

Form 990 Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 2025 Open to Public Inspection

A For the 2025 calendar year, or tax year beginning 01-01-2025, and ending 12-31-2025

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization NEW LIFE DAY CENTER INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 224 NORTH MARTIN LUTHER KING BLVD City or town, state or province, country, and ZIP or foreign postal code LEXINGTON, KY 40507

D Employer identification number 30-0749401 E Telephone number (859) 721-2325

G Gross receipts \$ 534,868

F Name and address of principal officer: Jennie Zamora 224 North Martin Luther King Blvd Lexington, KY 40507

- H(a) Is this a group return for subordinates? H(b) Are all subordinates included? H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: www.newlifedaycenter.org

K Form of organization: Corporation Trust Association Other

L Year of formation: 2012

M State of legal domicile: KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: The New Life Day Center provides direct support to persons experiencing homelessness, bridging gaps

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

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.

Sign Here Signature of officer Jennie Zamora Executive Director Date 2026-04-09

Table for Paid Preparer Use Only with columns: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

New Life Day Center shares Christ's love with individuals experiencing homelessness, empowering them to pursue stability, self-sufficiency, and a hopeful future.

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 \$ including grants of \$) (Revenue \$)
New Life Day Center serves as a safe home base for individuals experiencing homelessness through: Supplying basic daily needs Connecting clients to essential supportive services Fostering a Christ-centered, inclusive faith community Empowering clients toward recovery and self-sufficiency

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 0

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
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? <i>If "Yes," complete Schedule C, Part II</i>		No
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? <i>If "Yes," complete Schedule C, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
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? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i>		No
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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
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)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	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		No	
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		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
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		No	
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		No	
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		No	
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		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
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?				
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		No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	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		No	
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		No	
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
 Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 10		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 9		
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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
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 in Schedule O		No

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?		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?		No
14	Did the organization have a written document retention and destruction policy?		No
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	Yes	
b	Other officers or key employees of the organization		No
	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?		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed KY
- 18** Section 6104 requires an organization to make its Form 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 in Schedule O)
- 19** Describe in 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:
 Jennie Zamora 224 N Martin Luther King Blvd Lexington, KY 40507 (859) 721-2325

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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) Philip Miller Chair	0.50	X					0	0	0	
(2) Jennie Zamora Executive Director	40.00	X		X			68,258	0	742	
(3) April Brown Secretary / Treasurer	0.50	X					0	0	0	
(4) Carmela Fletcher-Green Director	0.50	X					0	0	0	
(5) Mike Buckley Director	0.50	X					0	0	0	
(6) Eric Bevevino Director	0.50	X					0	0	0	
(7) Steve Krolak Director	0.50	X					0	0	0	
(8) Sarah Hancock Director	0.50	X					0	0	0	
(9) Mike Lavender Director	0.50	X					0	0	0	
(10) Steve Polston Director	0.50	X					0	0	0	

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals and a total row with values 68,258, 0, and 742.

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 0

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	50,118				
	d Related organizations	1d					
	e Government grants (contributions)	1e	366,039				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	79,834				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f		495,991				
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue.						
	g Total. Add lines 2a-2f.						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6a		38,877			
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c	38,877			
	d Net rental income or (loss)			38,877			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a					
		b Less: cost or other basis and sales expenses	7b				
		c Gain or (loss)	7c				
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Other Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions		534,868	0	0	0	

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 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	69,000	69,000		
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	130,963	130,963		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	15,304	15,304		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	1,148	1,148		
13 Office expenses	30,458		30,458	
14 Information technology	5,432		5,432	
15 Royalties	0	0		
16 Occupancy	91,649	91,649		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,789		3,789	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,846		4,846	
23 Insurance	5,197		5,197	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Panvan Program	194,715	194,715		
b Other Operating Expenses	1,025	1,025		
c Other Fundraising Expenses	15,133	15,133		
d Vehicle Expense	6,007	6,007		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	574,666	524,944	49,722	0
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 Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	77,859	1	13,796
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	9,196
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 68,776		
	b Less: accumulated depreciation	10b 9,692	45,136	10c 59,084
	11 Investments—publicly traded securities		11	0
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		122,995	16	82,076
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	46,633	24	46,633
	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	11,235	25	9,645
	26 Total liabilities. Add lines 17 through 25		57,868	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	0
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" 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		30	
	31 Retained earnings, endowment, accumulated income, or other funds	65,127	31	25,798
32 Total net assets or fund balances	65,127	32	25,798	
33 Total liabilities and net assets/fund balances	122,995	33	82,076	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	534,868
2	Total expenses (must equal Part IX, column (A), line 25)	2	574,666
3	Revenue less expenses. Subtract line 2 from line 1	3	-39,798
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	65,127
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	469
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	25,798

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input 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		No
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 type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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 in 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?		No
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 in Schedule O and describe any steps taken to undergo such audits.		

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

2025

Open to Public Inspection

Name of the organization
NEW LIFE DAY CENTER INC

Employer identification number
30-0749401

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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture.
10 [checked] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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 0

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2024 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2024. 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—2025. 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—2024. 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	200,760	170,634	282,965	662,735	495,990	1,813,084
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	200,760	170,634	282,965	662,735	495,990	1,813,084
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			21,370	0		21,370
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.	31,970	97,388	86,070	54,200	27,000	296,628
c Add lines 7a and 7b.	31,970	97,388	107,440	54,200	27,000	317,998
8 Public support. (Subtract line 7c from line 6.)						1,495,086

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6	200,760	170,634	282,965	662,735	495,990	1,813,084
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		22,679	38,877	38,877	38,877	139,310
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	22,679	38,877	38,877	38,877	139,310
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.		0	0			0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		1,000	375			1,375
13 Total support. (Add lines 9, 10c, 11, and 12.)	200,760	194,313	322,217	701,612	534,867	1,953,769
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 2025 (line 8, column (f) divided by line 13, column (f))	15	76.520 %
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	66.670 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f) divided by line 13, column (f))	17	7.130 %
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18	8.020 %
19a 33 1/3% support tests-2025. 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 checked="" type="checkbox"/>		
b 33 1/3% support tests-2024. 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, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	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? <i>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.</i>		
	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)? <i>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).</i>		
	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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 supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).	
2	Activities Test. Answer lines 2a and 2b below.		
a		Yes	No
Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? <i>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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
	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? <i>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.</i>		
	2b		
3	Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.		
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? <i>If "Yes," provide details in Part VI.</i>		
	3a		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
	3c		

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):	1	
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 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)		

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	Total annual distributions. Add lines 1 through 5.	6
7	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	7
8	Distributable amount for 2025 from Section C, line 6	8
9	Line 7 amount divided by Line 8 amount	9

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2025:			
a From 2020.			
b From 2021.			
c From 2022.			
d From 2023.			
e From 2024.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021.			
b Excess from 2022.			
c Excess from 2023.			
d Excess from 2024.			
e Excess from 2025.			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	
Return Reference	Explanation

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

2025

Name of the organization NEW LIFE DAY CENTER INC

Employer identification number 30-0749401

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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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

Name of organization
NEW LIFE DAY CENTER INC

Employer identification number
30-0749401

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	Anderson Communities 1255 Providence Place Parkway Lexington, KY 40511	\$ 7,200	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	Anonymous National Christian Foundation of KY PO Box 175 Lexington, KY 40588	\$ 9,800	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
3	Anonymous B of ARaymond James Charitable PO Box 23559 St Petersburg, FL 33742	\$ 10,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
4	Steve and Jenny Krolak 4825 Waterside Dr Lexington, KY 40513	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
5	Telos Consulting 5892 Cedar creek Lane Lexington, KY 40515	\$ 6,463	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization NEW LIFE DAY CENTER INC	Employer identification number 30-0749401
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	(see instructions). Use duplicate copies of Part II if additional space is needed. _____ _____ _____	\$ _____	_____
-	_____ _____ _____	\$ _____	_____
-	_____ _____ _____	\$ _____	_____
-	_____ _____ _____	\$ _____	_____
-	_____ _____ _____	\$ _____	_____
-	_____ _____ _____	\$ _____	_____
-	_____ _____ _____	\$ _____	_____

Name of organization NEW LIFE DAY CENTER INC	Employer identification number 30-0749401
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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
-	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

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

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.

Table with 2 columns: Name of the organization (NEW LIFE DAY CENTER INC) and Employer identification number (30-0749401)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 2 columns: Question number and description. Includes questions 1-9 regarding conservation easements and a sub-table for line 2.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Question number and description. Includes questions 1a, 1b, 2a, 2b regarding art and historical treasures.

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 are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

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

- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

Amount	
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Term endowment

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		68,776	9,692	59,084
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				59,084

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, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 0

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 FIN 48 (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.

Return Reference	Explanation

SCHEDULE G (Form 990) (Rev. January 2025)

Department of the Treasury Internal Revenue Service

Name of the organization NEW LIFE DAY CENTER INC

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

30-0749401

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

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

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

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

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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

Separator line of dashes

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>5K Race</u> (event type)	<u>Annual Fundraising Banquet</u> (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	22,303	27,815		50,118
	2 Less: Contributions				0
	3 Gross income (line 1 minus line 2)	22,303	27,815	0	50,118
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	0			0
	7 Food and beverages	0			0
	8 Entertainment				0
	9 Other direct expenses	2,320	12,813		15,133
	10 Direct expense summary. Add lines 4 through 9 in column (d)				15,133
11 Net income summary. Subtract line 10 from line 3, column (d)				34,985	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

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

Name -----

Address -----

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.
- c** If "Yes," enter name and address of the third party:

Name -----

Address -----

16 Gaming manager information:

Name -----

Gaming manager compensation \$ _____

Description of services provided -----

Director/officer Employee Independent contractor

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

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

Return Reference	Explanation
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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 990-EZ.

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

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization
NEW LIFE DAY CENTER INC

Employer identification number
30-0749401

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11B	The board chair reviews form 990 prior to filing.
Form 990, Part VI, Section B, Line 11B	The board chair reviews form 990 prior to filing.
Form 990, Part VI, Section B, Line 12C	The conflict of interest policy is reviewed at semi-annual board meetings with the board and management. If a conflict exists, the board member with the conflict is recused from the discussion and vote.
Form 990, Part VI, Section B, Line 12C	The conflict of interest policy is reviewed at semi-annual board meetings with the board and management. If a conflict exists, the board member with the conflict is recused from the discussion and vote.
Form 990, Part VI, Section B, Line 15A	The board of directors reviews all office compensation. The compensation is documented, reviewed, and set by independent persons.
Form 990, Part VI, Section B, Line 15A	The board of directors reviews all office compensation. The compensation is documented, reviewed, and set by independent persons.
Form 990, Part VI, Section C, Line 19	The organization makes these documents available upon request and at the discretion of the board of directors and management.
Form 990, Part VI, Section C, Line 19	The organization makes these documents available upon request and at the discretion of the board of directors and management.
Part VI, Line 19	The organization makes these documents available upon request and at the discretion of the board of directors and management.
Part VI, Line 19	The organization makes these documents available upon request and at the discretion of the board of directors and management.

2025 SURVEY - NEW LIFE HOMELESS DAY CENTER CLIENTS *(Anonymous)*

Day Center Daily Services		
Breakfast {especially coffee}	Out back shade and weather roof	US Mail delivery service
Indoor shelter from weather	Full time Medical Clinic and Script Drugs	Panhandler Van Jobs
Body hygiene items	Referral to God's Pantry	WIFI
Storage lockers	Assistance in getting Medicaid	Sunday Worship Services
Phone availability	Assistance with detox and recovery	Picture IDs
Bathrooms	Social Security (process) assistance	Emergency clothing supply
Daytime TV	Referring you to other places that can help you	

Survey Questions

- a) Of the 20 services above, give 3 most important services at Day Center?
Breakfast (35%), Bathrooms (30%), Lockers (20) Hygiene Products (10%), Other (4%)
- b) What other new services would you like to see added at Day Center? Example Transportation to job
Transportation (30%), Bus Passes (30%), Other (40%)
- c) What is the Number One reason you come to Day Center?
Breakfast (40%), Day Shelter (20%), Medical (10%), Other (30%)
- d) Where else do you stay during daytime when NOT at the Day Center? Where do you sleep at night (Men)?
Library (40%), Outdoors (30%) (Other (30%))
Hope Center (65%) Catholic Action (15%)
Outside (19%)
- e) What is the number one reason you remain homeless?
Addiction (40%), High Rent (30%), Other (30%)
- f) How often do you come to New Life Day Center **(Daily 70%), Weekly (30%), Monthly (0%)**?)
- g) How often do you ride a City Bus? **Daily (60%), Weekly (30%), Monthly (10%)**
- h) Name the two most far away places where you sometimes hang out from list below?

PLACE AN "X" BY PLACES YOU FREQUENTLY VISIT OTHER THAN DAY CENTER*					
Lex Rescue Mission at Glen Arvin	36%**	Phoenix Park	15%	Hang out on Streets	20%
Hope Center	30%	Courthouse Lawn	15%	Panhandling on Streets	15%
Catholic Action Center	5%	Duncan Park	10%	Fayette Mall Area	5%
Salvation Army	5%	Castlewood Park	10%		
Library	30%	Other City Parks	5%		

CIRCLE YOUR ANSWER		
Do you feel safe in the Day Center	YES (60%)	NO (40%)
Is the Day Center staff respectful of you	YES (50%)	NO (50%)
Do you "see Jesus" in the way the Day Center Staff treats you	YES (70%)	NO (30%)
Do neighbors treat you OK	YES (70%)	NO (30%)
Do you treat neighbors OK	YES (60%)	NO (40%)***
Are you homeless	YES (75%)	NO (25%)
Are you covered by Medicaid	YES (80%)	NO (20%)

*Gave some responses with multiple answers and no weight factor resulting in >100% total

**Eighteen of 50 responses (a surprisingly high number of Day Center Clients) visit Glen Arvin

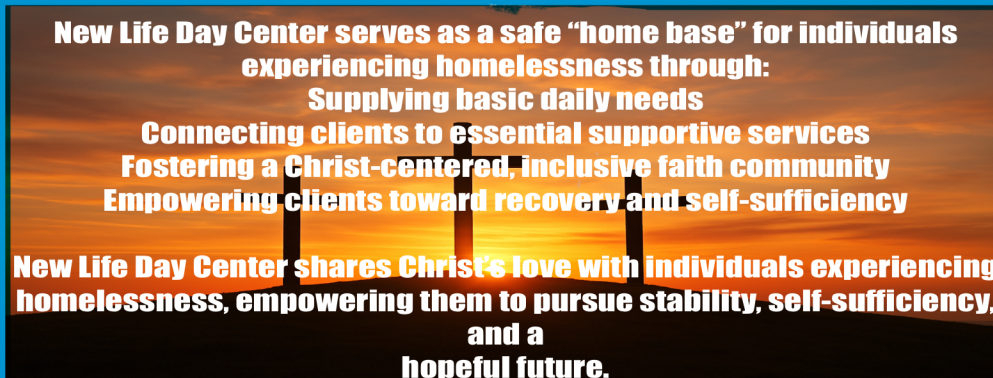
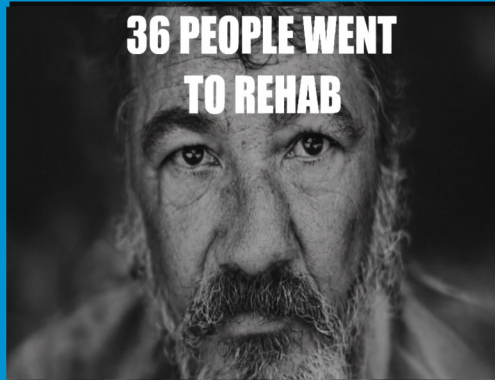
***Surprisingly high number say they don't do not treat our neighbors well

Steve Polston 2025



New Life Day Center
 224 N Martin Luther King Blvd
 Lexington, KY 40507
www.newlifedaycenter.org
 859-721-2325

2025 IMPACT REPORT



Budget Overview_2026 Projected Budget BY CLASS 3-24-26_Clas
New Life Day Center, Inc.
January 1-December 31, 2026

	NLDC	PanHandler
Revenue		
43400 Direct Public Support	0.00	
43410 Corporate Contributions	1,200.00	
43415 Recurring Corporate Contributions	1,800.00	
Total for 43410 Corporate Contributions	3,000.00	
43430 Church Donations		
43435 Recurring Church Donations	14,688.00	
Total for 43430 Church Donations	14,688.00	
43450 Individual Contributions	61,825.41	
Total for 43400 Direct Public Support	79,513.41	
43500 Fundraisers		
43510 Annual Banquet - Individual Contributions	25,000.00	
43520 Annual Banquet Corporate Contributions	2,000.00	
43550 5K Race Registration Fees	5,000.00	
43560 5K Race Sponsorships	20,000.00	
43570 5K Race Donations via Registration	1,500.00	
Total for 43500 Fundraisers	53,500.00	
43600 Grant Income		
43640 LFUCG ESR Grant	150,715.00	
43670 PanVan Program Income		180,000.00
43690 Misc Grants	10,000.00	
Total for 43600 Grant Income	160,715.00	180,000.00
44800 Indirect Public Support		
44820 United Way, CFC Contributions		4,000.00
Total for 44800 Indirect Public Support		4,000.00
47200 Program Income		
47240 Program Service Fees		
47270 Rental Income - BCHC Rent	38,877.48	
Total for 47240 Program Service Fees	38,877.48	
Total for 47200 Program Income	38,877.48	
Total for Revenue	332,605.89	184,000.00
Cost of Goods Sold		
Gross Profit	332,605.89	184,000.00
Expenditures		
60000 Fundraising Costs		
60100 Annual Fundraising Banquet Expenses	10,000.00	
60200 5K Race Fundraising Expenses	2,500.00	
Total for 60000 Fundraising Costs	12,500.00	

60900 Business Expenses		
60910 Bank Charges	47.40	
60920 Business Registration Fees	315.00	
60940 Donation Service Fees	900.00	
Total for 60900 Business Expenses	1,262.40	
60930 Marketing		
60931 Web Design Fees	1,200.00	
Total for 60930 Marketing	1,200.00	
61000 Supplies		
61110 Food & Beverage Service	24,000.00	
61120 Locker Supplies	600.00	
61130 Hygiene Items	600.00	
61140 PanVan Supplies Reimbursable		250.00
61190 Misc Direct Supplies	240.00	
Total for 61000 Supplies	25,440.00	250.00
61200 Indirect Supplies		
61210 Cleaning Supplies	6,000.00	
61220 PanVan Supplies Non-reimbursable	2,400.00	
61290 Misc Indirect Supplies	500.00	
Total for 61200 Indirect Supplies	8,900.00	
62100 Contract Services		
62110 Accounting Fees	1,500.00	
Total for 62100 Contract Services	1,500.00	
62150 Outside Contract Services		
62151 PanVan Paid Helpers		130,869.60
62152 PanVan Paid Bonuses		4,291.20
62153 PanVan Paid Lunches		21,600.00
62155 Security Outside Services Rounding	0.00	
62156 Security Contracted Employees	0.00	
Total for 62155 Security Outside Services Rounding	0.00	
62157 Security Monitoring	0.00	
62158 Paid Client Helpers	15,600.00	
Total for 62150 Outside Contract Services	15,600.00	156,760.80
62840 Bldg. Maintenance		
62841 Plumbing	3,500.00	
62842 HVAC	500.00	
62843 Supplies - Bldg Maintenance	1,800.00	
62844 Capital Improvements	6,400.00	
62845 Bldg. Maintenance - Other	600.00	
Total for 62840 Bldg. Maintenance	12,800.00	
62850 Vehicle Expense		
62851 PanVan Maintenance - Non Reimbursable	2,000.00	
62853 PanVan Gas Reimbursable		2,328.84

Total for 62850 Vehicle Expense	2,000.00	2,328.84
62870 Property Insurance	7,309.74	
62880 Utilities		
62881 Electric	7,500.00	
62882 Water	1,300.00	
62883 Waste Container Rental	900.00	
62884 Gas	5,200.00	
62885 Water Tax & Sewer	2,400.00	
62886 Internet	1,559.40	
62887 Porta Potty	6,614.40	
62888 Pest Control	3,500.00	
62889 Building Alarm Vendor	1,640.88	
Total for 62880 Utilities	30,614.68	
62890 Rent	55,250.64	
65000 Operations		
65010 Books, Subscriptions, Reference		
65011 Software Licenses/SaaS	4,600.04	
Total for 65010 Books, Subscriptions, Reference	4,600.04	
65020 Postage, Mailing Service	180.00	
65070 Office & Computer Supplies	2,400.00	
65080 Meals	1,000.00	
Total for 65000 Operations	8,180.04	
65100 Other Types of Expenses		
65120 Insurance - Liability, D and O	3,291.67	
Total for 65100 Other Types of Expenses	3,291.67	
66000 Payroll Expenses		
Taxes	57,572.96	8,174.54
Wages	156,477.36	30,169.68
Total for 66000 Payroll Expenses	214,050.32	38,344.22
66100 Employee Benefits	742.08	
66200 HR Recruiting	2,000.00	
68300 Travel and Meetings		
68310 Conference, Convention, Meeting	240.00	
Total for 68300 Travel and Meetings	240.00	
70000 interest Expense	3,500.00	
Total for Expenditures	406,381.57	197,683.86
Net Operating Revenue	-73,775.68	-13,683.86
Other Revenue		
Other Expenditures		
Net Other Revenue		
Net Revenue	-73,775.68	-13,683.86

Wednesday, April 15, 2026 03:56 PM GMTZ

ss_Report

Total

	0.00
	1,200.00
	1,800.00
	<hr/>
	\$3,000.00
	14,688.00
	<hr/>
	\$14,688.00
	61,825.41
	<hr/>
	\$79,513.41
	25,000.00
	2,000.00
	5,000.00
	20,000.00
	1,500.00
	<hr/>
	\$53,500.00
	150,715.00
	180,000.00
	10,000.00
	<hr/>
	\$340,715.00
	4,000.00
	<hr/>
	\$4,000.00
	38,877.48
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	\$38,877.48
	<hr/>
	\$38,877.48
	<hr/>
	\$516,605.89
	<hr/>
	\$516,605.89
	10,000.00
	2,500.00
	<hr/>
	\$12,500.00

47.40

315.00

900.00

\$1,262.40

1,200.00

\$1,200.00

24,000.00

600.00

600.00

250.00

240.00

\$25,690.00

6,000.00

2,400.00

500.00

\$8,900.00

1,500.00

\$1,500.00

130,869.60

4,291.20

21,600.00

0.00

0.00

\$0.00

0.00

15,600.00

\$172,360.80

3,500.00

500.00

1,800.00

6,400.00

600.00

\$12,800.00

2,000.00

2,328.84

\$4,328.84

7,309.74

7,500.00

1,300.00

900.00

5,200.00

2,400.00

1,559.40

6,614.40

3,500.00

1,640.88

\$30,614.68

55,250.64

4,600.04

\$4,600.04

180.00

2,400.00

1,000.00

\$8,180.04

3,291.67

\$3,291.67

65,747.50

186,647.04

\$252,394.54

742.08

2,000.00

240.00

\$240.00

3,500.00

\$604,065.43

-\$87,459.54

-\$87,459.54



AFFIRMATIVE ACTION/ EQUAL EMPLOYMENT OPPORTUNITY COMMITMENT

Statement of Purpose

The New Life Day Center is committed to providing equal employment opportunity (EEO) to applicants and employees, which includes all personnel activities. These activities include, but are not limited to:

- Recruitment/advertising/job application process
- Hiring, promotion
- Compensation
- Any other term, condition, or privilege of employment

This commitment is intended to:

- Communicate the EEO/Affirmative Action Statement of the organization
- Detail the actions New Life Day Center is taking to support this commitment
- Assign ownership of tracking the commitment and results

Equal Employment Opportunity & Affirmative Action Statement

Equal Employment Opportunity has been, and will continue to be, a fundamental principle at New Life Day Center where employment is based upon personal capabilities and qualifications without discrimination on the basis of race, color, national origin, religion, gender (including pregnancy, childbirth and related medical conditions), sexual orientation, age (40 and over), disability, health status and genetic information, and other characteristics protected under state, federal, or local law.

