

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**  
Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COVENANT HOUSE TEXAS</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1111 LOVETT BOULEVARD</b> City or town, state or province, country, and ZIP or foreign postal code <b>HOUSTON, TX 77006</b>	<b>D</b> Employer identification number <b>76-0050882</b> <b>E</b> Telephone number <b>713-523-2231</b>
<b>F</b> Name and address of principal officer: <b>LESLIE BOURNE</b> <b>SAME AS C ABOVE</b>		<b>G</b> Gross receipts \$ <b>8,789,546.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.COVENANTHOUSETX.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1982</b> <b>M</b> State of legal domicile: <b>TX</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>117</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>667</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-2,138.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>-5,413.</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 10,288,119.	<b>Current Year</b> 8,723,913.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,711.	8,963.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-15,986.	-64,673.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,279,844.	8,668,203.
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	351,096.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,151,345.	4,246,751.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		210,244.	298,579.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>853,372.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,581,566.	1,769,142.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,294,251.	6,537,947.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	3,985,593.	2,130,256.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 11,440,392.	<b>End of Year</b> 15,556,023.
	<b>21</b> Total liabilities (Part X, line 26)	422,695.	2,375,212.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	11,017,697.	13,180,811.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>LESLIE BOURNE, EXECUTIVE DIRECTOR</b> Type or print name and title	Date  			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GARRETT M. HIGGINS</b>	Preparer's signature <b>GARRETT M. HIGGINS</b>	Date <b>05/17/21</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00543209</b>
	Firm's name ▶ <b>PKF O'CONNOR DAVIES, LLP</b>			Firm's EIN ▶ <b>27-1728945</b>	
Firm's address ▶ <b>500 MAMARONECK AVENUE</b> <b>HARRISON, NY 10528-1633</b>			Phone no. <b>914-381-8900</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning JUL 1, 2019, and ending JUN 30, 2020

# 2019

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

Name of exempt organization

Employer identification number

**COVENANT HOUSE TEXAS**

**76-0050882**

Name and title of officer

**LESLIE BOURNE  
EXECUTIVE DIRECTOR**

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

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

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>8,668,203.</u>
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize PKF O'CONNOR DAVIES, LLP to enter my PIN 17630  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Leslie Bourne Date ▶ 5/17/2021

### Part III Certification and Authentication

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

26242303218  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ PKF O'CONNOR DAVIES, LLP Date ▶ 05/14/21

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

13440514 756359 1176300.511

2019.05094 COVENANT HOUSE TEXAS

11763001

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>COVENANT HOUSE TEXAS</b>	Taxpayer identification number (TIN)  <b>76-0050882</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1111 LOVETT BOULEVARD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HOUSTON, TX 77006</b>	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**CALVIN TANG**

- The books are in the care of ▶ **1111 LOVETT BOULEVARD - HOUSTON, TX 77006**  
Telephone No. ▶ **(713) 523-2231** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 3,071,518. including grants of \$ 169,137. ) (Revenue \$ ) THE SHELTER AND CRISIS CARE AND MOTHER/CHILD-

PROVIDES SHELTER, FOOD, CLOTHING, COUNSELING, PRIMARY AND SECONDARY EDUCATION, LIFE SKILLS, JOB PREPARATION, EMPLOYMENT SKILLS, AND LEGAL ADVICE FOR AN AVERAGE OF 36 YOUTH PER NIGHT. DURING THE TWELVE MONTHS ENDED JUNE 30, 2020, CHT PROVIDED SHELTER AND SERVICES TO 664 YOUTH FOR 16,146 DAYS OF SERVICE. IN ADDITION, 526 YOUTH RECEIVED WALK-IN SERVICES OF FOOD, TOKENS, COUNSELING, AND REFERRAL.

