A	13,511	FINANCIAL STMTS
(20) DOWNTOWN LOFTS PAB	D	633,261	FINANCIAL STMTS
(21) RENAISSANCE HOUSING DEVELOPMENT CORPORATION	E	154,032	FINANCIAL STMTS
(22) RENAISSANCE HOUSING DEVELOPMENT CORPORATION	Q	250,135	FINANCIAL STMTS
(23) RENAISSANCE PROPERTY MANAGEMENT CORPORATION	D	14,941,719	FINANCIAL STMTS
(24) RENAISSANCE PROPERTY MANAGEMENT CORPORATION	E	2,812,570	FINANCIAL STMTS
(25) RENAISSANCE PROPERTY MANAGEMENT CORPORATION	M	400,136	FINANCIAL STMTS
(26) VETERANS FITZSIMONS, LLLP	A	112,118	FINANCIAL STMTS
(27) VETERANS FITZSIMONS, LLLP	D	1,773,901	FINANCIAL STMTS
(28) VETERANS FITZSIMONS, LLLP	L	60,100	FINANCIAL STMTS
(29) FORUM APARTMENTS, LLLP	A	187,773	FINANCIAL STMTS
(30) FORUM APARTMENTS, LLLP	D	10,436,288	FINANCIAL STMTS
(31) SSRC CORPORATION	A	158,319	FINANCIAL STMTS
(32) SSRC CORPORATION	D	11,949,375	FINANCIAL STMTS
(33) LEGACY LOFTS LIHTC	A	189,370	FINANCIAL STMTS
(34) LEGACY LOFTS LIHTC	D	3,219,289	FINANCIAL STMTS
(35) LEGACY LOFTS PAB	D	3,324,545	FINANCIAL STMTS
(36) CONCORD	D	966,985	FINANCIAL STMTS
(37) RENEWAL VILLAGE HOUSING CORPORATION	D	11,481,500	FINANCIAL STMTS
(38) RENEWAL VILLAGE HOUSING CORPORATION	A	196,000	FINANCIAL STMTS
(39) LORETTO	D	650,942	FINANCIAL STMTS
(40) OBL II, LLLP	A	200,429	FINANCIAL STMTS
(41) OBL II, LLLP	D	12,017,596	FINANCIAL STMTS

Part VII**Supplemental Information.** Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE R, PART V, LINE 1D - APPLIED ALLOWANCES	THE AMOUNTS LISTED ON SCHEDULE R, PART V, LINE D ARE PRIOR TO ANY ALLOWANCES APPLIED DUE TO UNCOLLECTIBILITY UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. PLEASE SEE A COPY OF THE FINANCIAL STATEMENTS FOR A COMPLETE LISTING OF ALL ALLOWANCES APPLIED TO NOTES AND INTEREST RECEIVABLE.