This policy of Equal Employment Opportunity applies to all policies and procedures relating to recruitment and hiring, compensation, benefits, termination, and all other terms and conditions of employment.

Any employee aware of any violation of this policy is required to immediately report it to the Executive Director, the Chair of the New Life Day Center Board, or any member of the New Life Day Center Board you feel comfortable going to. Appropriate disciplinary action will be taken against any employee violating this policy.

Any employee in need of an accommodation shall make their requests to the Executive Director and/or the Chair of the Board. New Life Day Center will engage in an interactive process with the employee requesting the accommodation to determine whether a reasonable accommodation exists that does not cause undue hardship to New Life Day Center. New Life Day Center will provide reasonable accommodations to the extent required to do so pursuant to applicable law.



AFFIRMATIVE ACTION/ EQUAL EMPLOYMENT OPPORTUNITY COMMITMENT

Support Actions

It is the policy of New Life Day Center to take the following actions in relation to Affirmative Action and Equal Employment Opportunity:

- Include the phrase “Equal Opportunity/Affirmative Action Employer” in all job postings.
- Ensure all personnel performing interviews for open positions are trained in non-discriminatory interview practices and are aware of the Equal Employment Opportunity and Affirmative Action Statement.
- Ensure the Equal Employment Opportunity and Affirmative Action Statement is posted for the reference of all employees.
- Collect demographic data related to employment for analysis annually.
 - See ‘Workforce Analysis’ form.

Ownership/Ongoing Tracking

- The Executive Director is responsible for implementing the EEO/Affirmative Action support items.
- The Board of Directors is responsible for reviewing, at least annually, the Affirmative Action Commitment and related demographic data.

COMMERCIAL SUBLEASE AGREEMENT

THIS SUBLEASE dated this 1st day of April 2024

BETWEEN:

New Life Day Center, Inc.
(the "Sublandlord")

OF THE FIRST PART

- AND -

Bluegrass Community Health Center
(the "Subtenant")

OF THE SECOND PART

Background

- A. This is an agreement (the "Sublease") to sublet real property according to the terms specified below.
- B. The master lease (the "Master Lease") is dated August 2, 2016, and is between Wonderland Investments, LLC (the "Landlord") and the Sublandlord with respect to the following lands and any improvements on those lands (the "Premises"): 224 North Martin Luther King Blvd, Lexington, KY 40507.
- C. The Subtenant is willing to undertake certain obligations of the Master Lease.

IN CONSIDERATION OF the Sublandlord subletting and the Subtenant renting the Subleased Premises, both parties agree to keep, perform, and fulfill the promises, conditions, and agreements below:

This lease made and entered into this 1st day of April 2024, by and between New Life Homeless Day Center whose address is 224 N. Martin Luther King BLVD, Lexington, Kentucky 40507, party of the first part (hereinafter referred to as "NLDC"), and the Bluegrass Community Health Center, whose address is 224 N. Martin Luther King BLVD Suite 200, Lexington, Kentucky 40507, party of the second part (hereinafter referred to as "BCHC").

WITNESSETH:

That for the term, at the payment, and otherwise upon the terms, conditions provisions hereinafter set forth, the parties do hereby agree regarding the following described premises located at 224 N. Martin Luther King BLVD Suite 200, Lexington, Kentucky 40507 consisting of approximately 3,054 square feet of office space, consisting of the downstairs of the building. In consideration of the mutual covenants and promises of the parties hereinafter set forth, it is understood, covenant and agreed by the NLDC and BCHC as follows:

1. TERM

This lease shall commence on the 1st day of April 2024, and end on the last day of March 2027.

2. TERMINATION

Both parties shall have the right to terminate this lease at any time upon at least ninety (90) days' notice computed from the date of the mailing of such notice.

3. USE OF PREMISES

NLDC agrees the above-described property, (excluding furniture and equipment) hereinafter referred to collectively as the "premises" may be used and occupied for the operation of a health clinic by BCHC and for other business of BCHC as appropriate for its mission and the facility.

4. DESTRUCTION OF PREMISES

If the leased premises are destroyed by fire or other casualty, NLDC will determine whether it will terminate the lease or provide other suitable premises for BCHC. In the case of partial destruction or damage that renders the premises untenable, BCHC may suspend this lease by giving notice to the NLDC within thirty (30) days after such partial destruction or damage with such suspension lasting until such damage is repaired and premises are considered tenable.

5. COMPLIANCE WITH LAW

NLDC and BCHC shall comply with their respective obligations under all state, federal and local laws and standards including, but not limited to, the State Fire Marshal, Department of Housing, Buildings & Construction, the Division of Building Codes Enforcement, the Kentucky Occupational Safety & Health Standards, and the Americans with Disabilities Act (ADA).

6. PAYMENT AND PROVISION OF SERVICES AND UTILITIES

BCHC hereby covenants and agrees to pay to the NLDC for the premises located at 224 N. Martin Luther King BLVD Suite 200, Lexington, Kentucky 40507, during the term of this Contract. Subject to the provisions of this Sublease, the rent for the Subleased Premises is \$3,239.79 (the "Rent") per month (calculated at \$12.73 per square foot, fair market value for the 40507 commercial area). Should the space and/or resources allocated to the Subtenant increase during the term of this Sublease, the rent may be increased, but only by a written Addendum agreed to and signed by both the Subtenant and Sublandlord.

This Rent payment by BCHC includes the cost for maintenance, repairs, utilities, security and fire monitoring, and all other costs of operating the total leased space (excluding custodial services), as said expenses are and will be borne by the NLDC.

7. ALTERATIONS AND IMPROVEMENTS BY THE NLDC AND BCHC

The NLDC shall have the right to make such additions, alterations, and improvements in, and to, the building in which premises are contained as the NLDC deems necessary or desirable, provided the NLDC does not unreasonably interfere with the use of the premises by BCHC.

BCHC shall have the right during the existence of the lease to make alterations to the premises, attach fixtures to the premises and to erect signs inside and/or outside of the premises

provided such alterations and additions or signs are first approved by the NLDC. Such approval shall not be unreasonably withheld. Fixtures, additions, or signs placed in or upon or outside of the premises or attached to the premises shall remain BCHC property and may be removed, at BCHC's expense, by it prior to the termination of this lease. BCHC agrees that any damage to the building as a result will be repaired at its expense.

8. REPAIRS, MAINTENANCE, AND RIGHT OF ENTRY

The NLDC shall maintain, keep in good repair and replace, if necessary, the exterior and interior premises in good repair and tenantable condition at its own expense, including, but not limited to, heating and/or air conditioning equipment, plumbing, snow removal from parking lot, sidewalk, and stairs, except in case of damage arising from the negligent act of BCHC's agents or employees. For the purpose of maintaining the premises and to make necessary repairs, NLDC reserves the right to enter and inspect the premises at reasonable times with reasonable notice to BCHC. BCHC shall maintain and keep all equipment and furniture provided by the NLDC in as good condition as received at the commencement of this Sublease term. BCHC will deliver them at the expiration of this Contract in the same good order and condition as they are in the beginning of the term hereof, except for reasonable wear and tear, fire, and acts of God. The NLDC or its designee at reasonable times may enter upon and inspect the premises to ascertain that BCHC is carrying out the terms, conditions, and provisions of this lease. Should NLDC fail to promptly maintain, repair, or replace those items for which it is responsible, BCHC may proceed to make said repairs or replacement and recover the cost of the same from NLDC by deducting the same from Rent.

9. COVENANTS AGAINST WASTE

BCHC shall not commit or suffer any waste or damage upon, in, or to the premises.

10. SUBLEASES

BCHC agrees not to assign this lease or sublet premises.

11. LIABILITY

BCHC further agrees to carry general liability insurance with respect to BCHC's use of the premises for bodily injury and death with limits of not less than One Million Dollars per occurrence, Two Million Dollars Aggregate and shall provide proof of insurance to NLDC each year. In the event of a loss, BCHC and NLDC agree that the insurance carried by BCHC shall be the primary insurance only if the loss is caused by on documented negligence by BCHC. The NLDC shall be named as an additional insured; the parties agree this shall only apply in the event of a loss that is caused by documented negligence by BCHC. BCHC will also provide coverage for all BCHC's owned property and fixtures within the building. The NLDC shall continuously maintain casualty and general liability insurance on the building and real property.

12. INVALIDATION

BCHC and the NLDC agree that if any of the provisions of this lease shall contravene or be invalid under the laws of the Commonwealth of Kentucky or the United States, such contravention or invalidity shall not invalidate the whole lease. Said lease shall then be construed as if not containing that particular provision or provisions and the rights and obligations of the parties shall be construed accordingly.

13. ENTIRE AGREEMENT

It is understood and agreed that this lease is the entire agreement between the parties except that it is understood that the Memorandum of Agreement between NLDC and BCHC shall remain in effect. If there is any conflict between the provision of this lease and the Memorandum of Agreement, the Memorandum of Agreement will control.

The parties agree that no changes shall be made to this lease unless such changes are in writing and signed by both parties.

14. NOTICES

All notices, demands or requests which may be required to be given by either party shall be made in writing, certified mail, return receipt requested – addressed to the NLDC or to BCHC, as the case may be, at the respective addresses set forth in the first grammatical paragraph of this lease.

15. CONFLICT OF INTEREST

The NLDC certified by the signature of its authorized agent hereinafter affixed that it is legally entitled to enter into contracts with BCHC and/or the Commonwealth of Kentucky, and that it is not nor will not be violating any conflict of interest statute (KRS 45A.330-340, KRS 164.390, nor any other applicable statute) or principle by the performance of this lease, nor will it realize any unlawful benefit or gain directly or indirectly from it. The NLDC agrees to notify BCHC of all persons owning or upon any change or transfer of ownership involving five percent (5%) or more in stock, in partnership, business trust, or corporation, including silent or limited partners.

Non-compliance may result in termination of this Contract under the conditions of the NLDC having terminated this lease.

16. GOVERNING LAW

This Lease has been executed pursuant to the laws of the Commonwealth of Kentucky and shall be governed in accordance with the laws of the Commonwealth of Kentucky in every respect. The NLDC and BCHC agree that any action to enforce the terms of this employment contract shall be brought only in Fayette Circuit Court in Lexington, Kentucky and both parties

hereby waive any jurisdictional argument, including but not limited to lack of personal jurisdiction or forum non-convenient, with respect to any claim or controversy arising out of or relating to this Lease.

IN WITNESS WHEREOF, the NLDC and BCHC have executed this lease in duplicate, each to have the full force and effect of an original as of the date noted above.

New Life Day Center, Inc.

DocuSigned by:
Signature: Phillip R. Miller
8F28BD5BF0E9475...

Date: 3/18/2024

Bluegrass Community Health Center

DocuSigned by:
Signature: Alan Wrightson
E8053B68CDD54DB...

Date: 3/18/2024



Bus Pass Qualification Guide

Purpose: Provide short-term transportation to remove barriers to **employment, housing, healthcare, and recovery.**

Who Qualifies: Client Must...

- Be **engaged in case management**
 - Have a **verified need**
 - Be working toward a **clear goal**
 - Have **no other transportation option**
-

Approved Uses

- ✓ Job interviews / Work
 - ✓ Housing appointments
 - ✓ Medical / Mental health / Treatment
 - ✓ Court / Probation
 - ✓ IDs, Social Security, documents
 - ✓ Recovery meetings (AA/NA)
-

Quick Decision Guide: Ask yourself...

- Is this **goal-oriented**?
- Is this **urgent or time-sensitive**?
- Will this help move the client forward?

If **YES**, approve (if passes available)

Limits: 200 Bus Passes/Month for NLDC

- **2 passes per client/per week**
 - Short-term use (not ongoing without review)
 - Based on **availability**
-

Prioritize When Supply is Low

1. Employment
 2. Housing
 3. Medical / Behavioral health
 4. Legal obligations
 5. Other essential needs
-



Bus Pass Qualification Guide

Goal: Help clients move from **crisis** → **stability** → **independence**
(Not long-term reliance)

Client Expectations

Clients should:

- Use pass for **approved purpose only**
 - Stay engaged in services
 - Report outcome when possible
-

If Misuse Happens

Examples:

- Selling/trading passes
- Using for non-approved reasons
- Repeated loss

Response:

- ✓ Have a **conversation first**
 - ✓ Reassess need
 - ✓ Pause assistance if needed
-

Staff Approach

- Use **trauma-informed care**
 - Stay **consistent and fair**
 - Avoid favoritism
 - Focus on **progress, not punishment**
-

Documentation

Always note in **Bus Pass Log**:

- **Client name**
 - **Date**
 - **# of passes given**
 - **Purpose**
-



Seal benefits



Documents

Info ⓘ

NEW LIFE DAY CENTER



Summary

Programs

Grants

Impact

People

Financials

Forms 9



✔ **Contribution tax deductible**
as of April 14, 2026

✔ **IRS BMF 501(c)(3) Public Charity**
as of April 14, 2026

Compliance report

IRS filing requirement

This organization is required to file an IRS Form 990 or 990-EZ.

[Learn how to support this organization](#)

EIN 30-0749401

Location Lexington, KY, United States

Year founded 2012

Ruling year 2013**IRS subsection** 501(c)(3) Public Charity**Organization type** Public charities**Executive Director** Jennie Zamora

Mission

New Life Day Center serves as a safe “home base” for individuals experiencing homelessness through: - Supplying basic daily needs - Connecting clients to essential supportive services - Fostering a Christ-centered, inclusive faith community - Empowering clients toward recovery and self-sufficiency

Our focus

Subject area



Human services

- Vocational rehabilitation
- Homeless services
- Homeless shelters

Geographic area served

Lexington (Kentucky, United States)

Population served

Homeless people | Adults |
Unemployed people

NTEE codes

Homeless Services/Centers (P85)

Notes from the nonprofit

Please check out our website to learn more about all that we do <https://newlifedaycenter.org/> If you have any questions or concerns give us a call at 859 721-2325 or Contact our Board Chairman, Phillip Miller at 859 983-8838.

[See full notes](#)

Financials

Fiscal year 2024

Total assets	\$122,995
Total revenue	\$701,611
Total expenses	\$593,868

[See more financials](#)

Programs

Total programs

1

Emergency Daytime Shelter

New Life Day Center serves as a safe home base for individuals experiencing homelessness through:
Supplying basic daily needs Connecting clients to essential supportive services Fostering a Christ-centered, inclusive faith community Empowering clients toward recovery and self-sufficiency

Subject area: Human services

Population served: General population

Geographic area served: Lexington (Kentucky, United States)

Lexington-Fayette (Kentucky, United States)

[See more programs](#)

NEW LIFE DAY CENTER has received **9 grants** from **5 grantmakers** totaling **\$100,225** over the most recent 5 years of available data.

People

Executive Director

Jennie Zamora

Board members

11

Senior Staff

1

Staff

5

[See more people](#)

Contact

Primary contact

Jennie Zamora

Executive Director

8597212325

jennie@newlifedaycenter.org

Fundraising contact

Jennie Zamora

Executive Director

8597212325

jennie@newlifedaycenter.org

Mailing address

224 N Martin Luther King Blvd

Lexington, KY 40507

United States

Phone: 859-707-6082

<http://www.newlifedaycenter.org>

Primary address

224 N Martin Luther King Blvd

Lexington, KY 40507

United States

Congressional district: Kentucky Congressional District 6

Donation payable

Legal name of organization: NEW LIFE HOMELESS DAY CENTER

EIN for payable organization: 30-0749401



Case Management Action Plan

*As an addition to our outlined **NLDC Client Disciplinary Guidelines**, from time to time, clients may engage in behaviors that are not aligned with prioritized standards of safety for the client community at New Life Day Center. This may result in a suspension of services for more severe safety incidents, and require the completion of a **NLDC Case Management Action Plan**. Clients always have the option to work with a Case Manager on a mutually agreed upon Action Plan to resume access to services.*

Client Name:	
Date of Incident:	
Date Plan Created:	
Staff Completing Plan:	
Program Location(s):	
Type of Incident:	
Brief Description of Incident:	<input type="checkbox"/> Drug Use on Property <input type="checkbox"/> Selling or Distributing Drugs on Property <input type="checkbox"/> Violence or Threats of Violence <input type="checkbox"/> Other:

Program Safety Expectations

All New Life Day Center Clients are required to follow the **NLDC Culture** guidelines and the **NLDC Client On-Site Behavior Expectations**. To maintain a safe environment for all clients, staff, and visitors, the below listed behaviors are **never** allowable on program property:

- Drug use inside the facility or on program grounds.
- Selling, distributing, or arranging drug sales.
- Violence, threats of violence, or intimidation.
- Aggressive behavior that creates fear or unsafe conditions for clients, staff, volunteers, guests, or neighbors in our immediate community.

All individuals using the facility are expected to follow these rules for the safety of all persons affiliated with the NLDC program.



Case Management Action Plan

Action Plan:

The client agrees to the following expectations moving forward: *(check all that apply)*

- No drug use on/near program property
- No selling or distributing drugs on/near program property
- No violence, threats, intimidation, or aggressive behavior on/near program property
- Follow staff instructions when conflicts arise
- Step away from situations if asked by staff
- Speak respectfully to staff and other clients

Staff Support:

Client will meet one-on-one with a case manager twice weekly for their first month of restored services. Staff is available to assist clients in avoiding future incidents through services listed below. Participation in services is voluntary but available and highly encouraged.
(check all that are recommended)

- Conflict mediation
- Participation in anger management seminars
- One-on-one conversation with staff
- Referrals to substance use treatment programs
- Referrals to mental health or behavioral health services

Possible Consequences for Future Incidents:

These possible consequences are intended to maintain safety for everyone using the program. If the behavior occurs again, the following actions may occur:

- Removal from the facility for the day
- Temporary or Permanent suspension from services
- Behavioral review with program leadership
- Possible involvement of law enforcement if safety is threatened

Review Date:

This corrective action plan will be reviewed on:	Review Date:
---	---------------------

Client Acknowledgment:

<i>I understand the expectations outlined in this corrective action plan and agree to follow program rules.</i>	
Staff Signature:	Client Signature:
Today's Date:	

Reference Steven Harrod

CERTIFICATE OF OCCUPANCY APPLICATION

(For Existing Buildings which are NOT performing any remodeling or construction)
\$25.00 Fee beginning 01/01/2010 (Art. 5-29 (15) of the Code of Ordinances)

Location of Business: 224 N. Martin Luther King Blvd
Street Address Suite #

Name of Business: New Life Day Center (for homeless)

Previous Occupant (if known): Fraternal Order of Police Hall

Description of Business (sales, office, salon, restaurant, etc.): Homeless Day Center

Contact Person: Steve Polston Telephone #: 859-699-2500
Name of Owner or Manager

For official use only - This portion of form to be filled out by the Division of Building Inspection

ZONE: B-2A PERMITTED USE: (Y) (N) BOA: (Y) (N)

PARKING SPACES PROVIDED: Eight PARKING SPACES REQUIRED: _____

PARKING LEASE REQUIRED? (Y) (N) ATTACHED? (Y) (N)

NEW RESTAURANT - NEED GREASE TRAP APPROVAL OR PERMIT: (Y) (N)

EXISTING NONCONFORMING (Y) (N) BOA (Y) (N) CASE # _____

ADDITIONAL COMMENTS: _____

Zoning Verification SRB
Inspector's Initials

Date: 11-9-11

Approved for Certificate of Occupancy _____ Date: _____

Signature of Building Inspector

Date

For official use only - This portion to be filled out by the Fire Prevention Bureau 859-231-5668

OCCUPANCY CLASSIFICATION B ^{Accessories A} OCCUPANT LOAD 100 upstairs
75 Down stairs

CONSTRUCTION TYPE 3B SQ. FOOTAGE OF SPACE 6,700

ANNUAL CERTIFICATIONS - SPRINKLER (Y) (N) (N/A) ALARM (Y) (N) (N/A)

EXIT SIGNS (Y) (N) (N/A) EMERGENCY LIGHTING (Y) (N) (N/A)

EXTINGUISHERS (Y) (N) (N/A) HOOD SYSTEM (Y) (N) (N/A)

DETECTORS (Y) (N) (N/A) OCCUPANT LOAD POSTED FOR ASSEMBLIES (Y) (N)

ADDITIONAL COMMENTS: _____

Approved for Certificate of Occupancy Capt. Scott Hickey Date: 12/5/11
Signature of Fire Inspector Date

2 doors to ~~manually~~ open @ all times of use

Lexington
Fayette
Urban
County
Government



DEPARTMENT OF PUBLIC WORKS
DIVISION OF BUILDING INSPECTION

FOR OFFICIAL USE ONLY

224 N MARTIN LUTHER KING BLVD
19890224

CONDITIONAL CERTIFICATE OF OCCUPANCY

This is to certify that
NEW LIFE DAY CENTER

is hereby given permission to occupy

224 N MARTIN LUTHER KING BLVD

as a

COMMUNITY CENTER

Building Inspection Approval

Conditions

DOORS IN BASEMENT TO BE OPEN AT ALL TIMES BUILDING IS IN USE
AND IN ACCORDANCE WITH THE FIRE MARSHAL'S APPROVAL.

This certificate is not a warranty or guarantee,
but indicates only that the project is in
substantial compliance with applicable codes.

12/5/2011
Date Issued

B-2A
Zone

Permit Number

NANCY MARINARO
Approved On 12/5/2011

CAPT SCOTT HICKEY
Fire Approval On 12/5/2011

KBC 2007 / 3-B / B/A-3
Code Book Const Type Use Group

Dewey L. Crowe
Director of Building Inspection

Additional Approval:



Client Assessment Script

Used for Drop-In Case Management Intake

Opening / Engagement

“Hey, I’m Chris. I’m one of the case managers here. I just want to check in and see what’s going on with you and how we can help. You can share as much or as little as you’re comfortable with.”

“What brought you in today?”

Immediate Needs / Crisis Check

“Before anything else, do you have a safe place to stay tonight?”

“Are you currently fleeing Domestic Violence?”

“Do you have food, medications, or anything urgent you need right now?”

“Is there anything going on that feels like an emergency or can’t wait?”

Housing Situation

“Can you tell me a little about your current housing situation?”

“How long have you been without stable housing?”

“Have you stayed in shelters, with friends, or outside recently?”

“What’s your ideal housing goal right now?”

Income / Employment

“Are you currently working or have any income coming in?”

“Have you worked recently or are you looking for a job?”

“What kind of work are you interested in?”

Identification / Documentation

“Do you have your ID, Social Security card, or birth certificate?”

“If not, we can help you work on getting those.”

Health (Physical & Mental)

“How are you doing physically?”

“Any medical issues or medications you’re trying to manage?”

“How have you been feeling mentally or emotionally?”

(Keep tone normal, not clinical — follow their lead.)

Substance Use (If Appropriate)

“Some people we work with are dealing with substance use — is that something you want support with right now?”

(No pressure, no judgment — just offer support.)

Support System

“Do you have any family, friends, or support people in your life?”

“Anyone you feel safe reaching out to?”



Client Assessment Script

Strengths-Based Question (Important)

“You’ve made it this far — what’s been helping you get through things?”

“What are you most proud of right now?”

Barriers

“What do you feel is getting in the way of where you want to be?”

(Examples: transportation, legal issues, finances, health, etc.)

Goal Setting

“If we could focus on one or two things first, what would you want help with?”

“What would progress look like for you over the next couple weeks?”

Closing / Plan

“Alright, here’s what I’m thinking based on what you shared...”

(Summarize: housing, ID, job search, etc.)

“We’ll take this one step at a time — you’re not doing this alone.”