4b (Code: ) (Expenses \$ 1,090,843. including grants of \$ 16,750. ) (Revenue \$ ) RIGHTS OF PASSAGE/RIGHTS OF PASSAGE APARTMENT LIVING-

PROVIDES TRANSITIONAL LIVING HOUSING SERVICES FOR YOUNG ADULTS AGING FROM 18 TO 24 FOR UP TO 24 MONTHS. SERVICES INCLUDE INDIVIDUAL COUNSELING, HELP WITH COMPLETING THEIR EDUCATION, FINDING JOBS, AND PERMANENT HOUSING. DURING THE TWELVE MONTHS ENDING ON JUNE 30, 2020, CHT PROVIDED SHELTER AND SERVICES TO 77 YOUNG ADULTS. A TOTAL OF 10,187 DAYS OF SERVICE WERE PROVIDED TO RESIDENTS.

4c (Code: ) (Expenses \$ 381,456. including grants of \$ 270. ) (Revenue \$ ) MEDICAL SERVICES -

COMPREHENSIVE MEDICAL CARE IS PROVIDED THROUGH THE CHT CLINIC. HEALTH SERVICES BEGIN AS EACH YOUTH ADMITTED TO THE SHELTER RECEIVES A PHYSICAL EXAMINATION. THE CLINIC IS STAFFED BY LICENSED NURSES AND RESIDENTS SUPERVISED BY A PHYSICIAN FROM THE BAYLOR COLLEGE OF MEDICINE. IN ADDITION TO THE TREATMENT OF ILLNESSES AND MINOR INJURIES, SERVICES ALSO INCLUDE SEXUALLY TRANSMITTED DISEASE DETECTION, TREATMENT, AND PREVENTION; HIV TESTING, COUNSELING, AND REFERRAL INFORMATION; IMMUNIZATION; MENTAL HEALTH AND SUBSTANCE ABUSE COUNSELING AND REFERRAL FOR DENTAL AND EYE CARE.

4d Other program services (Describe on Schedule O.) (Expenses \$ 330,096. including grants of \$ 37,318. ) (Revenue \$ )

4e Total program service expenses 4,873,913.

**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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
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>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>	X	
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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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

	Yes	No
<b>22</b> 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> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> 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> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 18	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 21; 1b Enter the number of voting members included on line 1a... 21; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; 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? X; 16b 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 NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 CALVIN TANG - (713) 523-2231 1111 LOVETT BOULEVARD, HOUSTON, TX 77006



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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN RYAN PRESIDENT & CEO	1.00 34.00			X			0.	184,691.	29,147.	
(2) LESLIE BOURNE EXECUTIVE DIRECTOR	40.00			X			211,530.	0.	17,838.	
(3) KAYLIN M. OLIVARES EXE. ASST/SECRETARY	40.00			X			42,811.	0.	10,010.	
(4) CALVIN TANG CFO/TREASURER AS OF SEP. 2019	40.00			X			32,948.	0.	4,074.	
(5) JAMES MICHAEL HOLLAND BOARD CHAIRMAN	4.00	X		X			0.	0.	0.	
(6) ALAN C. ARNOLD, JR. DIRECTOR THRU 4/28/20	2.00	X					0.	0.	0.	
(7) PAOLO BERARD DIRECTOR	2.00	X					0.	0.	0.	
(8) STEVEN R. BIEGEL DIRECTOR	1.00	X					0.	0.	0.	
(9) PETER R. BILLIPP DIRECTOR	1.00	X					0.	0.	0.	
(10) TODD BINET DIRECTOR	2.00	X					0.	0.	0.	
(11) MARK DAVIS DIRECTOR	2.00	X					0.	0.	0.	
(12) JUDEENE EDISON DIRECTOR	1.00	X					0.	0.	0.	
(13) DR. TRACY FULLER DIRECTOR	1.00	X					0.	0.	0.	
(14) BRETT HAMILTON DIRECTOR	2.00	X					0.	0.	0.	
(15) ALBERT C. HERGENROEDER, M.D. DIRECTOR	2.00	X					0.	0.	0.	
(16) SUSANNA KARTYE DIRECTOR	2.00	X					0.	0.	0.	
(17) PAUL LAYNE DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WILLIAM W. MCGEE DIRECTOR	1.00	X						0.	0.	0.
(19) VIVEK MEHTA DIRECTOR	1.00	X						0.	0.	0.
(20) KURT D. NONDORF DIRECTOR	2.00	X						0.	0.	0.
(21) JEFF SAMPLES DIRECTOR	1.00	X						0.	0.	0.
(22) JOHN C. SARVADI DIRECTOR	2.00	X						0.	0.	0.
(23) PATRICIA NOWAK TURNER DIRECTOR	2.00	X						0.	0.	0.
(24) RANDALL L. WALKER DIRECTOR	2.00	X						0.	0.	0.
(25) BEATTY G. WATTS DIRECTOR	2.00	X						0.	0.	0.
(26) LINDSEY WISE DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								287,289.	184,691.	61,069.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								287,289.	184,691.	61,069.

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 **1**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRINCE FOOD SYSTEMS, 11001 S WILCREST DR. #200, HOUSTON, TX 77099	FOOD SERVICE FOR RESIDENTS	279,731.
ELLEN COKINOS CONSULTING 529 BROWN SADDLE ST., HOUSTON, TX 77057	CAPITAL CAMPAIGN CONSULTING SERVICES	132,000.
RICHARDSON SCURRY MILLER 2929 WESTHEIMER, # 709, HOUSTON, TX 77098	PROGRAM OPERATIONS CONSULTANT	120,234.
BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA, HOUSTON, TX 77030	CLINIC OVERSIGHT AND PSYCHIATRIC SERVICE	116,248.
PIN OAK INTERESTS, LLC. 5252 WESTCHESTER, HOUSTON, TX 77005	CONSTRUCTION SERVICE	105,507.

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 **6**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 60,000.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b> 973,656.					
	<b>d</b> Related organizations .....	<b>1d</b> 1,760,925.					
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 561,588.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 5,367,744.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 100,561.					
	<b>h Total.</b> Add lines 1a-1f .....	▶ 8,723,913.					
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....	▶					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶	8,963.			8,963.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶					
	<b>5</b> Royalties .....	▶	259.			259.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
			13,882.				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	19,602.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	-5,720.				
	<b>d</b> Net rental income or (loss) .....	▶	-5,720.		-2,138.		-3,582.
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....	▶					
<b>8 a</b> Gross income from fundraising events (not including \$ 973,656. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
		40,400.					
<b>b</b> Less: direct expenses .....	<b>8b</b>	101,741.					
<b>c</b> Net income or (loss) from fundraising events .....	▶	-61,341.				-61,341.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....	▶						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....	▶						
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER INCOME	<b>Business Code</b> 900099	2,129.			2,129.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....	▶	2,129.				
<b>12 Total revenue.</b> See instructions .....	▶	8,668,203.	0.	-2,138.		-53,572.	