“Let’s set up a time to follow up — what works for you?”

Other Questions Relevant to Client:



CLIENT DISCIPLINARY GUIDELINES

There are very few reasons for being suspended or banned from New Life Day Center Services. However, from time to time, we must follow these basic guidelines in establishing consequences for clients who display unsafe behaviors that are not in line with the culture of safety and peace that we seek to promote.

- On-site Drug or Alcohol Possession/Use and/or Threats of Violence:
 - First offense: suspended from on-site access to services for the rest of the day.
 - Second offense: suspended from on-site access to services for 1 week.
 - Third offense: suspended from on-site access to services for 1 month.
 - Fourth offense: suspended from on-site access to services until a **NLDC Case Management Action Plan** is created with counsel of staff and adhered to for client accountability.
- Selling of Drugs:
 - If on-site or on adjacent properties and within view of security cameras, activity is reported immediately to local law enforcement.
 - First offense: suspended from on-site access to services for the rest of the day.
 - Second offense: suspended from on-site access to services for 1 week.
 - Third offense: suspended from on-site access to services for 1 month.
 - Fourth offense: suspended from on-site access to services until a **NLDC Case Management Action Plan** is created with counsel of staff and adhered to for client accountability.
- Stealing from Clients/Staff:
 - Suspended from on-site access to services for 1 week and must counsel with staff to develop an action plan for restitution before resuming services.
- Vandalism at New Life Day Center and/or Physical Violence towards Clients/Staff:
 - Suspended from on-site access to services for 1 week and must counsel with staff to develop an action plan for restitution before resuming services.
 - Physical violence toward NLDC Staff can lead to a permanent suspension from services.
- Registered Sex Offenders:
 - This is the only people group that we are not equipped to safely serve on-site. This is largely due to being located directly across from a prominent private school serving preschool/K-12 minors.

When drugs, alcohol, or weapons are suspected to be possessed by a NLDC Client on the premises, the client must be willing to undergo submitting to a search by emptying any accompanying bags or clothing/jacket pockets for a staff member or contracted security staff. Failure to do so will result in being asked to leave the premises and be suspended based on the above guidelines.

This list is not intended to be all-inclusive but does address many negative client behaviors that are encountered on-site with high frequency. Our intent is to have consequences appropriate to behaviors while also maintaining an environment that supports learning from mistakes even when it takes multiple chances to do so.

We believe that most of the activities that would typically result in being banned from New Life Day Center services are criminal in nature (physical violence/assault toward others, prosecuted vandalism, etc.). Rather than having a policy around banning clients, we believe that when clients do choose to commit criminal activity that may result in prosecution/incarceration, that in itself is a ban from New Life Day Center services. Thus, we do not typically formally ban clients from New Life Day Center services. We believe that clients always have the opportunity to work toward positive life changes, and offer a **NLDC Case Management Action Plan** as the vehicle for restoring access to services.



CLIENT ON-SITE BEHAVIOR EXPECTATIONS

In order for the New Life Day Center to serve clients, client behavior expectations are set around maintaining a culture of support and safety. This is a list of Client Behavior Expectations when on-site at NLDC.

As a client of the New Life Day Center, you have the **RIGHT** to:

- A safe environment, free from threats/intimidation, physical violence, and/or drug/alcohol use.
- Be treated with dignity and respect by staff, volunteers, and other clients.
- Receive available basic needs and supportive services free of charge.
- Access opportunities for Bible study, mentoring, prayer, or life coaches (optional, not required).

As a client of the New Life Day Center, you are **REQUIRED** to:

- Check-in daily (returning client) or register (new client) when entering for the first time each day.
- Use the back entrance for coming inside and remain inside the gated courtyard area when outside.
- Stay in the main Community Room area when inside, unless accessing loft area lockers, restrooms, or Bluegrass Community Health Clinic.
- Alert staff immediately of any safety issues as soon as you are aware of them.
- Be subject to staff or contracted security personnel searching personal possessions, including but not limited to asking you open bags, empty pockets, or open lockers in order to ensure that there are no drugs, alcohol, or weapons brought onto the premises.
- Treat staff, volunteers, and clients with respect in words and actions.

As a client of the New Life Day Center, you are **PROHIBITED** from:

- Bringing/possessing/using weapons, alcohol, or drugs on NLDC property.
- Being under the influence of drugs/alcohol while on property, resulting in violation of behavioral expectations.
- Verbally harassing or threatening staff, volunteers, or clients while on NLDC property. This includes but is not limited to:
 - Obscenities/profanities
 - Insults
 - Threats
 - Physical or sexual harassment
 - Theft of belongings
 - Other loud, angry, or disruptive speech/behaviors that may cause others to feel unsafe
- Public displays of physical affection.
- Sleeping across chairs or on the floor; we are not zoned as a residential shelter.
- Soliciting loans/monetary gifts from staff, volunteers, or clients.
- Being on the property if suspended

When clients do not meet on-site behavior expectations outlined above, the client will be coached by NLDC Staff as to how to redirect the behavior to better support the organizational culture of support and safety. When this is not possible, NLDC Staff may utilize **NLDC Disciplinary Guidelines** to address client behaviors or suspend a client from services for a time. An additional step of creating a formal **NLDC Case Management Action Plan** will also be utilized if coaching is not successful. This is done on a case-by-case basis with clients, and every client has an opportunity to work on a NLDC Case Management Action Plan in order to resume access to services.

A Life Transformed Through Love and Support



“Please keep telling people they are loved, it makes all the difference.”

www.newlifedaycenter.org



2025 Impact Snapshot

In 2025 NLDC helped 36 clients transition into rehab programs.

“I am writing to show my gratitude for the Day Center and the impact it had on my life.

The center provided vital resources to help me get off the street and get sober. Even though I didn't utilize all of the resources at the time, knowing they were available made a significant difference. In a city where the homeless felt like we were trespassing, loitering, or soliciting everywhere we went, the Day Center provided necessary sanctuary and shelter, even if only for a portion of the day.

I especially want to mention Chris, who was an amazing human being. He reminded me daily that I had it in me to change. Having access to breakfast, coffee, juice, and hygiene facilities as well as a doctor's office downstairs provided a foundation of support when I needed it most.

The Day Center and the counseling I received at New Vista helped me realize that I have better in me. I want to remind everyone at the center that love and patience are key. Being told daily that we matter and that we are loved is so important; eventually, more often than not, those words truly kick in.

Looking back now, having moved to Indianapolis, being out of addiction and off the streets, I've been working hard on my professional development. I am now a state board certified adult and youth peer support specialist, CSA, Community Healthcare Worker, with certifications in mental health first aid. I'm also less than a year away from becoming a certified drug and alcohol counselor. All of this came from a willingness to change, which started with the reminders and support I received from the Day Center. The Day Center is a wonderful place, and I hope it can expand to help others the way it helped me.

Please keep telling people they are loved, it makes all the difference.”

Best Regards,
Anthony Russell (February 2026)



NEW LIFE DAY CENTER CULTURE

New Life Day Center exists to be a connecting point to services for those experiencing homelessness in the downtown Lexington area. We are a faith-based, Christian organization, and our actions and attitudes toward those in need are intended to reflect those values.

The New Life Day Center recognizes that the people we serve face enormous challenges. Our goal is to support them in overcoming those challenges by extending grace, love, and tangible assistance in every way possible. Toward that goal, our organization strives to promote a culture, facility, and environment that:

- Values **human dignity** and promotes **acceptance of all people**, from all backgrounds
- Supports clients in finding ways **meet their basic and immediate human needs**, including:
 - Clothing
 - Hygiene- items
 - Food
 - Shelter
- Strives to build on individuals' **strengths** and **motivations**
- Assists clients in **achieving important personal goals**, often including:
 - Maintaining sobriety
 - Obtaining employment
 - Securing permanent housing
 - Building supportive relationships
 - Developing a strong faith foundation
- Strives to provide a **safe environment** that is:
 - drug-free/alcohol-free
 - weapon-free
 - free from verbal harassment or threats of any kind
 - free from physical violence

NEW LIFE DAY CENTER MISSION STATEMENT

New Life Day Center serves as a safe “home base” for individuals experiencing homelessness through:

- **Supplying** basic daily needs
- **Connecting** clients to essential supportive services
- **Fostering** a Christ-centered, inclusive faith community
- **Empowering** clients toward recovery and self-sufficiency

NEW LIFE DAY CENTER VISION STATEMENT

New Life Day Center shares Christ’s love with individuals experiencing homelessness, empowering them to pursue **stability**, **self-sufficiency**, and a **hopeful future**.

March 11, 2024

New Life Day Center
224 North Martin Luther King Boulevard
Lexington, KY 40507

Dear Mr. Miller:

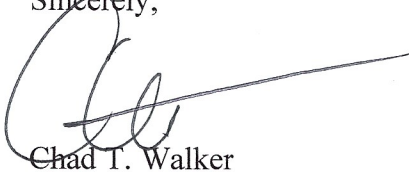
Per your request, please consider this letter an alteration to the Lease Agreement for the Premises located at 224 North Martin Luther King Boulevard, Lexington, Kentucky. The new Term shall be amended per the following schedule:

Year One	January 1, 2022 – December 31, 2022	\$4,139.00 Per Month
Year Two	January 1, 2023 – December 31, 2023	\$4,263.17 Per Month
Year Three	January 1, 2024 – December 31, 2024	\$4,263.17 Per Month
Year Four	January 1, 2025 – December 31, 2025	\$4,263.17 Per Month
Year Five	January 1, 2026 – March 31, 2027	\$4,604.22 Per Month

As requested, “Year Five” will be extended an additional three (3) months from the previous Lease Extension dated September 19, 2023. All other Terms and Conditions of the original Lease Agreement will remain in full force and effect for the duration of this extension.

We look forward to continuing business with your company. If you have any questions, please call me anytime. Otherwise, sign below, retaining a copy for your records, and return to my office at your convenience.

Sincerely,



Chad T. Walker

I am in receipt of the above and agree to its conditions:



(signature)

Phillip R Miller

(printed name)

3/12/2024

(date)

LEASE

HIS LEASE, made and entered into this 2nd day of August, 2016, by and between
WONDERLAND INVESTMENTS, LLC, a Kentucky Limited Liability Company, 601 Lagonda
Avenue, Lexington, Kentucky 40505, hereinafter "Lessor" and NEW LIFE DAY CENTER,
INC, a Kentucky Non-profit Corporation, whose mailing address is 224 North Martin Luther
King Boulevard, Lexington, Kentucky 40507, hereinafter "Lessee" and ~~STEVE POLSTON, an~~
~~individual, 3708 Hidden Lake Lane, Lexington, Kentucky 40516, hereinafter "Guarantor".~~

8/2/16

\$

ok [signature]

WITNESSETH:

WHEREAS, Lessor owns certain real property with improvements thereon, known as
224 North Martin Luther King Boulevard, Lexington, Kentucky 40507 and,

WHEREAS, Lessee desires to lease the said property, consisting of approximately 7,000
square feet (+/-), the leased portion being hereinafter described as the "Premises."

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the
parties hereto hereby agree that the Lessor, for and in consideration of the rents, terms, covenants
and conditions hereinafter set out, does hereby let, lease and demise unto the Lessee and the
Lessee does hereby take, lease and rent from the Lessor, the Premises.

ARTICLE I

TERM

1.1 Term. The term of the Lease shall be two years, commencing on the 1st day of
January, 2017, expiring at midnight December 31, 2018. ("Primary Term"), unless sooner
terminated pursuant to the terms hereof.

ARTICLE II

RENT AND DEPOSIT

2.1 Rent Amount. The Lessee covenants and agrees to pay to the Lessor as annual
rental for the Premises during the Primary Term the sum of Forty-two Thousand Four Hundred
Eighteen Dollars and 08/00 (\$42,418.08) payable in monthly installments of Three Thousand
Five Hundred Thirty-four Dollars and 84/00 (\$3,534.84) each, in advance, on the first of each

month. Rents are payable at the offices of the Lessor herein or at such other place as the Lessor may designate.

2.2 Late Payments. IT IS UNDERSTOOD AND AGREED BY LESSEE THAT TIME IS OF THE ESSENCE IN THE PAYMENT OF MONTHLY RENTALS, AND SAME ARE DUE AND OWING ON THE FIRST DAY OF EACH MONTH. LATE PAYMENTS CONSTITUTE DEFAULT UNDER ARTICLE XII.

2.3 Deposit. Upon execution of the Lease, Lessee has tendered to Lessor a security deposit of Three Thousand Four Hundred Thirty-one Dollars and 88/100 (\$3,431.88). The account in which the deposit is kept will be interest bearing and all interest will go to the Lessor for account maintenance and any other consideration deemed necessary by the Lessor.

ARTICLE III IMPROVEMENTS

3.1 Lessee acknowledges that at the time of the execution of this Lease, the Lessee has examined the Premises and accepts the building, improvements, common areas and equipment on or in the leased Premises in the existing condition.

PROVIDED FURTHER, HOWEVER, THAT SHOULD THE LESSOR AND LESSEE HAVE AGREED THAT LESSOR IS TO MAKE ANY OTHER IMPROVEMENTS, ALTERATIONS, ADDITIONS, CHANGES OF ANY KIND, OR SHOULD THERE BE ANY OTHER AGREEMENT OF ANY KIND BETWEEN LESSOR AND LESSEE CONCERNING THE PREMISES, THEN A COMPLETE LIST OF THESE ITEMS, OR AGREEMENTS OF REPRESENTATIONS SHALL BE SPECIFICALLY OUTLINED IN A MEMORANDUM, SIGNED BY BOTH THE LESSOR AND LESSEE AND ATTACHED TO THIS LEASE AND MADE A PART HEREOF AS EXHIBIT 1.

3.2 Improvements. Subject to 3.1 above, the Lessee, at its sole cost and expense, shall have the right to remodel and improve the Premises for use by the Lessee for the purposes hereinafter allowed; provided, however, that (a) the plans and specifications shall be first approved by the Lessor and the Lessee shall complete the remodeling and improvements in accordance with said plans and specifications; (b) Lessor may impose any such conditions and requirements on said changes, improvements and construction as Lessor may deem necessary to protect it and be in its best interest; and, (c) all such remodeling and improvements, when

completed and placed upon said Premises, shall as of said date immediately become the property of the Lessor.

3.3 Parking and Common Areas. Lessee, its employees, agents, invitees and licensees are hereby granted the right and privilege to use the parking area as are designated as such by the Lessor and as modified by Lessor from time to time. Lessee may mark such designated spaces on the pavement as approved by Lessor. Lessee agrees to abide by any and all reasonable rules and regulations governing the building of which the leased Premises are a part and the use of any of the designated common areas, including a use of the common area parking that will benefit and serve customers, guests and invitees of all of the Tenants of said Premises, including the adjoining property at 220 North Martin Luther King Boulevard. Lessee further agrees to be liable and responsible for any damages or abuse to said Common Area facilities by its employees, agents, customers, invitees or licensees.

ARTICLE IV

MAINTENANCE AND REPAIR

4.1 Maintenance and Repair. Lessor shall at its expense provide all repairs and maintenance required to keep the Premises, including, without limitations, the roof, sub floor, exterior walls (including painting), bearing walls and other structural components of the Building, and complete replacements (as opposed to normal repair and maintenance) of any mechanical, primary electrical components (as opposed to secondary electrical components), plumbing fixtures, HVAC, doors, overhead doors and service elements serving the Premises, however, the Lessor shall not be required to make any repairs made necessary as a result of misuse or neglect by Lessee (or its employees or invitees). It shall be the obligation of the Lessee, at the Lessee's expense, to make all repairs and maintenance to the interior of Lessee's portion of said Premises, including plumbing, lighting, mechanical, electrical, heat and air-conditioning units, plate glass, doors, walls (including paint or wall coverings), ceilings, floor coverings, door locks, overhead doors and loading docks (including interior of said loading docks), and all other improvements on said Premises. Lessee shall at all times keep the Premises clean and in good maintenance and repair, and shall surrender the Premises at the expiration or termination of this Lease in the same condition as received, normal wear and tear expected. Lessor at no time shall warrant clogged plumbing lines (except in the event of pipe collapse or

faulty installation) or light bulbs. In the event of a clogged plumbing line, it shall be the obligation of the Lessee to research or hire a professional plumber to find the cause of the clogged pipe (such as video or other methods) at the expense of the Lessee and make all necessary repairs at the expense of the Lessee. In the event the clogged pipe is found collapsed or installed improperly, it shall be the obligation of the Lessor to make any necessary repairs at the Lessor's expense.

4.2 Lessee specifically recognizes that in the event the demised Premises contain separate plumbing systems or separate HVAC systems, that the Lessee shall be responsible for obstructions in water closets or other drains, and shall further be responsible for the seasonal servicing of HVAC equipment and the quarterly changing of filters. Lessee shall be responsible and liable for any resulting damages to the Premises or equipment as a result of said failure to maintain.

ARTICLE V

USE OF PREMISES

5.1 Use of Premises. The Lessee shall have the right to use and occupy the Premises ONLY for a homeless day center as approved by the LFUCG, and operating typically between 8:30a and 3:30p, Monday thru Friday, and none other without Lessor's written consent. Lessee further agrees not to maintain any nuisances and to fully cooperate with the Lessor and neighboring tenants in the full utilization of the common areas, parking areas and the Premises generally to the benefit of all the tenants of said building or complex.

ARTICLE VI

COMPLIANCE WITH RULES AND REGULATIONS OF GOVERNMENTAL AGENCIES OR BOARD OF HEALTH

6.1 Compliance with Rules and Regulations of Governmental Agencies or Board of Health. During the entire time of this Lease, the Lessee will, at its own expense, be responsible for any changes, alterations, improvements, installations or operation that may be required to be performed upon the Premises by any order, rule or regulation of the Board of Health of the City of Lexington, or Fayette County, Kentucky, or any other governmental agency as a result of the Lessee's occupying said Premises.

ARTICLE VII

SIGNS

7.1 Signs. The Lessee will not erect any signs on the buildings, doors, windows, improvements, grounds or common areas herein leased and demised without the prior written consent of the Lessor, and such approval and consent shall be at the sole discretion of the Lessor. In the event such approval shall be given, such signage will be designed and installed so as to be compatible with the size of the buildings, other signage and all expenses and approvals shall be the responsibility of the Lessee.

ARTICLE VIII

EMINENT DOMAIN AND CONDEMNATION

8.1 Complete or Substantial Taking. If the whole Premises, or a substantial part of the buildings on the Premises shall be taken by eminent domain, or by agreement between the Lessor and the condemnor resulting from the threat of eminent domain, this Lease shall cease and terminate from the date of title vesting in the condemnor and the Lessee shall have no claim against the Lessor for the value of any unexpired term of this Lease, nor shall the Lessee be entitled to any share of the award to Lessor. Lessor agrees, however, that Lessee may proceed with or against condemnor and may pursue its own settlement of any damages or losses to Lessee as a result of said taking, so long as the award by condemnor shall in no way diminish or reduce the amount or method of the award and damages to the Lessor.

ARTICLE IX

INSURANCE

9.1 Insurance. Lessee shall, at its expense, maintain during the Term comprehensive public liability insurance, contractual liability insurance and property damage insurance under policies issued by insurers of recognized responsibility, with limits of not less than One Million Dollars (\$1,000,000.00) per occurrence, as such amount may be reasonably increased by Lessor from time to time, for personal injury, bodily injury, death, contractual liability, or for damage or injury to or destruction of Property (including the loss of use thereof). Lessee's policies shall name Lessor as additional insured and any mortgagee of the property as additional insured. Lessee shall furnish to Lessor a certificate evidencing such coverage. Lessee hereby acknowledges and agrees that it shall bear the risk of loss for all property belonging to the Lessee placed

within its office unit or other areas of these premises. Lessee shall purchase and maintain in full force and effect all property insurance coverage required and/or desired by the Lessee with respect to such property, including fire and extended coverage insurance.

Lessee agrees to indemnify, compensate, and hold forever harmless Lessor from any and all claims, damages, and/or liability whatsoever, including death of any person and/or damage and/or destruction of any property unless due to the fault of the Lessor.

At the signing of this agreement, Lessee agrees to waive subrogation against Lessor.

ARTICLE X

UTILITIES

10.1 Utilities. Lessee agrees to pay when due all charges for garbage, refuse, sewer, gas, electricity, lights, water, heat or power, water quality management fees, telephone or other communication services used, rendered or supplied upon, or in connection with the Premises throughout the term of the Lease.

ARTICLE XI

DESTRUCTION

11.1. Destruction. If, during the term of this Lease, the Premises shall be damaged by fire or other cause, without the fault of the Lessee, its servants, employees, customers, agents, visitors or licensees, the damages shall be repaired by, and at the expense of, the Lessor; and the Lessor shall repair the Premises and put them in a tenantable state within a period of four (4) months. If the Lessor finds that it is unable to make such repairs within the four (4) month period, both the Lessor and the Lessee shall have the right to terminate this Lease at the expiration of said four (4) month period at their option. Should the Lessee not be able to occupy and utilize the Premises during said period of repair, then the monthly rentals and common area charges shall be abated until the Premises are restored and occupied, with the Lessor to be compensated through a "rent loss" rider to the casualty insurance coverage.

ARTICLE XII

DEFAULTS

12.1 Default by Lessee. (a) If the Lessee shall not pay any monthly installment of rent within ten (10) days of its due date, without any written demand being required (provided,

however, if Lessee shall be in default of its rent payment on more than three (3) occasions, such period shall be reduced to five (5) days); or (b) if Lessee shall fail to correct any other default within ten (10) days after written notice of such default; or (c) should the Lessee vacate the Premises (actually or effectively), then in any such event the Lessor may, at any time, if it elects to do so, terminate this Lease, re-enter upon the Premises and take possession thereof, with full right to sue for and collect all rents and other amounts for the payment of which the Lessee shall then be in default. The Lessor may, if it elects so to do, bring suit for the collection of rents and enforcement of the other provisions of this agreement, without entering into possession of the Premises or voiding or terminating this Lease. If this Lease is terminated, the Lessor is hereby given the right by Lessee to re-let the Premises as the agent of the Lessee, and in the event of re-entry by the Lessor, to receive the rents therefore, applying such rents first to the payment of such expenses as the Lessor may be put to in re-entering and re-letting said Premises (including commissions) and then to the payment of the rent due hereunder and the balance, if any, shall be the property of the Lessor as liquidated damages, but in the event the rent realized from such re-letting shall not be sufficient to pay the rents accruing hereunder, the Lessee shall continue to be liable for any deficiency during the remainder of the Lease term. The above remedies shall be cumulative and in addition to all other remedies available to the Lessor at law and in equity. Lessor may have the right to a Forcible Detainer and Writ of Possession for any default of this or any other provision hereunder, including Article XIII.

12.2 Late Fee. If Lessee fails to pay any Monthly Rent or Additional Rent on the date they are due and payable, the unpaid amounts will be subject to a late payment charge equal to 10% of the unpaid amounts for the month in which such unpaid amounts are due, and 10% per month or portion of additional months such amounts remain unpaid. This late payment is intended to compensate the Lessor for its additional administrative costs resulting from Lessee's failure, and has been agreed upon by Lessor and Lessee, after negotiation, as a reasonable estimate of the additional administrative costs that will be incurred by Lessor as a result of Lessee's failure. The actual cost in each instance is extremely difficult, if not impossible to determine. This late payment will constitute liquidated damages and will be paid to Lessor together with such unpaid amounts. The payment of this late payment charge will not constitute a waiver by Lessor of any default by Lessee under this Lease.

In the event some or all of this late payment charge shall be held to be unenforceable, it shall not be considered a breach of the Lease by the Landlord, but shall be enforceable to the extent permitted by law.

12.3 Indemnification Upon Default. Upon any default by Lessee hereunder, Lessee shall be liable for and hereby agrees to pay any and all liabilities, losses, costs and expenses including attorneys' fees incurred by Lessor as a result of Lessee's default and in exercising Lessor's rights and remedies in connection with such default.

12.4 Default of Lessor. Lessor shall in no event be charged with default in the performance of any of its obligations under this Lease unless and until Lessor shall have received written notice from Lessee specifying wherein Lessor has failed to perform such obligation or remedy such default, and such default has not been cured after thirty (30) days (or such additional time as is reasonably required to correct any such default) from Lessor's receipt of such notice from Lessee.

12.5 Status of Lessor. Lessee agrees that Lessee shall look solely to Lessor's interests in and to the Premises, subject to prior rights of any mortgagee of the Premises, for collection of any judgment (or other judicial process) requiring payment of money by Lessor in the event of default or breach by Lessor of any of the covenants, terms or conditions of this Lease to be observed or performed by Lessor, and that no other assets of Lessor shall be subject to levy, execution or other process for satisfaction of Lessee's remedies. The term "Lessor" as used in this Lease in relation to covenants, agreements and conditions to be observed and performed by Lessor, shall mean and include only the owner or owners from time-to-time of the Lessor's interest in this Lease and the Premises. In the event of any transfer or transfers of such interest (except a transfer for security), the Lessor named herein (or the transferor in the case of a subsequent transfer) shall, after the date of such transfer, be released from all personal liability for performance of any covenant, agreement and condition on the part of the Lessor which are thereafter to be performed hereunder. The transferee shall be deemed to have assumed (subject to the limitations of this paragraph) all of the covenants, agreements and conditions herein to be observed by Lessor with the result that such covenants, agreements and conditions shall bind the Landlord, its successors and assigns, only during and in respect of their respective successive periods of ownership.

ARTICLE XIII
CANCELLATION AND
SURRENDER OF THE PREMISES

- 13.1 The Lessor may cancel this Lease upon the happening of any of the following:
- (a) The Lessee, guarantors, any of them or any sublessee/sublessees hereunder, being adjudged a bankrupt, either voluntarily or involuntarily;
 - (b) Whenever the Lessee, guarantors or any of them, shall become insolvent, or execute an assignment for the benefit of their creditors;
 - (c) When said Premises are used in a manner in violation of statute, state administrative rulings, local and health ordinances, Urban County Ordinances and regulations;
 - (d) Whenever said Premises shall be, or through its use, becomes a nuisance, either public or private;
 - (e) Whenever an installment of rent is due and payable for a period of ten (10) days from the date upon which it is due;
 - (f) Whenever a lien has been filed against the land or building of which the Premises are a part; or
 - (g) Whenever the Premises are actually, effectively or constructively vacated.

In the event that the Lessor elects to cancel this Lease for the reasons aforesaid, the Lessee agrees that it will surrender and deliver up the said Premises upon ten (10) days written notice from the Lessor of the existence of any of the aforesaid facts.

ARTICLE XIV
ASSIGNMENT AND SUBLETTING

14.1 Assignment. The Lessee shall not assign this Lease or sublease the Premises in whole or in part, without the express written consent of the Lessor, which consent shall not be arbitrarily withheld. Any such assignment or subletting shall not relieve Lessee or Guarantor from liability for payment of rent or other sums herein provided or from the performance of any other obligations under this Lease.

ARTICLE XV

COVENANT OF QUIET ENJOYMENT

15.1 Covenants. Lessor covenants that the Lessee, on paying the rents and observing and keeping the covenants and stipulations of the Lease, shall lawfully, peaceably and quietly hold, occupy and enjoy said Premises during the term thereof, or any extension hereof, without hindrance or molestation.

ARTICLE XVI

CUMULATIVE REMEDIES OF LESSOR

16.1 The specified remedies to which the Lessor may resort under the terms hereof are cumulative and are not intended to be exclusive of any other remedies or means of redress to which the Lessor may be lawfully entitled in case of any breach by the Lessee of any provision or provisions of this Lease.

ARTICLE XVII

LIEN FOR RENT

17.1 Lien for Rent. It is further covenanted and agreed between the parties hereto that the whole amount of the rent reserved and hereby agreed to be paid, and the amount of any and all other charges mentioned herein and all interest for which the Lessee is liable hereunder shall be over and above, and in addition to, any statutory or legal liens provided by law.

ARTICLE XVIII

LESSOR'S RIGHT TO ENTER UPON PREMISES

18.1 Lessor's Right to Enter Upon Premises. The Lessor and/or its agents shall have the right to enter upon and into said Premises, or any part thereof, at any and all reasonable times for the purpose of examining same or making repairs to this or any other portion of the building. The Lessee also agrees to permit the Lessor and/or its agents to show the Premises for the purposes of selling same, and to permit them to place notices or signs on the Premises offering the Premises for sale. Lessor shall also have the right to place notices or signs on the Premises offering the Premises for rent within the last six (6) months of the end of the term.

ARTICLE XIX

NOTICES

19.1 Notices. All notices required herein shall be by personal delivery, Certified or Registered Mail, to the addresses shown at the beginning of this Lease. Any notification of the change of addresses or their addresses shall be made in the same manner as sending notices herein.

ARTICLE XX

PREMISES TO BE VACATED AT END OF TERM; HOLD OVER TENANCY

20.1 Vacation of Premises. At the expiration of the term specified in this Lease, or any extension thereof, if extended pursuant to the terms of this Lease, the Lessee shall vacate the Premises and surrender the same to Lessor without further notice or demand from Lessor, and said Premises shall be in as good order and condition, reasonable wear and tear, damage from the elements, fire or act of God excepted. Lessee shall be responsible for any damages, extra charges, cleaning or repairs made necessary to the Premises as a result of furnishings and fixture removal, the remnants, trash or abandoned property of Lessee or any other extra item of expense to Lessor in restoring the Premises as a result of the business fixtures or activities of the Lessee.

20.2 Hold Over Tenancy. If, without the execution of a new lease or written extension and with or without the consent of Lessor, Lessee shall hold over after the expiration of the Lease Term of this Lease, Lessee shall be deemed to be occupying the Premises as a tenant from month-to-month, which tenancy may be terminated by either Lessor or Lessee upon thirty (30) days prior written notice to the other. During such tenancy, Lessee agrees to pay to Lessor one hundred fifty percent (150%) of the monthly installment of Base Rental which was payable in the month immediately preceding the month in which the expiration or termination occurs, and to be otherwise bound by all of the other terms, covenants and conditions as herein specified. If Lessee fails to surrender the Premises upon the termination of this Lease, in addition to any other liabilities to Lessor arising therefrom, Lessee shall indemnify and hold Lessor harmless from loss or liability resulting, directly or indirectly, from such failure, including any claims made by any succeeding tenant founded on such failure.

ARTICLE XXI

COVENANTS BINDING ON HEIRS AND ASSIGNS

21.1 Binding Agreement. All the covenants, agreements, terms, conditions, provisions and undertaking in this Lease, or any amendments hereto shall be enforceable by and be binding upon the respective heirs, executors, administrators, successors and assigns of the Lessee Guarantor and the Lessor.

ARTICLE XXII

SUBORDINATION

22.1 Subordination. Lessor shall have the right from time to time to maintain or to place a mortgage or mortgages on said Premises. It is agreed by Lessee that this Lease is and shall at all times be fully subordinated to any ground leases, master leases, and to any mortgage or mortgages, whether now existing or subsequently placed on said property. Further, this subordination provision is self-operative, and no further instrument of subordination need be executed by Lessee, but Lessee covenants and agrees to execute any instrument or instruments permitting a mortgage or mortgages to be placed on the Premises or any part thereof as security for any indebtedness, and subordinating this Lease to said mortgage or mortgages, if required so to do by Lessor or the lending agency.


ARTICLE XXIII

ESTOPPEL CERTIFICATE BY LESSEE

23.1 Estoppel Certificate by Lessee. The Lessee agrees, at any time and from time to time upon not less than five (5) business days prior written request by the Lessors, to execute, acknowledge and deliver to the Lessor a statement in writing certifying that this Lease is unmodified and in full force and effect (or if there have been modifications), and the dates to which the basic rent and other charges have been paid in advance, if any, it being intended that any such statement delivered pursuant to this Article XXIII may be relied upon by any prospective purchaser of the fee or mortgagee or assignee of any mortgage upon the fee of the Premises.

ARTICLE XXIV

GUARANTY

 8/2/16
OC CLK

~~24.1 Guaranty. The undersigned, individually and personally, guarantees the performance and payment of all obligations and responsibilities of Lessee under the terms and provisions of this Lease during the primary term and any extension or renewal.~~

ARTICLE XXV

APPLICABLE LAW

25.1 Applicable Law. This Lease shall be construed and enforced in accordance with the laws of the Commonwealth of Kentucky.

ARTICLE XXVI

ENTIRE UNDERSTANDING

26.1 Entire Understanding. This Lease and its Exhibits contains the entire understanding and agreement of the parties hereto, and no other understanding, undertaking, agreement, representation or warranty shall alter or modify this Lease or the terms hereof unless the same is in writing and duly executed by the parties hereto.

ARTICLE XXVII

MISCELLANEOUS

27.1 Waiver. The waiver by Lessor of any breach of any term, covenant or condition herein contained shall not be deemed to be a waiver of any subsequent breach of the same or of any other term, covenant or condition hereof.

27.2 Accord and Satisfaction. No payment by Lessee or receipt by Lessor of a lesser amount than the monthly rent herein stipulated shall be deemed to be other than on account of the earliest stipulated rent, nor shall any endorsement or statement on any check or any letter accompanying any check or payment as rent be deemed an accord and satisfaction; and Lessors may accept such check or payment without prejudice to Lessor's right to recover the balance of such rent or pursue any other remedy in this Lease provided.

27.3 Amendment. No subsequent alteration, amendment, change or addition to this Lease shall be binding upon Lessor or Lessee unless reduced to writing and signed by them.

27.4 No Partnership. Lessor does not in any way for any purpose become a partner of Lessee in the conduct of its business or otherwise, or a joint venturer, or a member of a joint enterprise with Lessee.

27.5 Partial Invalidity. If any term, covenant or condition of this Lease or the application thereof to any person or circumstances shall, to any extent, be invalid or unenforceable, the remainder of this Lease, or the application of such term, covenant or condition to persons or circumstances other than those to which it is held invalid or unenforceable, shall not be affected thereby; and such term, covenant or condition of this Lease shall be valid and be enforced to the fullest extent permitted by law.

IN WITNESS WHEREOF, Lessor and Lessee have duly executed this Lease as of the day and year first above written.

LESSOR:

WONDERLAND INVESTMENTS, LLC

BY: 

CHAD T. WALKER, Partner

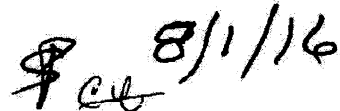
LESSEE:

NEW LIFE DAY CENTER, INC.

BY: 

STEVE POLSTON, President

~~GUARANTOR~~

 8/1/16

~~BY:~~

~~STEVE POLSTON~~

August 25, 2021

New Life Day Center
224 North Martin Luther King Boulevard
Lexington, KY 40507

Dear Mr. Polston:

Per our conversation, please consider this letter invitation to extend the Lease Agreement for your space at 224 North Martin Luther King Boulevard, Lexington, Kentucky. The new term shall be for three (3) years beginning January 1, 2022, and expiring December 31, 2024. The monthly rate will be as follows:

Year One	January 1, 2022 – December 31, 2022	\$4,139.00 Per Month
Year Two	January 1, 2023 – December 31, 2023	\$4,263.17 Per Month
Year Three	January 1, 2024 – December 31, 2024	\$4,263.17 Per Month

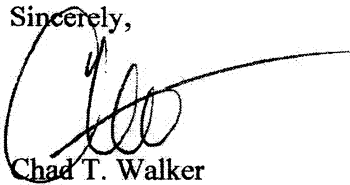
In addition to the above, the following conditions will be imposed for the duration of this Extension:

- 1.) Lessor will install a fence, the style and location of which will be selected by Lessor approved by Lessee, around the parking area located at the corner of North Martin Luther King Boulevard and Third Street. The fence will include a double entryway gate to be located at the existing entry/exit.
- 2.) Gates for the parking lot located at the corner of North Martin Luther King Boulevard and Third Street; and the congregation area exiting onto Noble Alley, will be closed at all times, except when business is actively being conducted inside the Premises. Failure to secure the lot when a representative of New Life Day Center (or their affiliates) will result in a fine of One Hundred Fifty and No/100 (\$150.00) Dollars for each violation.
- 3.) The parking lot at the corner of North Martin Luther King Boulevard shall be used as parking only. No person should occupy that parking lot, except while actively traversing the lot to enter the building. Failure to enforce this condition will result in a fine of One Hundred Fifty and No/100 (\$150.00) Dollars for each violation.

All other terms and conditions of the Lease Agreement will remain in effect for the duration of this Extension.

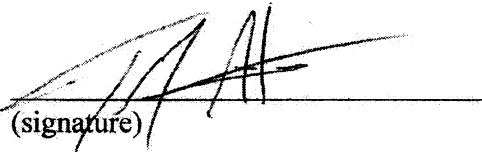
We look forward to continuing business with your company for yet another term. If you have any questions, please call me anytime. Otherwise, please sign below, retaining a copy for your records, and return to my office to be received on or before September 13, 2021.

Sincerely,



Chad T. Walker

I am receipt of the above Lease Extension and agree to its conditions:



(signature)

TYLER HURST

(printed name)

9/13/2021

(date)

A

Amharic አኔ አማራጅ ነው ምናገረው.
Arabic أنا أتحدث اللغة العربية
Armenian Ես խոսում եմ հայերեն

B

Bengali আমী বাংলা কথা বোলতে পারী
Bosnian Ja govorim bosanski
Bulgarian Аз говоря български
Burmese ကျွန်တော်/ကျွန်မ မြန်မာ လို ပြောတတ် ပါတယ်။

C

Cambodian ខ្ញុំនិយាយភាសាខ្មែរ

Cantonese 我講廣東話 (Traditional)
我讲广东话 (Simplified)

Catalan Parlo català

Croatian Govorim hrvatski

Czech Mluvím česky

D

Danish Jeg taler dansk

Dari من درى حرف مى زنم

Dutch Ik spreek het Nederlands

E

Estonian Ma räägin eesti keelt

F

Finnish Puhun suomea

French Je parle français

G

German Ich spreche Deutsch

Greek Μιλώ τα ελληνικά

Gujarati હું ગુજરાતી બોલુ છું

H

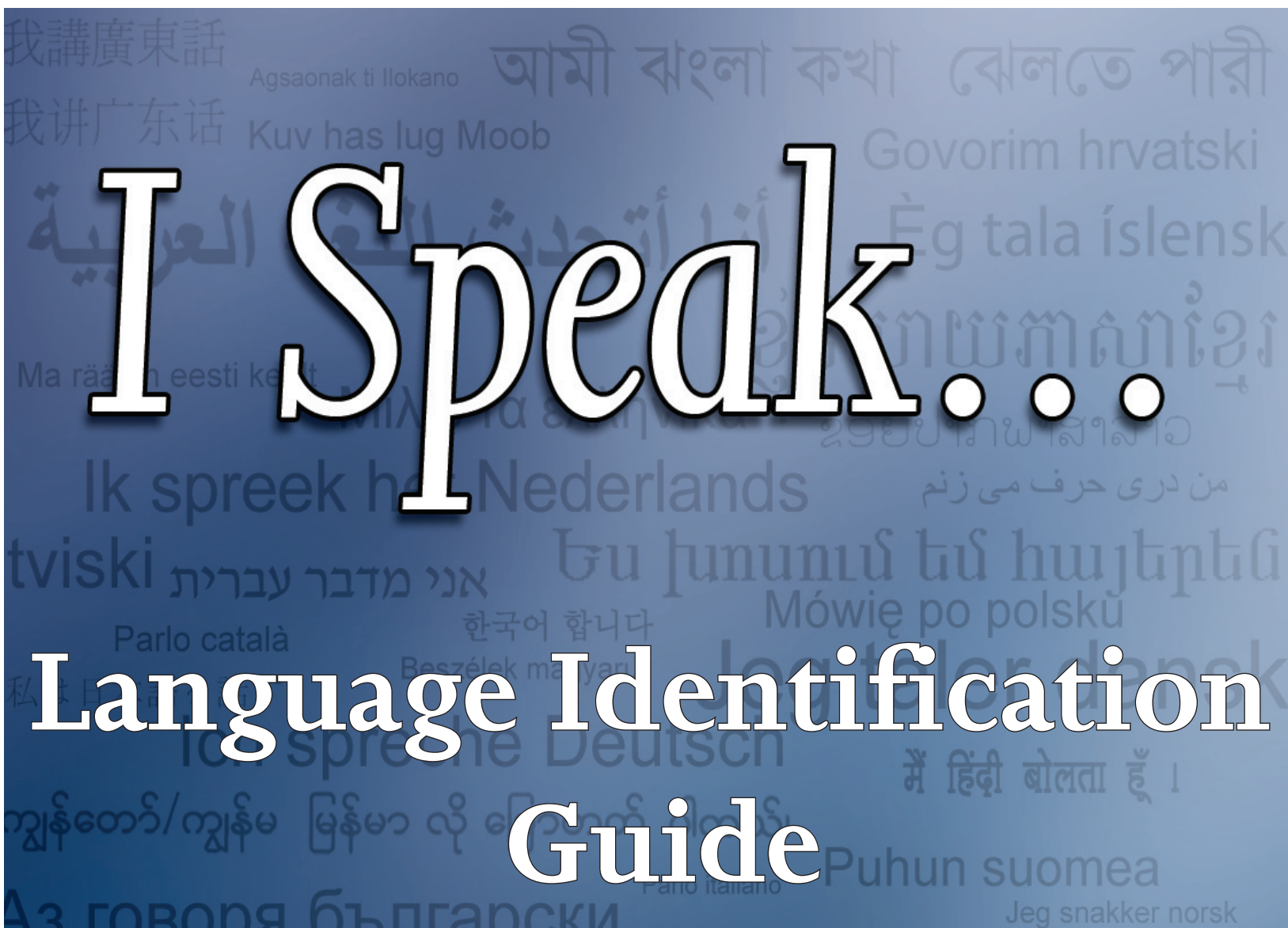
Haitian Creole M pale kreyòl ayisyen

Hebrew אני מדבר עברית

Hindi मैं हिंदी बोलता हूँ ।

Hmong Kuv has lug Moob

Hungarian Beszélék magyarul



I

Icelandic Ég tala íslensku

Ilocano Agsaonak ti Ilokano

Indonesian saya bisa berbahasa Indonesia

Italian Parlo italiano

J

Japanese 私は日本語を話す

K

Kackchiquel Quin cha güic'ká chá bal'ruin' rí

Korean 한국어 합니다

Kurdish man Kurdii zaanim

Kurmanci man Kurmaanji zaanim

L

Laotian ຂອຍປາກພາສາລາວ

Latvian Es runāju latviski

Lithuanian Aš kalbu lietuviškai

M

Mam Bán chiyola tuj kíyol mam

Mandarin 我講國語 (Traditional)

我讲国语/普通话 (Simplified)

Mon အဲ ပို အဂၢၢ် ခုတ်

N

Norwegian Jeg snakker norsk

P

Persian من فارسی صحبت می کنم.

Polish Mówię po polsku

Portuguese Eu falo português do Brasil (for Brazil)

Eu falo português de Portugal (for Portugal)

Punjabi ਮੈਂ ਪੰਜਾਬੀ ਬੋਲਦਾ/ਬੋਲਦੀ ਹਾਂ।

Q

Qanjobal Ayin tí chí wal q' anjob' al

Quiche In kinch'aw k'u'in ch'e quiche

R

Romanian Vorbesc românește

Russian Я говорю по-русски

S

Serbian Ja govorim српски

Sign Language



Slovak Hovorím po slovensky

Slovenian Govorim slovensko

Somali Waxaan ku hadlaa af-Soomaali

Spanish Yo hablo español

Swahili Ninaongea Kiswahili

Swedish Jag talar svenska

T

Tagalog Marunong akong mag-Tagalog

Tamil நான் தமிழ் பேசுவேன்

Thai พุดภาษาไทย

Turkish Türkçe konuşurum

U

Ukrainian Я розмовляю українською мовою

Urdu میں اردو بولتا ہوں

V

Vietnamese Tôi nói tiếng Việt

W

Welsh Dwi'n siarad

X

Xhosa Ndithetha isiXhosa

Y

Yiddish איך רעד יידיש

Yoruba Mo nso Yooba

Z

Zulu Ngiyasikhuluma isiZulu

Executive Order 13166 requires DHS to take reasonable steps to provide meaningful access to its programs and activities for persons with limited English proficiency and - as also required by Title VI of the Civil Rights Act of 1964 - to ensure that recipients of federal financial assistance do the same.

I Speak is provided by the Department of Homeland Security Office for Civil Rights and Civil Liberties (CRCL). Other resources at www.lep.gov

Contact the DHS Office for Civil Rights and Civil Liberties' CRCL Institute at CRCLTraining@dhs.gov for digital copies of this poster or a "I Speak" booklet.

Download copies of the DHS LEP plan and guidance to recipients of financial assistance at www.dhs.gov/crcl



EQUAL OPPORTUNITY AGREEMENT

Standard Title VI Assurance

The Lexington Fayette-Urban County Government, (hereinafter referred to as the "Recipient") hereby agrees that as a condition to receiving any Federal financial assistance from the U.S. Department of Transportation, it will comply with Title VI of the Civil Rights Act of 1964, 78Stat.252, 42 U.S.C. 2000d-4 (hereinafter referred to as the "Act"), and all requirements imposed by or pursuant to Title 49, Code of Federal Regulations, U.S. Department of Transportation, Subtitle A, Office of the Secretary, (49 CFR, Part 21) Nondiscrimination in Federally Assisted Program of the Department of Transportation – Effectuation of Title VI of the Civil Rights Act of 1964 (hereinafter referred to as the "Regulations") and other pertinent directives, no person in the United States shall, on the grounds of race, color, national origin, sex, age (over 40), religion, sexual orientation, gender identity, veteran status, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Recipient receives Federal financial assistance from the U.S. Department of Transportation, including the Federal Highway Administration, and hereby gives assurance that will promptly take any necessary measures to effectuate this agreement. This assurance is required by subsection 21.7(a) (1) of the Regulations.

The Law

- Title VII of the Civil Rights Act of 1964 (amended 1972) states that it is unlawful for an employer to discriminate in employment because of race, color, religion, sex, age (40-70 years) or national origin.
- Executive Order No. 11246 on Nondiscrimination under Federal contract prohibits employment discrimination by contractor and sub-contractor doing business with the Federal Government or recipients of Federal funds. This order was later amended by Executive Order No. 11375 to prohibit discrimination on the basis of sex.
- Section 503 of the Rehabilitation Act of 1973 states:

The Contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap.

- Section 2012 of the Vietnam Era Veterans Readjustment Act of 1973 requires Affirmative Action on behalf of disabled veterans and veterans of the Vietnam Era by contractors having Federal contracts.
- Section 206(A) of Executive Order 12086, Consolidation of Contract Compliance Functions for Equal Employment Opportunity, states:

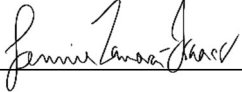
The Secretary of Labor may investigate the employment practices of any Government contractor or sub-contractor to determine whether or not the contractual provisions specified in Section 202 of this order have been violated.

The Lexington-Fayette Urban County Government practices Equal Opportunity in recruiting, hiring and promoting. It is the Government's intent to affirmatively provide employment opportunities for those individuals who have previously not been allowed to enter into the mainstream of society. Because of its importance to the local Government, this policy carries the full endorsement of the Mayor, Commissioners, Directors and all supervisory personnel. In following this commitment to Equal Employment Opportunity and because the Government is the benefactor of the Federal funds, it is both against the Urban County Government policy and illegal for the Government to let contracts to companies which knowingly or unknowingly practice discrimination in their employment practices. Violation of the above mentioned ordinances may cause a contract to be canceled and the contractors may be declared ineligible for future consideration.