**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  X

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	223,475.	223,475.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	409,582.	112,013.	285,666.	11,903.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	3,031,062.	2,615,582.	112,277.	303,203.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	182,659.	156,700.	12,381.	13,578.
<b>9</b> Other employee benefits .....	350,625.	313,652.	9,469.	27,504.
<b>10</b> Payroll taxes .....	272,823.	222,471.	25,387.	24,965.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	501.		501.	
<b>c</b> Accounting .....	41,500.	9,990.	30,697.	813.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	298,579.			298,579.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) .....	714,891.	406,753.	193,132.	115,006.
<b>12</b> Advertising and promotion .....	2,977.	2,977.		
<b>13</b> Office expenses .....	177,355.	117,913.	27,453.	31,989.
<b>14</b> Information technology .....	39,773.	31,989.	4,573.	3,211.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	380,325.	301,892.	75,992.	2,441.
<b>17</b> Travel .....	57,203.	46,351.	7,540.	3,312.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	31,930.	24,075.	5,057.	2,798.
<b>20</b> Interest .....	1,200.		1,200.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	234,589.	219,388.	10,985.	4,216.
<b>23</b> Insurance .....	44,093.	40,352.	3,630.	111.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>EQUIPMENT</b> .....	29,217.	24,341.	2,370.	2,506.
<b>b</b> <b>OTHER DIRECT OPERATING</b> .....	8,473.	1,395.		7,078.
<b>c</b> <b>STAFF RECRUITMENT</b> .....	3,015.	2,604.	252.	159.
<b>d</b> <b>UBI TAX PAYMENT</b> .....	2,100.		2,100.	
<b>e</b> All other expenses .....				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	6,537,947.	4,873,913.	810,662.	853,372.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,678,744.	<b>1</b>	2,882,527.
	<b>2</b> Savings and temporary cash investments .....	2,834,244.	<b>2</b>	1,351,590.
	<b>3</b> Pledges and grants receivable, net .....	3,654,079.	<b>3</b>	4,507,259.
	<b>4</b> Accounts receivable, net .....	68.	<b>4</b>	3,028.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	2,619.	<b>8</b>	2,293.
	<b>9</b> Prepaid expenses and deferred charges .....	15,908.	<b>9</b>	19,166.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 9,391,198.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,838,818.	2,481,874.	<b>10c</b> 6,552,380.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	196,235.	<b>12</b>	229,093.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	576,621.	<b>15</b>	8,687.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	11,440,392.	<b>16</b>	15,556,023.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	391,521.	<b>17</b>	274,110.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	1,400,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	31,174.	<b>25</b>	701,102.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	422,695.	<b>26</b>	2,375,212.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	5,035,810.	<b>27</b>	9,531,354.
	<b>28</b> Net assets with donor restrictions .....	5,981,887.	<b>28</b>	3,649,457.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	11,017,697.	<b>32</b>	13,180,811.
	<b>33</b> Total liabilities and net assets/fund balances .....	11,440,392.	<b>33</b>	15,556,023.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	8,668,203.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,537,947.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,130,256.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	11,017,697.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	32,858.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	13,180,811.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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		<input checked="" type="checkbox"/>
<b>b</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 checked="" type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	<input checked="" type="checkbox"/>	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<input checked="" type="checkbox"/>	

Form 990 (2019)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **COVENANT HOUSE TEXAS** Employer identification number **76-0050882**

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6029942.	5424817.	6516125.	10288119.	8723913.	36982916.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	6029942.	5424817.	6516125.	10288119.	8723913.	36982916.
<b>5</b> 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) .....						1959608.
<b>6 Public support.</b> Subtract line 5 from line 4.						35023308.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	6029942.	5424817.	6516125.	10288119.	8723913.	36982916.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2,115.	4,910.	4,421.	8,013.	17,916.	37,375.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....		45,049.				45,049.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1,777.	1,297.	66,687.		2,129.	71,890.
<b>11 Total support.</b> Add lines 7 through 10						37137230.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	4,796.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	94.31 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	96.65 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
<b>2</b> 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>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		

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

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described in (2), 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>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over 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>		

**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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**OTHER INCOME**

2015 AMOUNT: \$ 1,777.

2016 AMOUNT: \$ 1,297.

2017 AMOUNT: \$ 13,837.

2019 AMOUNT: \$ 2,129.

**INSURANCE PROCEEDS**

2017 AMOUNT: \$ 52,850.

**Schedule A**

**Identification of Excess Contributions  
Included on Part II, Line 5**

**2019**

**\*\* Do Not File \*\***

**\*\*\* Not Open to Public Inspection \*\*\***

Contributor's Name	Total Contributions	Excess Contributions
HOUSTON ENDOWMENT INC.	923,333.	180,588.
THE BROWN FOUNDATION, INC.	1,200,000.	457,255.
THE J. E. AND L. E. MABEE FOUNDATION	1,650,000.	907,255.
THE HAMILL FOUNDATION	1,000,000.	257,255.
WILLIAM KEIFER	900,000.	157,255.
Total Excess Contributions to Schedule A, Part II, Line 5 .....		1,959,608.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

COVENANT HOUSE TEXAS

Employer identification number

76-0050882

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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