Please sign this statement in the appropriate space acknowledging that you have read and understand the provisions contained herein. Return this document as part of your application packet.

Bidders

I/We agree to comply with the Civil Rights Laws listed above that govern employment rights of minorities, women, Vietnam veterans, handicapped and aged persons.



Signature

New Life Day Center

Name of Business

FY2027 LFUCG EXTENDED SOCIAL RESOURCE (ESR) LINE-ITEM BUDGET

1. STAFF SALARIES

Full-Time (FTE)

Part-Time

PROGRAM STAFF SALARIES TOTALS

A Total ES Budget	B LFUCG Funding	C Non-city Funding
172,200	123200	49000
41850	12555	29295
214,050	135,755	78,295

2. STAFF FRINGE BENEFITS*

1 Staff Life Insurance

**staff who do not have benefits receive
higher salary to purchase benefits*

TOTAL FRINGE BENEFITS (XX% of total pay)

742	223	519
742	223	519

3. CONSULTANT SERVICES

Web Design Fees

Accounting Fees

TOTAL CONSULTANT SERVICES

1,200	0	1,200
1,500	0	1,500
2,700	0	2,700

4. SPACE/FACILITIES

Rent

Utilities

TOTAL SPACE/FACILITIES

55251	27625	27626
30615	15307	15308
85,866	42,932	42,934

5. OPERATING EXPENSES

Supplies-Other

Maintenance

Insurances

Vehicle Expenses

TOTAL OPERATING EXPENSES

2,400	0	2400
12,800	0	12800
10,601	0	10601
2,000	0	2000
27,801	0	27,801

6. DIRECT CLIENT BENEFIT

Supplies
Training
Paid Client Helpers
TOTAL DIRECT CLIENT BENEFIT

34,340	17,170	17,170
869	869	0
31,200	31,200	0
66,409	49,239	17,170

7. OTHER

Administrative Expenses
TOTAL OTHER EXPENSES

27,682	0	27682
27,682	0	27,682

TOTAL FY2027 PROGRAM BUDGET

425,250	228,149	197,101
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New Life Day Center Funding Source Information

Funding Sources	Details
Individual Donors	We have many individual donors, including board members, that support NLDC financially with regular contributions. This includes several monthly recurring donations .
Business Donors	Businesses that consistently support our cause, include but are not limited to: Anderson Communties, Bullseye SD Locks, Kinemetrix, Eden Companies, Cam Bow Wow, University of Kentucky Federal Credit Union, Bluegrass Hospitality Group/Drake's Lexington, Versailles Brewing Company, Ransdell, Roach, and Royse PLLC, Worth Insurance Group, Volta, True Real Estate Group, Amteck, Bluegrass Community Health Care, Comfort Heating and Air Conditioning, Lex Opinion, LPL Financial, Community Trust Bank, Longship, StellarOps, Eerie Insurance, and QX Net.
Churches	Serveral local churches donate on a regular basis. Southland Christian Church, Porter Memorial Baptist Church, Grace Fellowship Church, Crestwood Christian Church/Disciples of Christ, and First Presbyterian Church of Lexington.
Foundations & Grantmaking Organizations	Foundation donors include: National Christian Foundation, Kentucky Christian Foundation, Lexington Leadership Foundation, United Way of the Bluegrass, Butler Living Trust, Network for Good, Bluegrass Community Foundation, and others.
LFUCG Contract for Panhandling Diversion Program	NLDC is a recipient of a multi-year contract for city clean-up through LFUCG's Environmental Services, which provides daily jobs to homeless clients seeking work as a diversion to panhandling. We are contractually allowed to invoice up to \$180,000/annually; in 2025 we invoiced \$150,000. In 2026 we plan to invoice \$180,000.
Sub-Lease Income	NLDC also has income from a sublease with Bluegrass Community Health Care, we receive \$3,240 monthly (see uploaded document "NLDC-BCHC Sublease Fully Executed 3_18_2024.")

4.1 General Shelter Operations (15 points)

A. Provide a description of the shelter:

New Life Day Center (NLDC) opened in 2011 as an emergency daytime shelter to serve as a connecting point for unhoused clients in downtown Lexington and much-needed supportive services. NLDC serves as “home base” for the unhoused population in Lexington by providing them a place to store their belongings (lockers), receive mail, access internet, use the phone, and access many other vital services. NLDC is often the first point of contact where clients get connected to the continuum of care services available in Lexington. Our **NLDC 2025 Impact Report** (attached) reflects some of our recent accomplishments.

a. shelter operating hours; We are currently open 6 days a week. Monday through Friday 8:00am-4:30pm, and on Saturday from 8:00am-12:00pm. On Sundays we often hold a volunteer-led meal and church service from 2:00pm-4:00pm. We frequently open in the evening from 6:00p-8:00pm for special meals, services, and/or A.A./N.A. meetings. In extreme weather, we extend our hours beyond those listed when able. ESR funding is a vital part of what keeps NLDC business hours full-time rather than part-time.

b. population(s) served, including any special populations served; We serve adult clients 18 years and older, with approximately 65% of our adult clients being male and 35% being female. NLDC visitors between the ages of 18-24 are assisted with immediate needs and referred to local organizations that specialize in serving young adults, including Arbor Youth Services.

c. shelter rules and procedures (submit documentation); NLDC has published rules in the form of **NLDC Client On-Site Behavior Expectations** and **NLDC Client Disciplinary Guidelines** (attached), posted in our Community Room for all to see. Additionally, we have a written **NLDC Culture** (attached) outlining our intended culture, our Mission Statement, and our

Vision Statement. We have developed an **NLDC Case Management Action Plan** (attached) for clients suspended from services who wish to resume access to services on-site. Finally, we have an **NLDC Grievance Form** to address any client issues with Staff/Volunteer behaviors. At the core of all NLDC behavioral expectations from clients, staff, and volunteers is a belief in the value of meeting someone where they are, as well as ensuring a safe space for all who participate in NLDC programs. NLDC particularly has no tolerance for harmful activities such as drug/alcohol use, drug sales, destruction/theft of property, and violence in any form.

d. how basic needs are met such as meals and personal care; Since the absence of breakfast has been identified as a need for our clients, we provide a morning meal, coffee, tea, and water for clients. Our neighboring partner, Lighthouse Ministries, provides lunch and dinner to our clients and refer their clients to our organization for breakfast. We have additional meals provided by community volunteers for holidays, church services, and other special occasions.

Locker storage is critical because our clients are otherwise limited to the belongings that they can carry around with them. In addition, we provide personal hygiene items, socks, underwear, and donated clothing as available. In severe weather, we also distribute hats, gloves, jackets, coats, and handwarmers. We provide clients with a photo ID Card created in KYHMIS, which can assist the client in receiving other services and obtaining state-issued IDs. Using our address to receive mail helps clients when applying for jobs and other benefits that require a mailing address, as well as for receiving checks and other important correspondence.

e. operating hours outside of night-time shelter: Response is identical to **a. shelter operating hours** above.

f. general staffing description for the shelter; Our current staff includes an Executive Director (FT), a Supervising Case Manager (FT), a Street Outreach Case Manager (FT) one Client

Support Specialist (PT), a Panhandling Diversion Program Driver (FT), two Center Coordinators (PT/Weekend) and a Panhandling Diversion Program Project Coordinator/Accountant (PT).

NLDC is requesting funds in support of our two client-facing Case Management (FT) staff and partial support for our other staff.

B. Does your emergency shelter consistently implement practices to meet people where they are, and provide person-centered care that focuses on personal strengths? NLDC posts our **NLDC Culture** statement (attached) publicly in our Community Room. It expresses both our beliefs about people and reflects our values around the environment we strive to create. We engage clients where they are, regardless of background, and strive to help them achieve their goals. That engagement includes identifying personal strengths and helping them build on those strengths through encouragement, guidance and making the right connections. Case Managers utilize trauma-informed care, harm reduction practices, motivational interviewing, and housing-focused case management to assist clients in meeting goals.

C. What policies or value statements convey clear expectations that guests will be treated with dignity and respect, and how does the shelter monitor adherence to these expectations (submit documentation)? In addition to the **NLDC Culture** statement (attached) which addresses how all clients are viewed and valued, NLDC has **NLDC Client On-Site Behavior Expectations** (attached) posted in the main Community Room area as well as in various other areas on-site. One of the items under “RIGHTS” is the right to “be treated with dignity and respect by staff, volunteers, and other clients”. This list of expectations includes things that clients have the **RIGHT** to, things that clients are **RESPONSIBLE** for, and things that clients are **PROHIBITED** from while accessing services at NLDC. To support these expected behaviors, NLDC also has an **NLDC Client Disciplinary Guidelines** (attached) process posted

and utilized by staff consistently, as well as **NLDC Case Management Action Plan** (attached) and **NLDC Grievance Form** (attached).

D. Are expectations of guests clearly communicated and easily accessible for review by guests? (submit documentation of communication process) NLDC has procedures posted addressing **NLDC Culture** (attached), **NLDC Client On-Site Behavior Expectations** (attached), and **NLDC Disciplinary Guidelines** (attached) that are followed when behavior expectations are violated. These are posted in the main Community Room area and various other areas on-site, and also available in printed form to Clients.

E. What policies and resources do the shelter have to facilitate communication with persons of limited English proficiency and/or disabilities that might require accommodation? (submit documentation) For persons with limited English proficiency, NLDC makes every attempt to communicate effectively with clients of all cultures. We have copies of the **NLDC DHS “I Speak” Language Identification Guide** (attached) available to use with clients to help identify the language they speak. If the language can be discerned, we use an online translator phone app to communicate with the client as best as possible. If the client is a Spanish-speaker, we have one Spanish-speaking Case Manager. We also partner with our co-located clinic (BCHC) to translate on our behalf, as they have several Spanish-speaking staff, as a back-up resource.

F. How does the shelter meet the needs of persons with disabilities, including those with mobility limits or those requiring use of medical equipment? NLDC is open to all persons with disabilities and will make every effort to accommodate persons with disabilities. This includes ensuring access to all programs for wheelchair bound clients, as well as those with prosthetic limbs or crutches. NLDC staff have successfully sought handicapped accessible

shelter placements for clients who were wheelchair bound and arranged for pick-up of the client to attend rehab at a facility that could accommodate his wheelchair. NLDC partners with BCHC medical staff to provide medical equipment on an as needed basis.

G. What specific practices help ensure that the shelter exhibits cultural competency and provides appropriate protection for shelter seekers across demographic differences?

To enhance the cultural competency of our staff and leaders, we have participated in Human Rights Commission training (April 2026). NLDC will require all staff and volunteers to view video training resources available to us through **nonprofitready.org** and **homelesstraining.com** (attached). Additionally, our posted **NLDC Client On-Site Behavior Expectations** (attached) addresses this by making it clear that all clients can expect to “be treated with dignity and respect by staff, volunteers, and other clients.”

H. Does the shelter involve guests in governance and operations? (submit documentation)

Yes, from a governance perspective the NLDC has a former homeless staff who have lived experience with both homelessness and addiction/recovery, ensuring advocacy of client needs. Additionally, NLDC hosts monthly Town Hall Meetings (**NLDC Town Hall Meeting Agenda**, attached) involving clients to participate in discussions on neighborhood concerns and issues affecting our clients. From an operations perspective, we involve clients who volunteer to help with the service of coffee and donuts or other meals/snacks, as well as assisting with occasional cleaning the inside and courtyard/parking area of our facility. These things are done voluntarily. We do have a few client helpers who are paid for regular, ongoing cleaning duties, but we do not require any on-site service to receive our case management services. Our Panhandling Diversion Van Program (see *The Panhandling Van* on our website <https://newlifedaycenter.org/services/>) also employs up to 10 clients daily through our

partnership with LFUCG Division of Environmental Services. Finally, NLDC conducts regular client surveys to inform our practices, as indicated in our **NLDC 2025 Client Survey** (attached).

4.2 Rapid Resolution, Housing-Oriented (25 points)

A. Does your shelter’s process for accessing shelter assess options for diverting from shelter? What policies, scripts, or other resources does your shelter utilize to assess and facilitate diversion? Many NLDC clients come to us after having been homeless and living on the streets for some time. Clients have often been banned from other local emergency nighttime shelters and have no support system. We utilize a basic script as an informational interview to assess a client’s situation and determine what resources are available to them—attached **NLDC Client Assessment Script**. Sometimes this involves contacting an out-of-town family member and arranging transport; other times this involves contacting community partners to look for rental assistance; other times it involves referring them to sober living or drug/alcohol facilities. This also involves assessing if clients should pursue SSI/disability income, which can open up housing options such as St. James Place or other option such as income-based apartments. Case Managers using this assessment tool often discover new options that can avert the need for emergency shelter.

B. Does your emergency shelter’s diversion approach include, when needed, financial assistance, mediation, housing navigation, legal assistance, or other supports? Currently, we provide referrals to partners who can provide financial assistance, housing assistance and/or legal assistance. This includes partners such as: OHPI Flex Funds (2025), Human Rights Commission, Legal Aid of the Bluegrass, and Refugee Ministries (immigration assistance).

C. What role do mainstream programs play in supporting shelter seekers and diversion efforts? NLDC works with all available regional community partners and mainstream

programs to help clients become housed. Many of our clients have active addiction issues and often their first and most pressing need is to attend a drug or alcohol rehabilitation program in the area. Some frequent partners include: Yonder, ARC Recovery, The Ridge, Isaiah House, New Day Life Center (Winchester), and Brightview. Our clients who have completed these programs have the most long-term success—attached **NLDC Client Testimonial**.

D. How does your emergency shelter provide immediate assistance and link guests with housing options within the first 14 days of a shelter stay/participation? NLDC Clients register with our Case Managers when they first enter our center. As part of our intake process, we first assess whether or not they have income to determine whether they have the ability to solve the situation with basic support. If not, we add them to Coordinated Entry and income-based housing lists. We also assess whether there is any family support that they can access to help them exit homelessness. For some clients, rehab facilities or sober living homes are an appropriate next step. It is a last resort for our Case Managers to refer to emergency shelters after all other options have been exhausted for more stable and permanent housing.

E. How does your emergency shelter use data routinely to detect trends, identify frequent users, and monitor housing success and other performance measures? We regularly conduct Client surveys (attached **NLDC 2025 Client Survey**) to inform programing decisions. For example, we are requesting funding for bus passes because it is a service that clients asked to be added and has not previously been in our budget to provide. NLDC also conducts surveys and solicits feedback from other stakeholders such as vendor partners, board members, staff, community neighbors, etc. Feedback we receive is used to guide decisions about where to focus our change efforts.

F. How does your emergency shelter coordinate with the broader homelessness

response system to engage in system-level planning? NLDC participates in stakeholder meetings held by LFUCG's OHPI and has a staff member on the OHPI Board. NLDC also hosts partner organizations on site to assist clients with: applying for Social Security, receiving preventative medical care and vaccinations through the Bluegrass Community Health Clinic co-located in our facility, and accessing many service providers such as the Veteran's Administration, Lexington Rescue Mission (Jobs For Life employment program and several housing programs), Jubilee Jobs, Isaiah House, ARC Recovery, New Vista, Lighthouse Ministries, Nathaniel Mission, and others. NLDC also partners with LFUCG on many initiatives (i.e., Recovery Ready Lexington and the Mayor's Task Force on Homelessness) to address challenges affecting the homeless/at-risk-of-being-homeless populations. Utilizing the KYHMIS database for coordinated entry has helped us efficiently coordinate with the broader community of providers.

G. Does your emergency shelter assess and address the safety risks for people fleeing domestic violence? NLDC proactively addresses domestic violence risks as part of the **NLDC Client Assessment Script** (attached). When domestic violence is suspected/reported, we discuss this with the client, discuss options, and make appropriate referrals, including those to agencies supporting women leaving domestic violence situations, including The Nest or Greenhouse 17. If we are aware of clients who are couples who have domestic violence within their partnership, we seek to assist in navigating the proximity of these clients around protecting the abused and referring to appropriate available supports.

H. Describe how shelter guests are assigned case management and detail how case management is provided in your shelter. What days/times are case managers available to assist guests? How often do case managers discuss housing options with guests? Are there

any prerequisites for guests to access case management? What is the overall capacity of case management services and the caseload ratios per case manager? NLDC

Currently has two FT Case Managers. They are available to clients 44 hours/week during all open business hours. Currently, when clients come into NLDC and register, the conversation begins with Case Managers using the **NLDC Client Assessment Script** (attached). The goal for our staff is to check with each client at least once every 1-2 weeks. Our Case Manager that we added as part of the past round of ESR funding has been such an asset to clients that we promoted him to Supervising Case manager, eliminated another FT position, and then hired a second FT Street Outreach Case Manager. In addition to managing data entry into KYHMIS, the Case Managers provide coordinated entry case management for up to 40–50 unique clients each per month. Case Managers both meet with all clients based on who is first available.

I. How and when do the conversations about obtaining housing begin? Do case managers utilize best practices when working with clients, such as trauma informed care? What training does the shelter provide/require of case management staff on evidenced based practices? The conversations surrounding a person’s housing situation begin using the **NLDC Client Assessment Script** (attached), and are ongoing using a strengths-based, client-led approach that prioritizes immediate needs and readiness. Case Managers utilize trauma-informed care, harm reduction, and person-centered practices to build trust, support autonomy, and reduce barriers to engagement. Staff are trained in areas including trauma-informed care, motivational interviewing, de-escalation, housing-focused case management, and mental health first aid.

J. How will shelter staff members or volunteers help shelter guests access documents required for housing (birth certificates, Social Security cards, etc.) when needed?

First, NLDC Case Managers create temporary photo ID's from KYHMIS, which helps get immediate needs met at some service providers. NLDC also facilitates twice monthly zoom calls with the Social Security Administration assisting clients to get replacement copies of Social Security cards. NLDC assists Kentucky-born clients utilizing vouchers to obtain replacement birth certificates; out-of-state client birth certificates are requested online utilizing partner agency funding. KY State ID cards can be ordered for state residents using vouchers as well.

4.3 Low-Barrier (25 points)

A. Does the shelter set only minimal and reasonable requirements for guests, and does the shelter enforce these requirements in a fair and transparent way? (submit documentation). NLDC has minimal and reasonable requirements for clients to utilize NLDC resources. We require clients to register and/or check-in. We do not require work, volunteering, or payment for any services provided—they are free of charge to everyone. It is posted/available to read that clients have the “right to services free of charge.” We also have publicly posted documents on **NLDC Culture, NLDC On-Site Client Behavior Expectations, NLDC Client Disciplinary Guidelines, NLDC Case Management Action Plan, and NLDC Grievance Form** (see all attached) for transparency of expectations and services provided.

B. Does your emergency shelter have minimal expectations or requirements of people seeking shelter? (submit documentation) The only expectation for NLDC clients is that they register with NLDC and abide by the **NLDC Client On-Site Behavior Expectations** (attached), prominently posted on-site.

C. Does your shelter welcome self-defined family and kinship groups to seek shelter together? NLDC primarily serves adult clients. Families with minor children are referred to

partner agencies that serve these populations. However, as an organization serving adult clients, NLDC has many couples on-site who receive services, and it is welcomed. It is not a barrier to seeking services at NLDC to be part of a couple or self-defined family.

D. Can your emergency shelter identify financial resources that can support the adoption of low-barrier policies and practices and support extended or flexible hours and adapted service-delivery models? NLDC has some of the lowest barrier policies and practices serving the homeless in the Lexington area. Many of our clients have been banned from receiving services from other providers, and our policies and practices allow us to serve them. We realize that the problems many of our clients face with both drug use and mental health result in erratic and often problematic behavior. While we are firm and follow our guidelines when our behavior expectations are violated, we are quick to give people numerous chances to correct their behavior and long-term bans are extremely rare. When there is inclement weather such as heavy rain, snow, or extreme temperatures, we have opened early and remained open late as needed to keep our clients out of inclement weather for long as possible before they travel to/from other local service organizations. All the financial resources we seek support these goals of daytime emergency shelter meant to provide continuity and wrap-around care for our homeless clients.

E. Does your shelter accommodate pets? NLDC accommodates service animals in our gated, outdoor courtyard area and in our indoor Community Room. NLDC accommodates pets on leashes in our gated, outdoor courtyard area.

F. Does the shelter make accommodations to store belongings and, if so, how? For personal belongings, NLDC is one of a few local shelter organizations providing locker storage to clients for their belongings. We currently have 135 lockers on-site that are assigned to clients, an increase of 22 lockers in the past 2 years. There is a locker waitlist, so several clients

have volunteered to share lockers and help each other in this way to maximize the number of clients with access to lockers. NLDC also allows clients to bring personal possessions they have with them into the shelter—this is typically not restricted if they are able to carry belongings in/out with them at the close of business for the day. Every attempt is made to return items to clients if left behind on a previous day. NLDC recognizes the importance of clients’ belongings being kept with them in a safe and dignified way and strives to help this happen for as many clients as possible.

G. Does your shelter intake process and housing navigation services coordinate closely with community-based outreach services and Coordinated Entry? NLDC uses a **NLDC Client Assessment Script** (attached) when completing the KYHMIS intake process. NLDC also adds clients to the Coordinated Entry list at that time if applicable.

H. Does your shelter create flexible and predictable access for people seeking shelter? Yes, our clients can come and go from our organization an unlimited number of times during our open business hours, and they can stay for the entire business day if they choose.

I. Are guests required or requested to contribute funds or labor to remain in the shelter? (submit documentation of any program fees or volunteer time required) Our clients receive ALL services free of charge, as is prominently posted in our **NLDC Client On-Site Behavior Expectations** (attached). We do have some clients who choose to contribute in voluntary ways to assist with our shelter operations, and we have some clients who have been selected for part time, contracted paid roles, but there are very clearly no expectations tied to receiving services. In fact, NLDC participates with the Samaritan Program and has 71 clients who receive monthly incentives via gift card for participating in Case Management services—attached **NLDC Samaritan Program** for highlights of program eligibility and details.

J. Are guests required or requested to leave the shelter during any portion of operating hours? No, they are welcome to stay on-site the entire time we are open daily, or they may come and go at will. The only reason a client would be required to leave is if there was a significant violation of our posted **NLDC Client On-Site Behavior Expectations** (attached).

K. Are guests required to participate in classes or programs as a condition of remaining in the shelter? No, they are not, however, all clients have equal opportunities to participate in any programs or services provided, especially Case Management. There is no requirement to participate other than the client's willingness.

L. Describe the process followed to determine whether someone is admitted or removed from the shelter and appeals available to those denied access. Applicants should include with their proposal a copy of written operation procedures for denial of services. This includes drug testing. (submit documentation) Our **NLDC Client Disciplinary Guidelines** (attached) are prominently posted on-site and contain the process that we follow if there has been a violation of **NLDC Client On-Site Behavior Expectations** (attached) on our property. For resuming services, any client that has been suspended from services may work with a Case Manager to complete a **NLDC Case Management Action Plan**.

M. How many participants were restricted, denied access, or banned in the past 12 months for reasons described above? What is the shelter's process for reviewing restrictions/bans and allowing guests to return? We started keeping track of suspensions in KYHMIS starting May of 2025, so our reported data is from May 1-December 31, 2025. During this time, 46 clients were temporarily suspended from services for a total of 60 infractions related to our **NLDC On-Site Client Behavior Expectations** (attached). Of these, only 2 clients remain suspended indefinitely, although they always have the option of resuming services. For resuming

services, any client that has been suspended from services may work with a Case Manager to complete a **NLDC Case Management Action Plan** (attached).

4.4 Results & Outcomes (20 Points)

Attached you will find our KYHMIS reports reflecting Jan 1, 2026 to December 31, 2025, in the **NLDC KYHMIS Report 2025** (attached). Our data started being entered into KYHMIS April 13, 2025 so our report reflects April 13-December 31, 2025. Having the real-time data entered by Case Managers in the KYHMIS system reflecting our client base and activities has been invaluable for improving our ability to track and monitor client engagement and progress.

4.5 Budget, Appropriateness and Feasibility of Budget (10 points)

Complete this table by indicating the total in the column to the right, then respond to the narrative prompts below:	Total
***Number of individual beds available: (not an overnight shelter)	n/a
***Number of units available for families, if applicable:	n/a
If day shelter, number of guests that can be accommodated: <i>* NLDC individual numbers fluctuate as clients come and go throughout the day. NLDC occupancy for the Community Room is no more than 100 persons at a time.</i>	up to 100 at a time
Funds requested from LFUCG: annually, renewable for 1 year	\$228,149
Average daily census for individuals based on KYHMIS data:	n/a
Average daily census for families based on KYHMIS data:	n/a
If day shelter , average daily census/persons served:	81
Total annual budget for shelter (all funding sources):	\$425,250
% LFUCG investment (LFUCG Request/Total Budget * 100):	53.7%

Attached budget documents: NLDC 2026 Board Approved Line Item Projected Budget

and **NLDC ESR Budget Template 2026** have been attached. A description of funding sources other than LFUCG are listed in **Tab 3 Other Budget Sources** of **NLDC ESR Budget Template 2026** and provides specifics to augment the income described in our line-item budget.

Expanded and Extended Supportive Services: For NLDC, our funding landscape is dependent upon receiving ESR funding to continue with our current level of staffing and FT services to

clients. NLDC strongly believes that the funding requested in these areas directly benefits the daily care, safety, support, and progress of clients seeking shelter and assistance at NLDC as they attempt to exit homelessness and/or improve their quality of life. If awarded, NLDC will continue/expand our supportive services in these ways. **1.** NLDC will continue having a Supervising Case Manager and a Street Outreach Case Manager, both focused on assessing client needs and facilitating appropriate connections with other service providers and housing supports. We request that these staff member salaries to be covered 100%, and other staff salaries to be subsidized by 30% as part of this ESR request. **2.** NLDC, like other agencies, has experienced an increase in the costs of rent, utilities, and other basic supplies that cover client-facing expenses. We also solicit in-kind donations from community partners to leverage the support we receive. We request 50% of these costs to be covered with ESR funds to help us remain at our current level of services for clients. **3.** NLDC has successfully worked with contracted paid client helpers for the past two years. We request increased funding in this area so that we can increase the impact of contracting clients who assist with on-site cleaning services. Our clients receive mentoring, job training, and relationship building when participating in this program. Clients experience tremendous personal growth participating in this program. **4.** Based on our **NLDC 2025 Client Survey**, bus passes were a high need for clients without transportation working toward case management goals. Thus, we request \$200/month to assist with bus passes for client assistance. We have developed an NLDC **Bus Pass Qualifications Guide** (attached) to assist in the management of bus pass requests. **5.** We seek additional training funds for an annual online training suite available at <http://homelesstraining.com> as a cost-effective way to increase training options on-site for staff, volunteers, and paid client helpers (**NLDC Homeless Training**, attached).

Firm Submitting Proposal: New Life Day Center Inc.

Complete Address: 224 N. Martin Luther King Blvd. Lexington, KY 40507
Street City Zip

Contact Name: Jennie Zamora Title: Executive Director

Telephone Number: 859-721-2325 Fax Number: N / A

Email address: jennie@newlifedaycenter.org

GENERAL PROVISIONS

1. Each Respondent shall comply with all Federal, State & Local regulations concerning this type of service or good.

The Respondent agrees to comply with all statutes, rules, and regulations governing safe and healthful working conditions, including the Occupational Health and Safety Act of 1970, *29 U.S.C. 650 et. seq.*, as amended, and KRS Chapter 338. The Respondent also agrees to notify the LFUCG in writing immediately upon detection of any unsafe and/or unhealthful working conditions at the job site. The Respondent agrees to indemnify, defend and hold the LFUCG harmless from all penalties, fines or other expenses arising out of the alleged violation of said laws.

2. Failure to submit ALL forms and information required in this RFP may be grounds for disqualification.
3. Addenda: All addenda and IonWave Q&A, if any, shall be considered in making the proposal, and such addenda shall be made a part of this RFP. Before submitting a proposal, it is incumbent upon each proposer to be informed as to whether any addenda have been issued, and the failure to cover in the bid any such addenda may result in disqualification of that proposal.
4. Proposal Reservations: LFUCG reserves the right to reject any or all proposals, to award in whole or part, and to waive minor immaterial defects in proposals. LFUCG may consider any alternative proposal that meets its basic needs.
5. Liability: LFUCG is not responsible for any cost incurred by a Respondent in the preparation of proposals.
6. Changes/Alterations: Respondent may change or withdraw a proposal at any time prior to the opening; however, no oral modifications will be allowed. Only letters, or other formal written requests for modifications or corrections of a previously submitted proposal which is addressed in the same manner as the proposal, and received by LFUCG prior to the scheduled closing time for receipt of proposals, will be accepted. The proposal, when opened, will then be corrected in accordance with such written request(s), provided that the written request is contained in a sealed envelope which is plainly marked "modifications of proposal".
7. Clarification of Submittal: LFUCG reserves the right to obtain clarification of any point in a bid or to obtain additional information from a Respondent.
8. Bribery Clause: By his/her signature on the bid, Respondent certifies that no employee of his/hers, any affiliate or Subcontractor, has bribed or attempted to bribe an officer or employee of the LFUCG.

9. Additional Information: While not necessary, the Respondent may include any product brochures, software documentation, sample reports, or other documentation that may assist LFUCG in better understanding and evaluating the Respondent's response. Additional documentation shall not serve as a substitute for other documentation which is required by this RFP to be submitted with the proposal,
10. Ambiguity, Conflict or other Errors in RFP: If a Respondent discovers any ambiguity, conflict, discrepancy, omission or other error in the RFP, it shall immediately notify LFUCG of such error in writing and request modification or clarification of the document if allowable by the LFUCG.
11. Agreement to Bid Terms: In submitting this proposal, the Respondent agrees that it has carefully examined the specifications and all provisions relating to the work to be done attached hereto and made part of this proposal. By acceptance of a Contract under this RFP, proposer states that it understands the meaning, intent and requirements of the RFP and agrees to the same. The successful Respondent shall warrant that it is familiar with and understands all provisions herein and shall warrant that it can comply with them. No additional compensation to Respondent shall be authorized for services or expenses reasonably covered under these provisions that the proposer omits from its Proposal.
12. Cancellation: If the services to be performed hereunder by the Respondent are not performed in an acceptable manner to the LFUCG, the LFUCG may cancel this contract for cause by providing written notice to the proposer, giving at least thirty (30) days notice of the proposed cancellation and the reasons for same. During that time period, the proposer may seek to bring the performance of services hereunder to a level that is acceptable to the LFUCG, and the LFUCG may rescind the cancellation if such action is in its best interest.

A. Termination for Cause

- (1) LFUCG may terminate a contract because of the contractor's failure to perform its contractual duties
- (2) If a contractor is determined to be in default, LFUCG shall notify the contractor of the determination in writing, and may include a specified date by which the contractor shall cure the identified deficiencies. LFUCG may proceed with termination if the contractor fails to cure the deficiencies within the specified time.
- (3) A default in performance by a contractor for which a contract may be terminated shall include, but shall not necessarily be limited to:
 - (a) Failure to perform the contract according to its terms, conditions and specifications;
 - (b) Failure to make delivery within the time specified or according

- to a delivery schedule fixed by the contract;
- (c) Late payment or nonpayment of bills for labor, materials, supplies, or equipment furnished in connection with a contract for construction services as evidenced by mechanics' liens filed pursuant to the provisions of KRS Chapter 376, or letters of indebtedness received from creditors by the purchasing agency;
 - (d) Failure to diligently advance the work under a contract for construction services;
 - (e) The filing of a bankruptcy petition by or against the contractor; or
 - (f) Actions that endanger the health, safety or welfare of the LFUCG or its citizens.

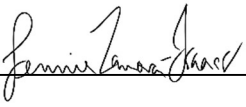
B. At Will Termination

Notwithstanding the above provisions, the LFUCG may terminate this contract at will in accordance with the law upon providing thirty (30) days written notice of that intent, Payment for services or goods received prior to termination shall be made by the LFUCG provided these goods or services were provided in a manner acceptable to the LFUCG. Payment for those goods and services shall not be unreasonably withheld.

13. **Assignment of Contract:** The contractor shall not assign or subcontract any portion of the Contract without the express written consent of LFUCG. Any purported assignment or subcontract in violation hereof shall be void. It is expressly acknowledged that LFUCG shall never be required or obligated to consent to any request for assignment or subcontract; and further that such refusal to consent can be for any or no reason, fully within the sole discretion of LFUCG.
14. **No Waiver:** No failure or delay by LFUCG in exercising any right, remedy, power or privilege hereunder, nor any single or partial exercise thereof, nor the exercise of any other right, remedy, power or privilege shall operate as a waiver hereof or thereof. No failure or delay by LFUCG in exercising any right, remedy, power or privilege under or in respect of this Contract shall affect the rights, remedies, powers or privileges of LFUCG hereunder or shall operate as a waiver thereof.
15. **Authority to do Business:** The Respondent must be a duly organized and authorized to do business under the laws of Kentucky. Respondent must be in good standing and have full legal capacity to provide the services specified under this Contract. The Respondent must have all necessary right and lawful authority to enter into this Contract for the full term hereof and that proper corporate or other action has been duly taken authorizing the Respondent to enter into this Contract. The Respondent will provide LFUCG with a copy of a corporate resolution authorizing this action and a letter from an attorney confirming that the proposer is authorized to do business in the State of Kentucky if requested. All proposals must

be signed by a duly authorized officer, agent or employee of the Respondent.

16. **Governing Law:** This Contract shall be governed by and construed in accordance with the laws of the Commonwealth of Kentucky. In the event of any proceedings regarding this Contract, the Parties agree that the venue shall be the Fayette County Circuit Court or the U.S. District Court for the Eastern District of Kentucky, Lexington Division. All parties expressly consent to personal jurisdiction and venue in such Court for the limited and sole purpose of proceedings relating to this Contract or any rights or obligations arising thereunder. Service of process may be accomplished by following the procedures prescribed by law.
17. **Ability to Meet Obligations:** Respondent affirmatively states that there are no actions, suits or proceedings of any kind pending against Respondent or, to the knowledge of the Respondent, threatened against the Respondent before or by any court, governmental body or agency or other tribunal or authority which would, if adversely determined, have a materially adverse effect on the authority or ability of Respondent to perform its obligations under this Contract, or which question the legality, validity or enforceability hereof or thereof.
18. Contractor understands and agrees that its employees, agents, or subcontractors are not employees of LFUCG for any purpose whatsoever. Contractor is an independent contractor at all times during the performance of the services specified.
19. If any term or provision of this Contract shall be found to be illegal or unenforceable, the remainder of the contract shall remain in full force and such term or provision shall be deemed stricken.
20. Contractor [or Vendor or Vendor's Employees] will not appropriate or make use of the Lexington-Fayette Urban County Government (LFUCG) name or any of its trade or service marks or property (including but not limited to any logo or seal), in any promotion, endorsement, advertisement, testimonial or similar use without the prior written consent of the government. If such consent is granted LFUCG reserves the unilateral right, in its sole discretion, to immediately terminate and revoke such use for any reason whatsoever. Contractor agrees that it shall cease and desist from any unauthorized use immediately upon being notified by LFUCG.



Signature

04/01/2026

Date



Grievance Report

Please briefly describe your issue with a Staff or Volunteer of New Life Day Center.

Client Signature _____ Date _____

OUTCOME:

Client Signature _____ Date _____

Staff Signature _____ Date _____

Staff Signature _____ Date _____

FREE INTRO COURSE

(<https://event.webinarjam.com/register/640/pyrw5cxm9>)

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FOR **NONPROFITS**

GIVE YOUR STAFF THE **TOOLS**
AND SKILLS THEY NEED TO
SERVE **EVERYONE**

ANNUAL SUBSCRIPTION

An annual license is based on the total number of employees in your organization who will be taking the training.

1-12

\$869

13-25	\$1,279
26-50	\$1,749
51-100	\$2,829
101-150	\$3,849
151-200	\$4,829
201-250	\$5,749
251-300	\$6,629
301-350	\$7,499
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*Volunteers count as .5 of staff

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- Tools & scripts
- Completion certificates
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MONTHLY LIVE TRAINING

- Printable quick-reference infographic
- Interactive workbook
- Certificate for each training
- Live Q&A with Ryan

MORE CONFIDENT STAFF

- Better understand patrons
- Pros at deescalating conflict
- Less problematic behavior
- More inclusive environment

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TO SEE COURSE DESCRIPTIONS

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AFTER OUR TRAINING

YOUR STAFF WILL KNOW...

- › How to respond to an upset customer
- › How to use body language and tone to de-escalate
- › How to enforce a rule (and even ask someone to leave)

READY TO EMPOWER YOUR STAFF?

"Was so blown away by your training. The understanding gained from the training and the techniques will work with so many of our library customers, not just the homeless. Well worth the money and time to have all my library staff participate."

GRETCHEN P.

WANT A LITTLE PEEK BEHIND THE CURTAIN?

TEST DRIVE OUR TRAININGS!

GET FULL ACCESS FOR TWO WEEKS

Only one staff member per organization (please!)

First Name *

Last Name *

Email *

Organization Name *


Organization Type *

Position *

Organization Location *

Which type of training are you interested in? *

- Long form (30-60 minute trainings)
- Short form (5 minute trainings)
- Both Long and Short form trainings
- I'm not sure

Referred by someone? Enter their referral code here.

Leave blank if you were not referred by someone



GET FREE TRIAL

DIVE INTO...

CRISIS SITUATIONS

- Fights*
- Sexual Harassment*
- Prejudice*

SPECIFIC SITUATIONS

- Body Odor*
- Unattended Children*
- Ornery Teens*

SPECIALTY TOPICS

- Staff Burnout*
- Patrons with Dementia*
- Service Animals*

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FREQUENTLY ASKED QUESTIONS

WHAT TOPICS ARE COVERED? 

HOW LONG ARE THE ONLINE TRAININGS? 

HOW LONG DO WE HAVE ACCESS TO THE TRAINING? 

HOW DO WE ACCESS TO THE TRAINING? 

DO YOU OFFER CERTIFICATES? 

DOES OUR STAFF HAVE TO WATCH THE TRAINING TOGETHER? 

CAN STAFF MEMBERS WATCH THE TRAINING AT HOME? 

IS THERE A LIMIT ON THE NUMBER OF TIMES A USER 

CAN WATCH?

CAN I MONITOR MY STAFF'S PROGRESS?



stay in touch

Receive weekly tips from Ryan about how to work with homeless, addicted and mentally ill patrons.

Email

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REMEMBER *empathy* IS THE ANSWER.

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▶ Report Run History

Report ID	Date Ran (Run-time)	Report Type	Name	User Creating	Running Provider	Running User	Report Status
246756	04/24/2026 11:15:17 AM (0.00 mins)	COCAPR		Chris Primeaux	New Life Day Center-LEX	Chris Primeaux	Running
246754	04/24/2026 11:14:46 AM (0.05 mins)	COCAPR		Chris Primeaux	New Life Day Center-LEX	Chris Primeaux	Completed
246476	04/21/2026 09:51:12 AM (0.30 mins)	COCAPR		Chris Primeaux	New Life Day Center-LEX	Chris Primeaux	Completed
246475	04/21/2026 09:50:47 AM (0.05 mins)	COCAPR		Chris Primeaux	New Life Day Center-LEX	Chris Primeaux	Completed
246474	04/21/2026 09:50:26 AM (0.06 mins)	COCAPR		Chris Primeaux	New Life Day Center-LEX	Chris Primeaux	Completed

Showing 1-5 of 27

Report Options

Name	
Description	
Provider Type	<input checked="" type="radio"/> Provider <input type="radio"/> Reporting Group
Provider *	New Life Day Center-Intensive Case Management-OHPI-SSO-LEX (3595) <input type="radio"/> This provider AND its subordinates <input checked="" type="radio"/> This provider ONLY
Program Date Range *	01/01/2025 to 12/31/2025
Entry/Exit Types *	<input type="checkbox"/> Basic <input type="checkbox"/> Basic Center <input checked="" type="checkbox"/> HUD <input type="checkbox"/> PATH <input type="checkbox"/> Quick <input type="checkbox"/> Call <input type="checkbox"/> RHY <input type="checkbox"/> Standard <input type="checkbox"/> Transitional Living <input type="checkbox"/> Program Entry/Exit <input type="checkbox"/> VA <input type="checkbox"/> HPRP (Retired)

CoC APR Report Results - Date Ran: 04/24/2026 11:15:17 AM - Report ID: 246756

4a - Project Identifiers in HMIS																											
#	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	All
Organization Name	Org. ID	Project Name	Project ID	HMIS Project Type	RRH Subtype	Coordinated Entry Access Point	Affiliated with a residential project	Project IDs of Affiliation	CoC Number	Geocode	Victim Service Provider	HMIS Software Name and Version Number	Report Start Date	Report End Date	Total Active Clients	Total Active Households											
Lexington CoC	1198	New Life Day Center-Intensive Case Management-OHPI-SSO-LEX	3595	Services Only (HUD)		Missing	No		KY-502	211314	No	WellSky Community Services 5.17.03	2025-01-01	2025-12-31	481	471											

Showing 1-1 of 1

5a - Report Validations Table

Report Validations Table	Count of Clients for DQ	Count of Clients
1. Total Number of Persons Served	481	481
2. Number of Adults (age 18 or over)	481	481
3. Number of Children (under age 18)	0	0
4. Number of Persons with Unknown Age	0	0
5. Number of Leavers	12	12
6. Number of Adult Leavers	12	12
7. Number of Adult and Head of Household Leavers	12	12
8. Number of Stayers	469	469

9. Number of Adult Stayers	469	469
10. Number of Veterans	15	15
11. Number of Chronically Homeless Persons	141	141
12. Number of Youth Under Age 25	38	38
13. Number of Parenting Youth Under Age 25 with Children	0	0
14. Number of Adult Heads of Household	471	471
15. Number of Child and Unknown-Age Heads of Household	0	0
16. Heads of Households and Adult Stayers in the Project 365 Days or More	0	0

6a - Data Quality: Personally Identifiable Information

Data Element	Client Doesn't Know/Prefers Not to Answer	Information Missing	Data Issues	Total	% of Issue Rate
Name (3.01)	0	0	0	0	0%
Social Security Number (3.02)	5	0	0	5	1%
Date of Birth (3.03)	0	0	0	0	0%
Race and Ethnicity (3.04)	0	0		0	0%
Overall Score				5	1%

6b - Data Quality: Universal Data Elements

Data Element	Client Doesn't Know/Prefers Not to Answer	Information Missing	Data Issues	Total	% of Issue Rate
Veteran Status (3.7)	0	0	0	0	0%
Project Start Date (3.10)			0	0	0%
Relationship to Head of Household (3.15)		0	0	0	0%
Enrollment CoC (3.16)		0	0	0	0%
Disabling Condition (3.8)	0	0	2	2	0%

6c - Data Quality: Income and Housing Data Quality

Data Element	Client Doesn't Know/Prefers Not to Answer	Information Missing	Data Issues	Total	% of Issue Rate
Destination (3.12)	0	0		0	0%
Income and Sources (4.2) at Start	0	0	1	1	0%
Income and Sources (4.2) at Annual Assessment	0	0	0	0	0%
Income and Sources (4.2) at Exit	0	0	0	0	0%

6d - Data Quality: Chronic Homelessness

Entering into project type	Count of total records	Missing time in institution (3.917.2)	Missing time in housing (3.917.2)	Approximate date this episode started (3.917.3) Missing	Number of times (3.917.4) DK/PNTA/missing	Number of months (3.917.5) DK/PNTA/missing	% of records unable to calculate
ES-EE, ES-NbN, SH, Street Outreach	0			0	0	0	0%
TH	0	0	0	0	0	0	0%

PH(all)	0	0	0	0	0	0	0%
CE	0	0	0	0	0	0	0%
SSO, Day Shelter, HP	481	0	6	13	5	3	4%
Total	481						4%

6e - Data Quality: Timeliness

Time For Record Entry	Number of Project Start Records	Number of Project Exit Records
< 0 days	0	0
0 days	456	8
1 - 3 days	12	3
4 - 6 days	1	0
7 - 10 days	1	0
11+ days	11	1

6f - Data Quality: Inactive Records: Street Outreach and Emergency Shelter

	# of Records	# of Inactive Records	% of Inactive Records
Contact (Adults and Heads of Household in Street Outreach or PATH-funded SSO)	0	0	0%
Bed Night (All clients in ES - NBN)	0	0	0%

7a - Number of Persons Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	481	481	0		0
Children	0		0	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	481	481	0	0	0
For PSH and RRH - the total persons served who moved into housing	0	0	0	0	0

7b - Point-in-Time Count of Persons on the Last Wednesday

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	0	0	0	0	0
April	103	103	0	0	0
July	285	285	0	0	0
October	412	412	0	0	0

8a - Number of Households Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	471	471	0	0	0

For PSH and RRH - the total households served who moved into housing	0	0	0	0	0
--	---	---	---	---	---

8b - Point-in-Time Count of Households on the Last Wednesday					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	0	0	0	0	0
April	102	102	0	0	0
July	278	278	0	0	0
October	402	402	0	0	0

9a - Number of Persons Contacted					
	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine	
Once	0	0	0	0	
2-5 Times	0	0	0	0	
6-9 Times	0	0	0	0	
10+ Times	0	0	0	0	
Total Persons Contacted	0	0	0	0	

9b - Number of Persons Newly Engaged					
	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine	
Once	0	0	0	0	
2-5 Times	0	0	0	0	
6-9 Times	0	0	0	0	
10+ Times	0	0	0	0	
Total Persons Engaged	0	0	0	0	
Rate of Engagement	0%	0%	0%	0%	

11 - Age					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	0		0	0	0
5 - 12	0		0	0	0
13 - 17	0		0	0	0
18 - 24	40	40	0		0
25 - 34	80	80	0		0
35 - 44	127	127	0		0
45 - 54	128	128	0		0
55 - 64	64	64	0		0

65 +	42	42	0		0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	481	481	0	0	0

12 - Race and Ethnicity

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
American Indian, Alaska Native, or Indigenous	1	1	0	0	0
Asian or Asian American	3	3	0	0	0
Black, African American, or African	192	192	0	0	0
Hispanic/Latina/o	5	5	0	0	0
Middle Eastern or North African	0	0	0	0	0
Native Hawaiian or Pacific Islander	3	3	0	0	0
White	258	258	0	0	0
Asian or Asian American & American Indian, Alaska Native, or Indigenous	0	0	0	0	0
Black, African American, or African & American Indian, Alaska Native, or Indigenous	2	2	0	0	0
Hispanic/Latina/o & American Indian, Alaska Native, or Indigenous	1	1	0	0	0
Middle Eastern or North African & American Indian, Alaska Native, or Indigenous	0	0	0	0	0
Native Hawaiian or Pacific Islander & American Indian, Alaska Native, or Indigenous	0	0	0	0	0
White & American Indian, Alaska Native, or Indigenous	2	2	0	0	0
Black, African American, or African & Asian or Asian American	0	0	0	0	0
Hispanic/Latina/o & Asian or Asian American	0	0	0	0	0
Middle Eastern or North African & Asian or Asian American	0	0	0	0	0
Native Hawaiian or Pacific Islander & Asian or Asian American	0	0	0	0	0
White & Asian or Asian American	1	1	0	0	0
Hispanic/Latina/o & Black, African American, or African	2	2	0	0	0
Middle Eastern or North African & Black, African American, or African	0	0	0	0	0
Native Hawaiian or Pacific Islander & Black, African American, or African	0	0	0	0	0
White & Black, African American, or African	5	5	0	0	0
Middle Eastern or North African & Hispanic/Latina/o	0	0	0	0	0
Native Hawaiian or Pacific Islander & Hispanic/Latina/o	0	0	0	0	0
White & Hispanic/Latina/o	5	5	0	0	0
Native Hawaiian or Pacific Islander & Middle Eastern or North African	0	0	0	0	0
White & Middle Eastern or North African	0	0	0	0	0
White & Native Hawaiian or Pacific Islander	0	0	0	0	0
Multiracial - more than 2 races/ethnicity, with one being Hispanic/Latina/o	0	0	0	0	0