Name of organization  <b>COVENANT HOUSE TEXAS</b>	Employer identification number  <b>76-0050882</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>COVENANT HOUSE INTERNATIONAL</u>  <u>5 PENN PLAZA</u>  <u>NEW YORK, NY 10001</u>	\$ <u>1,760,925.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>THE HAMILL FOUNDATION</u>  <u>1160 DAIRY ASHFORD, STE. 250</u>  <u>HOUSTON, TX 77079-3014</u>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>THE J.E. AND L.E. MABEE FOUNDATION INC.</u>  <u>401 SOUTH BOSTON AVE., STE. 3001</u>  <u>TULSA, OK 74103</u>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>WELLS FARGO FOUNDATION</u>  <u>550 S 4TH ST</u>  <u>MINNEAPOLIS, MN 55415-1529</u>	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>THE FONDREN FOUNDATION</u>  <u>PO BOX 2558</u>  <u>HOUSTON, TX 77252</u>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>THE WILLIAM STAMPS FARISH FUND</u>  <u>1100 LOUISIANA ST STE 2200</u>  <u>HOUSTON, TX 77002</u>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>COVENANT HOUSE TEXAS</b>	Employer identification number  <b>76-0050882</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  200 INDEPENDENCE AVENUE, S.W.  WASHINGTON, DC 20201	\$ 219,989.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	WILLIAM KIEFER  3804 DEANN DR.  AMARILLO, TX 79121	\$ 180,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	TEXAS DEPARTMENT OF HOUSING COMMUNITY AFFAIRS  4413 82ND ST #200  LUBBOCK, TX 79424	\$ 179,170.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>COVENANT HOUSE TEXAS</b>	Employer identification number  <b>76-0050882</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>COVENANT HOUSE TEXAS</b>	Employer identification number  <b>76-0050882</b>
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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 info. once.) ▶ \$ \_\_\_\_\_  
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: COVENANT HOUSE TEXAS; Employer identification number: 76-0050882

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, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 7/25/06), and questions about monitoring, expenses, and reporting requirements.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 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		1,979,310.		1,979,310.
b Buildings		6,715,897.	2,296,335.	4,419,562.
c Leasehold improvements				
d Equipment		477,201.	338,097.	139,104.
e Other		218,790.	204,386.	14,404.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,552,380.

**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)		
<b>Total.</b> (Col. (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)		
<b>Total.</b> (Col. (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATION	24,583.
(3) PAYCHECK PROTECTION PROGRAM LOANS	661,749.
(4) DUE TO PARENT	14,770.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	701,102.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	8,720,663.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	52,460.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	52,460.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	8,668,203.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	8,668,203.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	6,557,549.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	19,602.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	19,602.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	6,537,947.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	6,537,947.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION AND/OR DISCLOSURE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR YEARS PRIOR TO JUNE 30, 2017.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

CHANGE IN VALUE OF SPLIT INTEREST	32,858.
RENTAL EXPENSES RE-CLASSIFIED TO PART VIII	19,602.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	52,460.



**Part XIII** Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES RE-CLASSIFIED TO PART VIII 19,602.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

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

Name of the organization

**COVENANT HOUSE TEXAS**

Employer identification number

**76-0050882**

**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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ELLEN COKINOS CONSULTING - 529 BROWN SADDLE ST.,	CAPITAL CAMPAIGN CONSULTING		X	1,300,000.	168,000.	1,132,000.
THIRD COAST GRANTS & CONSULTING - 835 FERN SPRINGS	GRANT WRITING/ MANAGEMENT		X	993,500.	38,700.	954,800.
MARYELLEN E. FORGAY & ASSOCIATES - 20714 HIGHLAND	GOVERNMENT GRANT WRITING		X	893,009.	91,879.	801,130.
<b>Total</b>				<b>3,186,509.</b>	<b>298,579.</b>	<b>2,887,930.</b>

**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.

**TX**

**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 (add col. (a) through col. (c))	
		<b>EXECUTIVE SLEEPOUT</b> (event type)	<b>NOBS</b> (event type)	3 (total number)		
Revenue	1	Gross receipts	573,021.	266,609.	174,426.	1,014,056.
	2	Less: Contributions	573,021.	226,209.	174,426.	973,656.
	3	Gross income (line 1 minus line 2)		40,400.		40,400.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	4,612.	4,025.		8,637.
	8	Entertainment				
	9	Other direct expenses	12,779.	49,348.	30,977.	93,104.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				101,741.
11	Net income summary. Subtract line 10 from line 3, column (d)				-61,341.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: ELLEN COKINOS CONSULTING