Multiracial - more than 2 races, where no option is Hispanic/Latina/o	1	1	0	0	0	
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0	
Data Not Collected	0	0	0	0	0	
Total	481	481	0	0	0	
13a1 - Physical and Mental Health Conditions at Start						
	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	163	163	0	0	0	0
Alcohol Use Disorder	17	17	0	0	0	0
Drug Use Disorder	75	75	0	0	0	0
Both Alcohol and Drug Use Disorders	40	40	0	0	0	0
Chronic Health Condition	66	66	0	0	0	0
HIV/AIDS	5	5	0	0	0	0
Development Disability	14	14	0	0	0	0
Physical Disability	79	79	0	0	0	0
13a2 - Number of Conditions at Start						
	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
None	132	132	0	0	0	0
1 Condition	90	90	0	0	0	0
2 Conditions	73	73	0	0	0	0
3+ Conditions	78	78	0	0	0	0
Condition Unknown	108	108	0	0	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0	0
Data Not Collected	0	0	0	0	0	0
Total	481	481	0	0	0	0
13b1 - Physical and Mental Health Conditions at Exit						
	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	2	2	0	0	0	0
Alcohol Use Disorder	1	1	0	0	0	0
Drug Use Disorder	0	0	0	0	0	0
Both Alcohol and Drug Use Disorders	3	3	0	0	0	0
Chronic Health Condition	3	3	0	0	0	0
HIV/AIDS	0	0	0	0	0	0
Development Disability	2	2	0	0	0	0
Physical Disability	2	2	0	0	0	0

13b2 - Number of Conditions at Exit						
	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
None	0	0	0	0	0	0
1 Condition	1	1	0	0	0	0
2 Conditions	3	3	0	0	0	0
3+ Conditions	2	2	0	0	0	0
Condition Unknown	6	6	0	0	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0	0
Data Not Collected	0	0	0	0	0	0
Total	12	12	0	0	0	0
13c1 - Physical and Mental Health Conditions for Stayers						
	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Disorder	161	161	0	0	0	0
Alcohol Use Disorder	16	16	0	0	0	0
Drug Use Disorder	75	75	0	0	0	0
Both Alcohol and Drug Use Disorders	37	37	0	0	0	0
Chronic Health Condition	63	63	0	0	0	0
HIV/AIDS	5	5	0	0	0	0
Development Disability	12	12	0	0	0	0
Physical Disability	77	77	0	0	0	0
13c2 - Number of Conditions for Stayers						
	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
None	132	132	0	0	0	0
1 Condition	89	89	0	0	0	0
2 Conditions	70	70	0	0	0	0
3+ Conditions	76	76	0	0	0	0
Condition Unknown	102	102	0	0	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0	0
Data Not Collected	0	0	0	0	0	0
Total	469	469	0	0	0	0
14a - History of Domestic Violence, Sexual Assault, Dating Violence, Stalking, or Human Trafficking						
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type	
Yes	113	113	0	0	0	

No	356	356	0	0	0
Client Doesn't Know/Client Prefers Not to Answer	1	1	0	0	0
Data Not Collected	11	11	0	0	0
Total	481	481	0	0	0

14b - Most recent experience of domestic violence, sexual assault, dating violence, stalking, or human trafficking

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Within the past three months	25	25	0	0	0
Three to six months ago	11	11	0	0	0
Six months to one year	6	6	0	0	0
One year ago, or more	63	63	0	0	0
Client Doesn't Know/Prefers Not to Answer	1	1	0	0	0
Data Not Collected	7	7	0	0	0
Total	113	113	0	0	0

15 - Living Situation

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Place not meant for habitation	257	257	0	0	0
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter	74	74	0	0	0
Safe Haven	3	3	0	0	0
Subtotal	334	334	0	0	0
Institutional Situations					
Foster care home or foster care group home	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	2	2	0	0	0
Jail, prison, or juvenile detention facility	7	7	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	3	3	0	0	0
Substance abuse treatment facility or detox center	13	13	0	0	0
Subtotal	25	25	0	0	0
Temporary Situations					
Transitional housing for homeless persons (including homeless youth)	1	1	0	0	0
Residential project or halfway house with no homeless criteria	5	5	0	0	0
Hotel or motel paid for without emergency shelter voucher	3	3	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Staying or living in a friend's room, apartment, or house	26	26	0	0	0
Staying or living in a family member's room, apartment, or house	26	26	0	0	0
Subtotal	61	61	0	0	0

Permanent Situations

Rental by client, no ongoing housing subsidy	38	38	0	0	0
Rental by client, with ongoing housing subsidy	15	15	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, no ongoing housing subsidy	1	1	0	0	0
Subtotal	54	54	0	0	0
Client Doesn't Know/Prefers Not to Answer	1	1	0	0	0
Data Not Collected	6	6	0	0	0
Subtotal	7	7	0	0	0
Total	481	481	0	0	0

16 - Cash Income - Ranges

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
No Income	317	0	8
\$1 - 150	2	0	0
\$151 - \$250	6	0	0
\$251 - \$500	8	0	0
\$501 - \$1000	84	0	3
\$1001 - \$1500	23	0	0
\$1501 - \$2000	12	0	1
\$2001 +	22	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0
Data Not Collected	7	0	0
Number of adult stayers not yet required to have an annual assessment		469	
Number of adult stayers without required annual assessment		0	
Total Adults	481	469	12

17 - Cash Income - Sources

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	55	0	0
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	75	0	4
Social Security Disability Insurance (SSDI)	30	0	1
VA Service - Connected Disability Compensation	3	0	0
VA Non-Service Connected Disability Pension	1	0	0
Private Disability Insurance	0	0	0

Number of Adults with Any Income (i.e., Total Income)	0	0	0	0	0	0	0	0	0	0%
Average Change in Overall Income										

19a2 - Client Cash Income Change - Income Source - by Start and Exit

Income Change by Income Category (Universe: Adult Leavers with Income Information at Start and Exit)	Had Income Category at Start and Did Not Have It at Exit	Retained Income Category But Had Less \$ at Exit Than at Start	Retained Income Category and Same \$ at Exit as at Start	Retained Income Category and Increased \$ at Exit	Did Not Have the Income Category at Start and Gained the Income Category at Exit	Did Not Have the Income Category at Start or at Exit	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start to Exit, Average Gain	Performance measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	0	0	0	12	12	0	0%
Average Change in Earned Income									
Number of Adults with Other Income	0	0	4	0	0	8	12	0	0%
Average Change in Other Income									
Number of Adults with Any Income (i.e., Total Income)	0	0	4	0	0	8	12	0	0%
Average Change in Overall Income									

19b - Disabling Conditions and Income for Adults at Exit

	AO: Adult with Disabling Condition	AO: Adult without Disabling Condition	AO: Total Adults	AO: percent with Disabling Condition by Source	AC: Adult with Disabling Condition	AC: Adult without Disabling Condition	AC: Total Adults	AC: percent with Disabling Condition by Source	UK: Adult with Disabling Condition	UK: Adult without Disabling Condition	UK: Total Adults	UK: percent with Disabling Condition by Source
Earned Income	0	0	0	0%	0	0	0	0%	0	0	0	0%
Unemployment Insurance	0	0	0	0%	0	0	0	0%	0	0	0	0%
Supplemental Security Income (SSI)	2	0	2	100%	0	0	0	0%	0	0	0	0%
Social Security Disability Insurance (SSDI)	1	0	1	100%	0	0	0	0%	0	0	0	0%
VA Service - Connected Disability Compensation	0	0	0	0%	0	0	0	0%	0	0	0	0%
VA Non-Service-Connected Disability Pension	0	0	0	0%	0	0	0	0%	0	0	0	0%
Private Disability Insurance	0	0	0	0%	0	0	0	0%	0	0	0	0%
Worker's Compensation	0	0	0	0%	0	0	0	0%	0	0	0	0%
Temporary Assistance for Needy Families (TANF)	0	0	0	0%	0	0	0	0%	0	0	0	0%
General Assistance (GA)	0	0	0	0%	0	0	0	0%	0	0	0	0%
Retirement Income from Social Security	0	0	0	0%	0	0	0	0%	0	0	0	0%
Pension or retirement income from a former job	0	0	0	0%	0	0	0	0%	0	0	0	0%
Child Support	0	0	0	0%	0	0	0	0%	0	0	0	0%
Alimony and other spousal support	0	0	0	0%	0	0	0	0%	0	0	0	0%
Other Source	0	0	0	0%	0	0	0	0%	0	0	0	0%

No Sources	4	0	4	100%	0	0	0	0%	0	0	0	0%
Unduplicated Total Adults	6	0	6		0	0	0		0	0	0	

20a - Type of Non-Cash Benefit Sources

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	123	0	5
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	5	0	0
TANF Child Care Services	1	0	0
TANF Transportation Services	1	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

20b - Number of Non-Cash Benefit Sources

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
No Sources	315	0	7
1 + Source(s)	125	0	5
Client Doesn't Know/Client Prefers Not to Answer	0	0	0
Data Not Collected/Not stayed long enough for Annual Assessment	41	469	0
Total	481	469	12

21 - Health Insurance

	At Start	At Annual Assessment for Stayers	At Exit for Leavers
MEDICAID	337	0	6
MEDICARE	43	0	1
State Children's Health Insurance Program	0	0	0
Veteran's Health Administration (VHA)	6	0	0
Employer-Provided Health Insurance	1	0	0
Health Insurance obtained through COBRA	0	0	0
Private Pay Health Insurance	0	0	0
State Health Insurance for Adults	1	0	0
Indian Health Services Program	0	0	0
Other	0	0	0
No Health Insurance	117	0	5
Client Doesn't Know/Client Prefers Not to Answer	0	0	0
Data Not Collected	3	0	0

Number of stayers not yet required to have an annual assessment		469	
1 Source of Health Insurance	334	0	7
More than 1 Source of Health Insurance	27	0	0

22a1 - Length of Participation - CoC Projects

	Total	Leavers	Stayers
30 days or less	31	6	25
31 to 60 days	35	2	33
61 to 90 days	34	2	32
91 to 180 days	149	2	147
181 to 365 days	232	0	232
366 to 730 Days (1-2 Yrs)	0	0	0
731 to 1,095 Days (2-3 Yrs)	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0
Total	481	12	469

22b - Average and Median Length of Participation in Days

	Leavers	Stayers
Average Length	44	167
Median Length	17	175

22c - Length of Time between Project Start Date and Housing Move-in Date

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	0	0	0	0	0
8 to 14 days	0	0	0	0	0
15 to 21 days	0	0	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	0	0	0	0	0
61 to 90 days	0	0	0	0	0
91 to 180 days	0	0	0	0	0
181 to 365 days	0	0	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
Total (persons moved into housing)	0	0	0	0	0
Average length of time to housing	0.00	0.00	0.00	0.00	0.00
Persons who were exited without move-in	0	0	0	0	0
Total	0	0	0	0	0

23c - Exit Destination - All persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	4	4	0	0	0
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter	1	1	0	0	0
Safe Haven	1	1	0	0	0
Subtotal	6	6	0	0	0
Institutional Situations					
Foster care home or foster care group home	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	1	1	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Subtotal	1	1	0	0	0
Temporary Situations					
Transitional housing for homeless persons (including homeless youth)	1	1	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment, or house)	1	1	0	0	0
Staying or living with friends, temporary tenure (e.g., room, apartment, or house)	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Subtotal	2	2	0	0	0
Permanent Situations					
Staying or living with family, permanent tenure	1	1	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Subtotal	1	1	0	0	0
Other Situations					
No Exit Interview completed	0	0	0	0	0
Other	0	0	0	0	0

Deceased	2	2	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Subtotal	2	2	0	0	0
Total	12	12	0	0	0
Total persons exiting to positive housing destinations	1	1	0	0	0
Total persons exiting to destinations that excluded them from the calculation	2	2	0	0	0
Percentage of persons exiting to positive housing destinations	10%	10%	0%	0%	0%

23d - Exit Destination - Subsidy Type of Persons Exiting to Rental by Client With An Ongoing Subsidy

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
GPD TIP housing subsidy	0	0	0	0	0
VASH housing subsidy	0	0	0	0	0
RRH or equivalent subsidy	0	0	0	0	0
HCV voucher (tenant or project based) (not dedicated)	0	0	0	0	0
Public housing unit	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Housing Stability Voucher	0	0	0	0	0
Family Unification Program Voucher (FUP)	0	0	0	0	0
Foster Youth to Independence Initiative (FYI)	0	0	0	0	0
Permanent Supportive Housing	0	0	0	0	0
Other permanent housing dedicated for formerly homeless persons	0	0	0	0	0
Total	0	0	0	0	0

23e - Exit Destination Type by Race and Ethnicity

	Total	American Indian, Alaska Native, or Indigenous	Asian or Asian American	Black, African American, or African	Hispanic/Latina/o	Middle Eastern or North African	Native Hawaiian or Pacific Islander	White	At Least 1 Race and Hispanic/Latina/o	Multi-racial (does not include Hispanic/Latina/o)	Unknown (Doesn't Know, Prefers not to Answer, Data not Collected)
Homeless Situations	6	0	0	3	0	0	0	3	0	0	0
Institutional Situations	1	0	0	1	0	0	0	0	0	0	0
Temporary Situations	2	0	0	0	0	0	0	2	0	0	0
Permanent Situations	1	0	0	0	0	0	0	0	0	1	0
Other Situations	2	0	0	1	0	0	0	1	0	0	0
Total	12	0	0	5	0	0	0	6	0	1	0

24b - Moving On Assistance Provided to Households in PSH

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Subsidized housing application assistance	0	0	0	0	0

Financial assistance for Moving On (e.g., security deposit, moving expenses)	0	0	0	0	0
Non-financial assistance for Moving On (e.g., housing navigation, transition support)	0	0	0	0	0
Housing referral/placement	0	0	0	0	0
Other (please specify)	0	0	0	0	0

24e - Sex

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Female	80	80	0	0	0
Male	159	159	0	0	0
Client Doesn't Know/ Prefers Not to Answer	0	0	0	0	0
Data not collected	242	242	0	0	0
Total	481	481	0	0	0

25a - Number of Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	2	2	0	0
Non-Chronically Homeless Veteran	13	13	0	0
Not a veteran	466	466	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0
Data Not Collected	0	0	0	0
Total	481	481	0	0

25b - Number of Veteran Households

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	2	2	0	0
Non-Chronically Homeless Veteran	13	13	0	0
Not a veteran	456	456	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0
Data Not Collected	0	0	0	0
Total	471	471	0	0

25d - Age - Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
18 - 24	0	0	0	0
25 - 34	1	1	0	0
35 - 44	2	2	0	0
45 - 54	1	1	0	0
55 - 64	3	3	0	0

65 +	8	8	0	0
Client Doesn't Know/Client Prefers Not to Answer				
Data Not Collected				
Total	15	15	0	0

25i - Exit Destination - Veterans

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter	0	0	0	0	0
Safe Haven	0	0	0	0	0
Subtotal	0	0	0	0	0
Institutional Situations					
Foster care home or foster care group home	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	1	1	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Subtotal	1	1	0	0	0
Temporary Situations					
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment, or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room, apartment, or house)	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Subtotal	0	0	0	0	0
Permanent Situations					
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0

Subtotal	0	0	0	0	0
Other Situations					
No Exit Interview completed	0	0	0	0	0
Other	0	0	0	0	0
Deceased	0	0	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	1	1	0	0	0
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons exiting to destinations that excluded them from the calculation	0	0	0	0	0
Percentage of persons exiting to positive housing destinations	0%	0%	0%	0%	0%

25j - Subsidy Type of Persons Exiting to Rental by Client With An Ongoing Subsidy - Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
GPD TIP housing subsidy	0	0	0	0
VASH housing subsidy	0	0	0	0
RRH or equivalent subsidy	0	0	0	0
HCV voucher (tenant or project based) (not dedicated)	0	0	0	0
Public housing unit	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0
Housing Stability Voucher	0	0	0	0
Family Unification Program Voucher (FUP)	0	0	0	0
Foster Youth to Independence Initiative (FYI)	0	0	0	0
Permanent Supportive Housing	0	0	0	0
Other permanent housing dedicated for formerly homeless persons	0	0	0	0
Total	0	0	0	0

26a - Number of Households w/at least one or more Chronically Homeless person

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	137	137	0	0	0
Not Chronically Homeless	290	290	0	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0
Data Not Collected	44	44	0	0	0
Total	471	471	0	0	0

26b - Number of Chronically Homeless Persons by Household

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
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Chronically Homeless	141	141	0	0	0
Not Chronically Homeless	295	295	0	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0
Data Not Collected	44	44	0	0	0
Total	481	481	0	0	0

26d - Age of Chronically Homeless Persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
0 - 17	0		0	0	0
18 - 24	8	8	0		0
25 - 34	17	17	0		0
35 - 44	35	35	0		0
45 - 54	40	40	0		0
55 - 64	28	28	0		0
65 +	13	13	0		0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0		0
Data Not Collected	0	0	0		0
Total	141	141	0	0	0

26e - Physical and Mental Health Conditions - Chronically Homeless Persons

	Conditions at Start	Conditions at Latest Assessment for Stayers	Conditions at Exit for Leavers
Mental Health Disorder	73	72	1
Alcohol Use Disorder	11	11	0
Drug Use Disorder	35	35	0
Both Alcohol and Drug Use Disorders	16	13	3
Chronic Health Condition	32	31	1
HIV/AIDS	4	4	0
Development Disability	5	4	1
Physical Disability	32	30	2

27a - Age of Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
12 - 17	0		0	0	0
18 - 24	38	38	0		0
Client Doesn't Know/Client Prefers Not to Answer					
Data Not Collected					
Total	38	38	0	0	0

27b - Parenting Youth

	Total Parenting Youth	Total Children of Parenting Youth	Total Persons	Total Households
Parenting youth < 18	0	0	0	0
Parenting youth 18 to 24	0	0	0	0

27d - Living Situation - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	20	20	0	0	0
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter	7	7	0	0	0
Safe Haven	1	1	0	0	0
Subtotal	28	28	0	0	0
Institutional Situations					
Foster care home or foster care group home	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	2	2	0	0	0
Subtotal	2	2	0	0	0
Temporary Situations					
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Residential project or halfway house with no homeless criteria	1	1	0	0	0
Hotel or motel paid for without emergency shelter voucher	1	1	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Staying or living in a friend's room, apartment, or house	3	3	0	0	0
Staying or living in a family member's room, apartment, or house	2	2	0	0	0
Subtotal	7	7	0	0	0
Permanent Situations					
Rental by client, no ongoing housing subsidy	1	1	0	0	0
Rental by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Subtotal	1	1	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Subtotal	0	0	0	0	0

Total	38	38	0	0	0
27e - Length of Participation - Youth					
		Total	Leavers	Stayers	
30 days or less		2	1	1	
31 to 60 days		4	1	3	
61 to 90 days		3	0	3	
91 to 180 days		8	0	8	
181 to 365 days		21	0	21	
366 to 730 Days (1-2 Yrs)		0	0	0	
731 to 1,095 Days (2-3 Yrs)		0	0	0	
1,096 to 1,460 Days (3-4 Yrs)		0	0	0	
1,461 to 1,825 Days (4-5 Yrs)		0	0	0	
More than 1,825 Days (>5 Yrs)		0	0	0	
Total		38	2	36	

27f1 - Exit Destination - Youth					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter	0	0	0	0	0
Safe Haven	1	1	0	0	0
Subtotal	1	1	0	0	0
Institutional Situations					
Foster care home or foster care group home	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Subtotal	0	0	0	0	0
Temporary Situations					
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment, or house)	1	1	0	0	0
Staying or living with friends, temporary tenure (e.g., room, apartment, or house)	0	0	0	0	0

Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Subtotal	1	1	0	0	0
Permanent Situations					
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Situations					
No Exit Interview completed	0	0	0	0	0
Other	0	0	0	0	0
Deceased	0	0	0	0	0
Client Doesn't Know/Prefers Not to Answer	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	2	2	0	0	0
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons exiting to destinations that excluded them from the calculation	0	0	0	0	0
Percentage of persons exiting to positive housing destinations	0%	0%	0%	0%	0%

27f2 - Exit Destination - Subsidy Type of Persons Exiting to Rental by Client With An Ongoing Subsidy - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
GPD TIP housing subsidy	0	0	0	0	0
VASH housing subsidy	0	0	0	0	0
RRH or equivalent subsidy	0	0	0	0	0
HCV voucher (tenant or project based) (not dedicated)	0	0	0	0	0
Public housing unit	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Housing Stability Voucher	0	0	0	0	0
Family Unification Program Voucher (FUP)	0	0	0	0	0
Foster Youth to Independence Initiative (FYI)	0	0	0	0	0
Permanent Supportive Housing	0	0	0	0	0
Other permanent housing dedicated for formerly homeless persons	0	0	0	0	0
Total	0	0	0	0	0

27g - Cash Income - Sources - Youth

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	4	0	0
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	4	0	1
Social Security Disability Insurance (SSDI)	1	0	1
VA Service - Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	1	0	0
General Assistance (GA)	0	0	0
Retirement Income from Social Security	0	0	0
Pension or retirement income from a former job	0	0	0
Child Support	0	0	0
Alimony and other spousal support	0	0	0
Other Source	0	0	0
Adults with Income Information at Start and Annual Assessment/Exit		0	2

27h - Client Cash Income Category - Earned/Other Income Category - by Start and Annual Assessment/Exit Status - Youth

Number of Youth by Income Category	Number of Youth at Start	Number of Youth at Annual Assessment (Stayers)	Number of Youth at Exit (Leavers)
Youth with Only Earned Income (i.e., Employment Income)	3	0	0
Youth with Only Other Income	4	0	1
Youth with Both Earned and Other Income	1	0	0
Youth with No Income	30	0	1
Youth with Client Doesn't Know/Prefers Not to Answer Income Information	0	0	0
Youth with Missing Income Information	0	0	0
Number of youth stayers not yet required to have an annual assessment		36	
Number of youth stayers without required annual assessment		0	
Total Youth	38	36	2
1 or More Source of Income	8	0	1
Youth with Income Information at Start and Annual Assessment/Exit		0	2

27i - Disabling Conditions and Income for Youth at Exit

	AO: Youth	AO: Youth	AO: Total	AO: percent	AC: Youth	AC: Youth	AC: Total	AC: percent	CO: Youth	CO: Youth	CO: Total	CO: percent	UK: Youth	UK: Youth	UK: Total	UK: percent
--	-----------	-----------	-----------	-------------	-----------	-----------	-----------	-------------	-----------	-----------	-----------	-------------	-----------	-----------	-----------	-------------

	with Disabling Condition	without Disabling Condition	Youth	with Disabling Condition by Source	with Disabling Condition	without Disabling Condition	Youth	with Disabling Condition by Source	with Disabling Condition	without Disabling Condition	Youth	with Disabling Condition by Source	with Disabling Condition	without Disabling Condition	Youth	with Disabling Condition by Source
Earned Income	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Unemployment Insurance	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Supplemental Security Income (SSI)	1	0	1	100%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Social Security Disability Insurance (SSDI)	1	0	1	100%	0	0	0	0%	0	0	0	0%	0	0	0	0%
VA Service - Connected Disability Compensation	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
VA Non-Service-Connected Disability Pension	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Private Disability Insurance	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Worker's Compensation	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Temporary Assistance for Needy Families (TANF)	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
General Assistance (GA)	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Retirement Income from Social Security	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Pension or retirement income from a former job	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Child Support	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Alimony and other spousal support	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Other Source	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
No Sources	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Unduplicated Total Youth	1	0	1		0	0	0		0	0	0		0	0	0	
27j - Average and Median Length of Participation in Days - Youth																
													Leavers		Stayers	
Average Length													16		173	
Median Length													1		195	
27k - Length of Time between Project Start Date and Housing Move-in Date - Youth																
									Total		Without Children		With Children and Adults		With Only Children	Unknown Household Type
7 days or less									0		0		0		0	0
8 to 14 days									0		0		0		0	0
15 to 21 days									0		0		0		0	0
22 to 30 days									0		0		0		0	0

31 to 60 days	0	0	0	0	0
61 to 90 days	0	0	0	0	0
91 to 180 days	0	0	0	0	0
181 to 365 days	0	0	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
Total (persons moved into housing)	0	0	0	0	0
Average length of time to housing	0.00	0.00	0.00	0.00	0.00
Persons who were exited without move-in	0	0	0	0	0
Total	0	0	0	0	0

27l - Length of Time Prior to Housing - based on 3.917 Date Homelessness Started - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	0	0	0	0	0
8 to 14 days	0	0	0	0	0
15 to 21 days	0	0	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	0	0	0	0	0
61 to 90 days	0	0	0	0	0
91 to 180 days	0	0	0	0	0
181 to 365 days	0	0	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
731 days or more	0	0	0	0	0
Total (persons moved into housing)	0	0	0	0	0
Not yet moved into housing	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total Persons	0	0	0	0	0

27m - Education Status - Youth

Current school and attendance	At Project Start	At Project Exit
Not currently enrolled in any school or education course	0	0
Currently enrolled but not attending regularly	0	0
Currently enrolled and attending regularly	0	0
Client Doesn't Know / Prefers Not to Answer	0	0
Data not collected	0	0
For those not enrolled - most recent education status		
K12: Graduated from high school	0	0
K12: Obtained GED	0	0
K12: Dropped out	0	0

K12: Suspended	0	0
K12: Expelled	0	0
Higher education: Pursuing a credential but not currently attending	0	0
Higher education: Dropped out	0	0
Higher education: Obtained a credential/degree	0	0
Client Doesn't Know/Prefers Not to Answer	0	0
Data not collected	0	0
For those currently enrolled - current status		
Pursuing a high school diploma or GED	0	0
Pursuing Associate Degree	0	0
Pursuing Bachelor Degree	0	0
Pursuing Graduate Degree	0	0
Pursuing other post-secondary credential	0	0
Client Doesn't Know/Prefers Not to Answer	0	0
Data not collected	0	0
Total persons	0	0



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Create My Free Account

Getting Started

It's easy as 1, 2, 3

A purple sticky note with a line-art illustration of a woman with glasses and a tie. Below the illustration, the text reads:

Step 1
Create your free account.

An orange sticky note with a line-art illustration of a laptop with a magnifying glass over the screen. Below the illustration, the text reads:

Step 2
Choose a course.

A teal sticky note with a line-art illustration of a lit lightbulb. Below the illustration, the text reads:

Step 3
Start learning.

What Our Learners Have to Say

Reviews from the NonprofitReady community

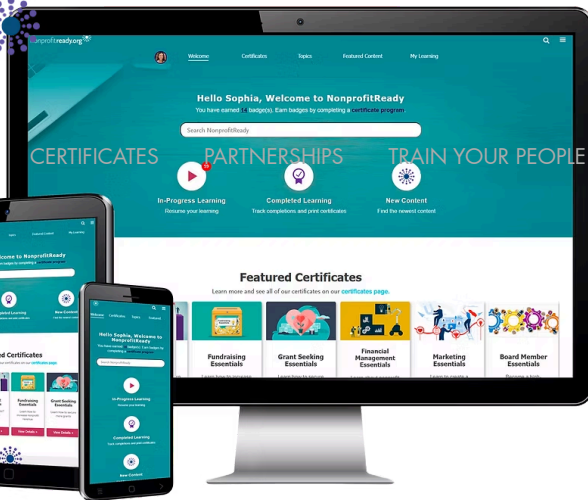
"NonprofitReady breaks down information into digestible morsels of learning that can fit into anyone's daily schedule."

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"I needed economical, convenient, and meaningful professional development for my staff and myself—
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NonprofitReady.org addresses the critical need for professional development in the nonprofit sector by providing more than 600 online courses and certificate programs for nonprofit professionals and volunteers in all roles, at every stage of their career. All 100% free. Topics range from hard skills such as fundraising, grant writing, marketing, volunteer engagement, and program management to soft skills such as leadership, communication, time management, unconscious bias, and diversity and inclusion. NonprofitReady is a signature program of the Cornerstone OnDemand Foundation. Contact us to learn more.

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TECH SUPPORT

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Organization Name: New Life Day Center
Lead Applicant Name: Jennie Renee Zamora, Executive Director
Organization Address: 224 N. Martin Luther King Blvd.
Lexington, KY, 40507
Organization Contact Information: (859) 721-2325 (office)/(714) 585-0031 (cell)
jennie@newlifedaycenter.org
www.newlifedaycenter.org
jennie@newlifedaycenter.org
Candid/GuideStar Status: Platinum Seal of Transparency

Project Title: Emergency Daytime Shelter, Case Management, and Supportive Services

Project Summary (250 Words): NLDC seeks ESR funding toward emergency daytime shelter, case management, and supportive services. Our funding landscape is dependent upon receiving ESR funding to continue our current level of staffing and full-time services to clients. NLDC strongly believes that the requested funding directly benefits the daily care, safety, support, and progress of clients while achieving our mission: to serve as a safe “home base” for individuals experiencing homelessness. We do this by supplying basic daily needs, connecting clients to essential supportive services, fostering a Christ-centered, inclusive faith community, and empowering clients toward recovery and self-sufficiency.

NLDC, like other agencies, has experienced an increase in the costs of rent, utilities, and other basic supplies that cover client-facing expenses. We diligently solicit in-kind donations from community partners to leverage the support we receive and aim to keep our operating expenses as low as possible. We have also experienced the loss of our largest corporate funder as their funding priorities have shifted to other areas. This makes every funding dollar we receive crucial in keeping our vital operations moving forward.

If awarded, NLDC will continue/expand our supportive services in these ways: 1. Continued quality case management staffing; 2. Continued full-time level of operational service;

3. Increased ability to provide client helpers with contracted work, job training, and mentoring;
4. Bus pass program to provide clients with transportation assistance, and;
5. Needed training for staff, volunteers and clients available affordably via an online, on-demand suite available at <http://homelesstraining.com>.



samaritan
reward & facilitate life-change

our plan for today

- 1 how samaritan works
- 2 set up partner accounts
- 3 live demo and practice of workflow
- 4 samaritan support & next steps



your samaritan team

we believe:



our partners are the experts of creating life change for the patients they serve, and we collaborate to be in service of that work



support for our most vulnerable should be human-centered, accessible, and provide deep value



Hi! I'm Aqeel, your dedicated Partner Success Lead! 🙌

✉️: aqeel@samaritan.city

☎️: 206-679-5946

what is samaritan?

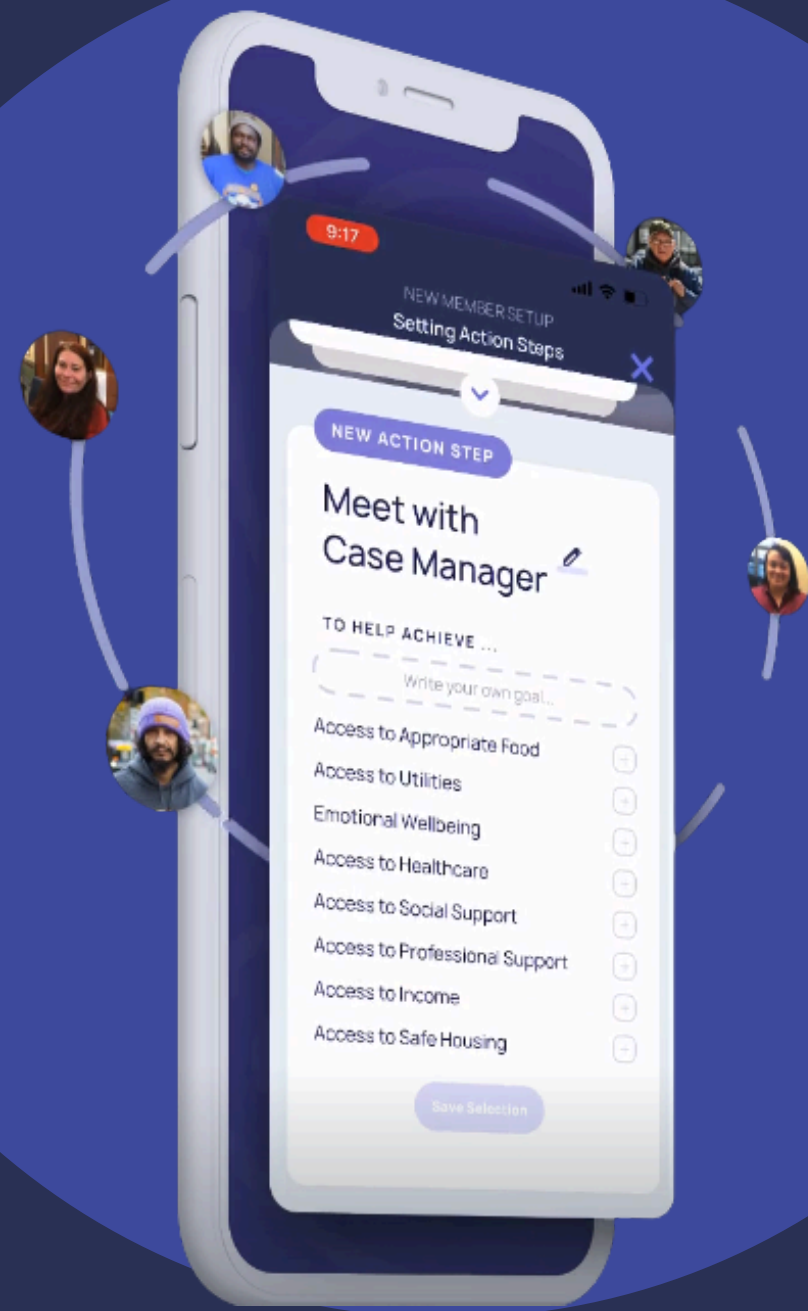
Samaritan is a platform that rewards and supports your clients as they work towards housing and health goals set with your team



- ✓ incentivise clients to take steps forward
- ✓ overcome financial barriers to progress
- ✓ connect clients to a social safety net

how Samaritan supports your work

1.



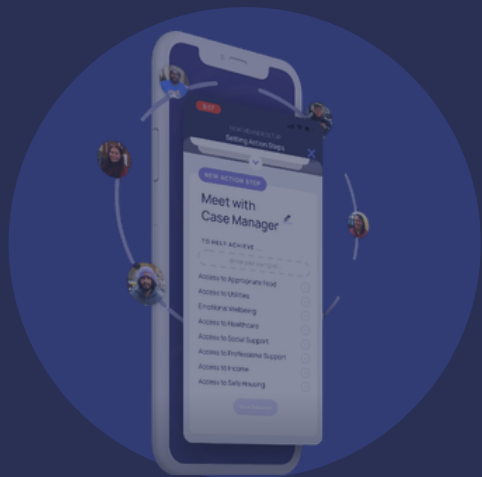
sign up eligible patients for a
Samaritan Membership



memberships last up to 12 months

how Samaritan supports your work

2.

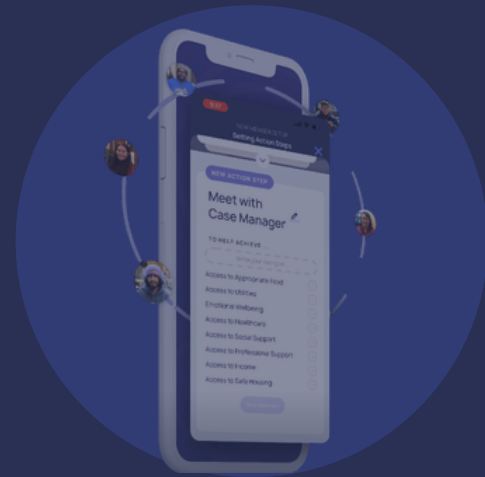


use action steps to encourage patients to complete goals



assign \$40/month in action step bonuses

how Samaritan supports your work



3.



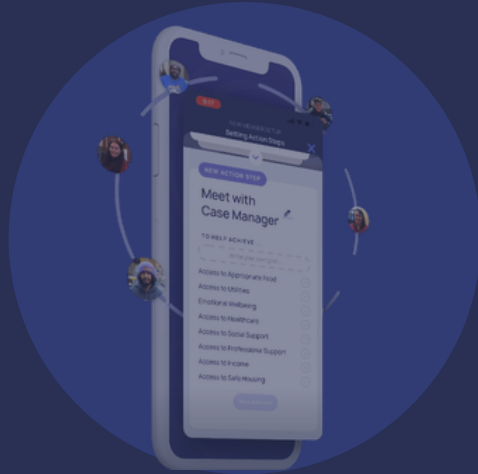
patients flexibly meet their needs through a re-loadable debit card



funds are manually or automatically transferred to the debit card depending on what works best for your team

how Samaritan supports your work

4.



engagement, connection, and patient self-efficacy increases



our partners describe Samaritan Members as their most proactive patients

≥80%

of care goals are completed on the Samaritan Platform

target populations

eligibility criteria:

- +** **your clients who are:**
- Medicaid Recipients
 - are 18-years-old +
 - Housing insecure enrollees

Kentucky Association of Health Plans has fully funded 500 memberships. With your collaboration, we can:

-  accelerate outcomes for an engaged client
-  motivate hesitant clients to engage in services



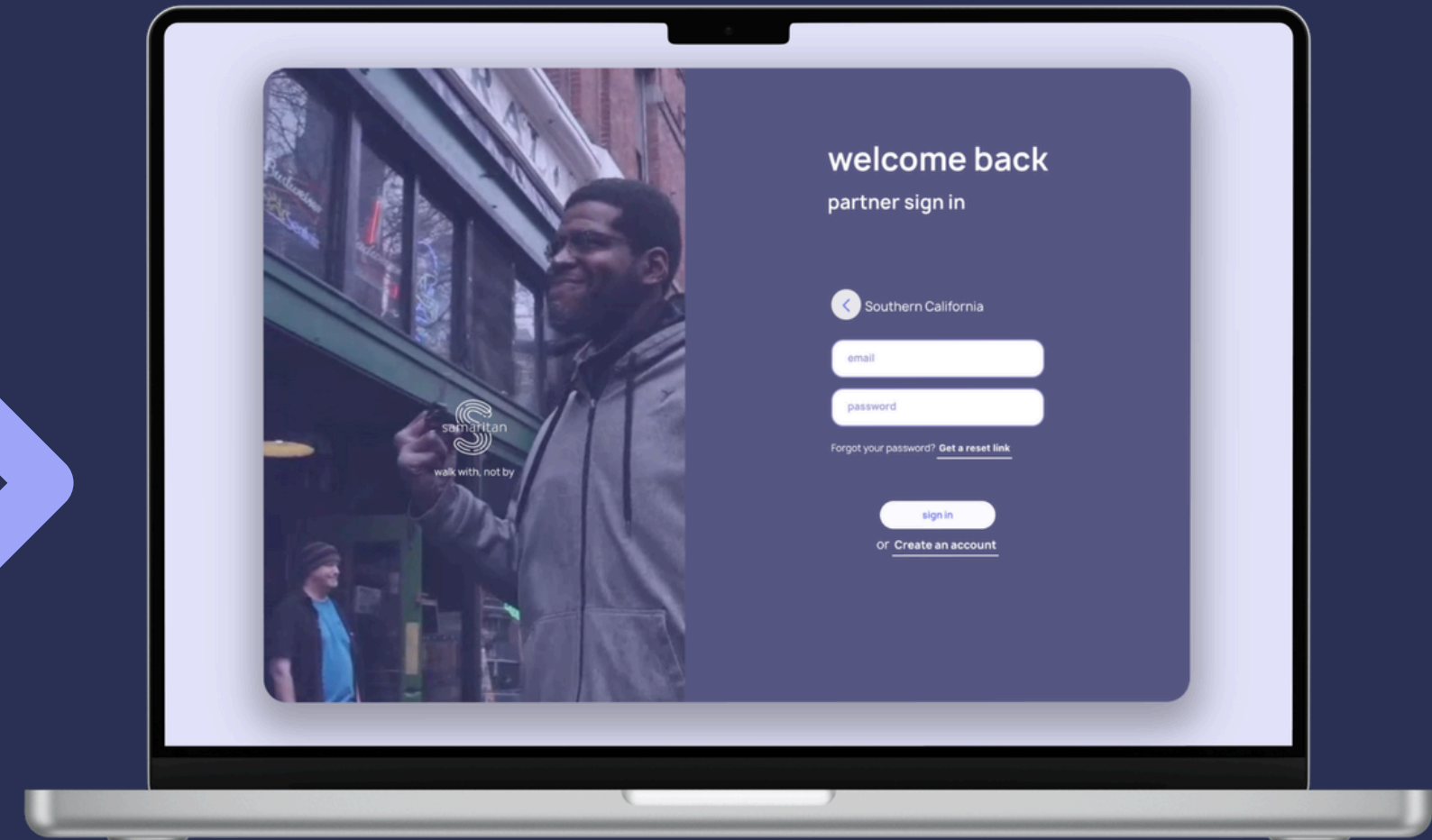
workflow in practice

Once you're logged in, you'll be able to enroll members, set up action steps, and track progress—all in one place. We recommend touching base with your clients at least once a month to keep the momentum going and ensure the funds are being used effectively.

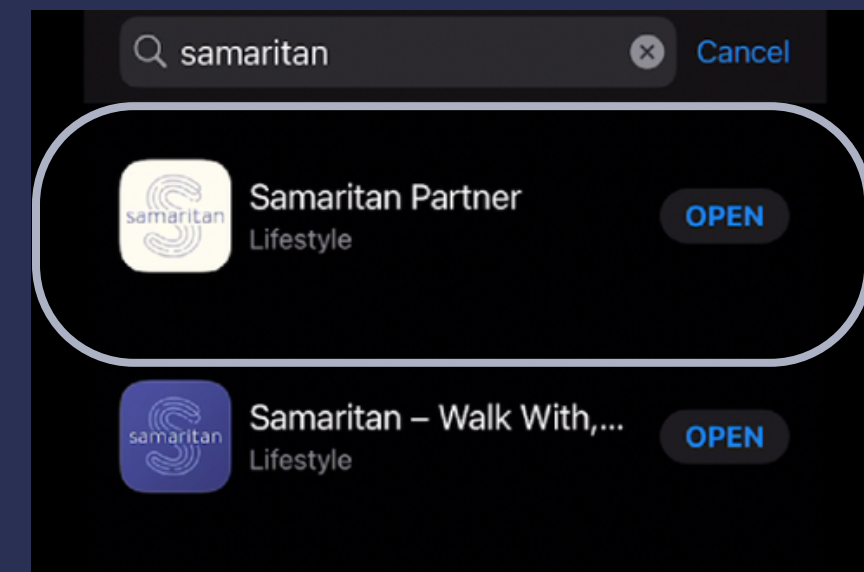


accessing the platform

- navigate to:
partner.samaritan.city
- select your region
- create your account



- you can access Samaritan on-the-go by downloading the Samaritan Partner app





now, let's walk through the samaritan platform!

next steps

- post training email
- start enrolling clients into samaritan!
- check-in > 2 weeks



Thank you for your time!

We look forward to partnering with you!

AFFIDAVIT

Comes the Affiant, Jennie Zamora, and after being first duly sworn, states under penalty of perjury as follows:

1. His/her name is Jennie Zamora and he/she is the individual submitting the proposal or is the authorized representative of New Life Day Center, the entity submitting the proposal (hereinafter referred to as "Proposer").

2. Proposer will pay all taxes and fees, which are owed to the Lexington-Fayette Urban County Government at the time the proposal is submitted, prior to award of the contract and will maintain a "current" status in regard to those taxes and fees during the life of the contract.

3. Proposer will obtain a Lexington-Fayette Urban County Government business license, if applicable, prior to award of the contract.

4. Proposer has authorized the Division of Procurement to verify the above-mentioned information with the Division of Revenue and to disclose to the Urban County Council that taxes and/or fees are delinquent or that a business license has not been obtained.

5. Proposer has not knowingly violated any provision of the campaign finance laws of the Commonwealth of Kentucky within the past five (5) years and the award of a contract to the Proposer will not violate any provision of the campaign finance laws of the Commonwealth.

6. Proposer has not knowingly violated any provision of Chapter 25 of the Lexington-Fayette Urban County Government Code of Ordinances, known as "Ethics Act."

Continued on next page

7. Proposer acknowledges that "knowingly" for purposes of this Affidavit means, with respect to conduct or to circumstances described by a statute or ordinance defining an offense, that a person is aware or should have been aware that his conduct is of that nature or that the circumstance exists.

Further, Affiant sayeth naught.

Jennie Zamora

STATE OF KENTUCKY

COUNTY OF FAYETTE

The foregoing instrument was subscribed, sworn to and acknowledged before me

by Jennie Zamora on this the 9th day
of April, 2026

My Commission expires: 04/11/2026

Cecelia H. Banks
NOTARY PUBLIC, STATE AT LARGE

Cecelia H. Banks
Kentucky-Fayette County
Notary ID: KYNP48959
Exp: April 11, 2026

NLDC Town Hall Meeting 04-10-2026

11:30 a.m.-11:45 a.m.

Introduction: Jennie Zamora (11:30-11:35)

- Staff Introduction
- Client Sign In Sheet (Sign in for raffle!)
- Carmella Fletcher-Green & Tae Makins: Providing Lunch (Chili Dogs!)

**Operations/
Case Management:**

Chris Primeaux & Marion Hitt (11:35-11:40)

- Samaritan Program
- Bathrooms
- Breakfast Tickets
- Lockers
- Loitering Out Front/In Alley
- Client Expectations/Restrictions
- Being Good Neighbors -
- Have a Meeting w/Chris and/or Marion if you haven't done so
- Counseling
- Anger Management

Closing: Jennie Zamora (11:40-11:45)

- Any Clients with issues for discussion?
- Birthdays: Any April birthdays we need to celebrate?
- Other Celebrations: Any other celebrations to acknowledge?

Meal: Meal @ 12:00 noon THANKS Carmela & Tae!

WORKFORCE ANALYSIS FORM

Name of Organization: **NEW LIFE DAY CENTER, Lexington KY**

Categories	Total	White (Not Hispanic or Latino)		Hispanic or Latino		Black or African- America n (Not Hispanic or Latino		Native Hawaiia n and Other Pacific Islander (Not Hispanic or Latino		Asian (Not Hispanic or Latino		America n Indian or Alaskan Native (not Hispanic or Latino		Two or more races (Not Hispanic or Latino		Total		
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Administrators			1															
Professionals			1				1											
Superintendents																		
Supervisors		1	1															
Foremen																		
Technicians																		
Protective Service																		
Para-Professionals		1	1															
Office/Clerical																		
Skilled Craft																		
Service/Maintenance																		
Total:		2	4				1											

Prepared by: Jennie Zamora, Executive Director
(Name and Title)

Date: 04/01/2026

Revised 2015-Dec-15