(I) ADDRESS OF FUNDRAISER: 529 BROWN SADDLE ST., HOUSTON, TX 77057

(I) NAME OF FUNDRAISER: THIRD COAST GRANTS & CONSULTING

(I) ADDRESS OF FUNDRAISER: 835 FERN SPRINGS COURT, HOUSTON, TX 77062

(I) NAME OF FUNDRAISER: MARYELLEN E. FORGAY & ASSOCIATES

**Part IV** Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER: 20714 HIGHLAND HOLLOW LANE, HOUSTON, TX 77073

PART I, LINE 2B, COLUMN (V):

M.E. FORGAY & ASSOCIATES' SCOPE OF WORK ENCOMPASSES RESEARCHING GOVERNMENT GRANT RESOURCES, GRANT WRITING, COMPLIANCE POLICES/PROCEDURES AND GRANT MANAGEMENT IMPLEMENTATION FOR PROGRAMS FUNDED BY FEDERAL, STATE, AND LOCAL GOVERNMENT ENTITIES. M.E. FORGAY & ASSOCIATES' CHARGES A MONTHLY RETAINER FEE OF \$2,600 RELATED TO ON-SITE WORK, EMAIL CORRESPONDENCE, AND TELEPHONE TECHNICAL CONSULTATION, AND A FEE OF \$4,250 PER NEW GRANT APPLICATION. PROFESSIONAL SERVICES REQUESTED IN ADDITION TO THE SCOPE OF SERVICES INCLUDED IN THIS CONTRACT WILL BE BILLED AT THE HOURLY RATE OF \$125.

THIRD COAST GRANTS & CONSULTING'S SCOPE OF WORK ENCOMPASSES PROVIDING PROVIDE PROFESSIONAL GRANT WRITING AND MANAGEMENT SERVICES FOR THE BUILDING FOR LIFE CAPITAL CAMPAIGN. THIRD COAST GRANTS & CONSULTING CHARGES \$1,200 FOR PROPOSALS REQUIRING THE COMPOSITION OF NEW CONTENT, LANGUAGE, REPORTING, AND/OR ELABORATE RESEARCH; APPROXIMATELY 30+ HOURS OF WORK TO FULFILL THE REQUIREMENTS OF THE PROPOSAL; OR \$800 FOR PROPOSALS WITH PRIMARILY DUPLICATE MATERIAL FROM PREVIOUSLY WRITTEN PROPOSALS, REQUIRING MODERATE EDITING TO MEET PROPOSAL GUIDELINES; APPROXIMATELY 20 HOURS OF WORK TO FULFILL THE REQUIREMENTS OF THE PROPOSAL; OR \$400 FOR PROPOSALS WITH MINIMAL NEW CONTENT, REQUIRING ONLY STANDARD LANGUAGE, ADDENDA, AND REPORTING; APPROXIMATELY 10 HOURS OF WORK TO FULFILL THE REQUIREMENTS OF THE PROPOSAL.

ELLEN COKINOS CONSULTING' SCOPE OF WORK ENCOMPASSES PROVIDING STRATEGIC DIRECTION AND ONGOING EXECUTIVE COACHING OF LEADERSHIP TO ENTER INTO A

Schedule G (Form 990 or 990-EZ)

**Part IV** Supplemental Information (continued)

CAPITAL CAMPAIGN AND PROVIDING STRATEGY AND FRAMEWORK ON CAMPAIGN AND FUNDRAISING EVENTS. ELLEN COKINOS CONSULTING'S CHARGES A MONTHLY LUMP SUM AMOUNT FEE OF TEN THOUSAND DOLLARS (\$10,000) FOR SERVICE PROVIDED EACH MONTH. CONSULTANT SHALL NOT BE REQUIRED TO PROVIDE ADDITIONAL SERVICES THAT ARE NOT PART OF THE SERVICES.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **COVENANT HOUSE TEXAS** Employer identification number **76-0050882**

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ \_\_\_\_\_

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

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOOD, SHELTER, CLOTHING & ALLOWANCE	4524	0.	223,475.	COST	FOOD, SHELTER, CLOTHING & ALLOWANCE

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

**PART I, LINE 2:**

COVENANT HOUSE TEXAS PROVIDES NON-CASH ASSISTANCE IN THE FORM OF MEDICAL, SUBSTANCE ABUSE, VOCATIONAL EDUCATION, JOB TRAINING, AND ETC. AS SUCH, THERE IS NO REQUIREMENT TO MONITOR THE USE OF THESE NON-CASH ITEMS. COVENANT HOUSE TEXAS REVIEWS ALL GRANT RELATED EXPENDITURES ON A MONTHLY BASIS, WITH THE MAJORITY OF THE GRANT FUNDS ARE ON A REIMBURSEMENT BASIS. CONSEQUENTLY ALL EXPENDITURES MUST BE REVIEWED TO INSURE THAT THEY COMPLY WITH GRANT PROVISIONS PRIOR TO SUBMITTING THE REIMBURSEMENT REQUEST. IN ADDITION, ALL EXPENDITURES/ ASSISTANCES ARE DOCUMENTED IN EACH RESIDENT'S



**Part IV** Supplemental Information

CASE FILE.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**COVENANT HOUSE TEXAS**

Employer identification number

**76-0050882**

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KEVIN RYAN PRESIDENT & CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	181,222.	0.	3,469.	0.	29,147.	213,838.	0.
(2) LESLIE BOURNE EXECUTIVE DIRECTOR	(i)	210,242.	0.	1,288.	4,950.	12,888.	229,368.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

**PART I, LINE 3:**

THE PRESIDENT/CEO'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE  
OF COVENANT HOUSE INTERNATIONAL (PARENT) WORKING IN CONJUNCTION WITH  
COMPARABILITY DATA SUCH AS SALARY SURVEYS WITH SIMILARLY SIZED NON-PROFITS.  
PERIODICALLY THE ORGANIZATION HIRES AN INDEPENDENT CONSULTANT TO REVIEW  
COMPARABLE SALARIES FOR THE PRESIDENT/CEO, OTHER OFFICERS AND KEY  
EMPLOYEES. GENERALLY THE BOARD EVALUATES THE PRESIDENT'S COMPENSATION  
ANNUALLY. THE DETERMINATION IS BASED ON THE PERFORMANCE EVALUATION THAT  
FACTORS INTO ACCOUNT EFFECTIVENESS, PERFORMANCE, AND ACHIEVEMENT OF GOALS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **COVENANT HOUSE TEXAS** Employer identification number **76-0050882**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		41,017.	COST/ THRIFT SHOP VA
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	18	5,206.	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( SUPPLIES )	X	55	54,338.	COST
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I, COLUMN (B) OF SCHEDULE M.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

COVENANT HOUSE TEXAS

Employer identification number

76-0050882

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COVENANT HOUSE TEXAS SHELTERS, PROTECTS, AND ADVOCATES ON BEHALF OF  
HOMELESS, TRAFFICKED, AND SEXUALLY EXPLOITED YOUTH.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN 31 CITIES ACROSS SIX COUNTRIES, COVENANT HOUSE BUILDS BRIDGES TO  
HOPE FOR YOUNG PEOPLE FACING HOMELESSNESS AND SURVIVORS OF HUMAN  
TRAFFICKING, MEETING THEIR IMMEDIATE NEEDS FOR FOOD, CLOTHING,  
PROTECTION, AND MEDICAL CARE AND SUPPORTING THEM TO ADVANCE THEIR GOALS  
OF EDUCATION AND EMPLOYMENT. COVENANT HOUSE ENCOMPASSES A ROBUST  
NETWORK OF "HOUSES," WITH BEST-IN-CLASS SERVICES AND A SHARED  
COMMITMENT TO UNCONDITIONAL LOVE, ABSOLUTE RESPECT, AND RELENTLESS  
SUPPORT FOR EACH YOUNG PERSON WHO WALKS THROUGH OUR DOORS. FOUNDED AS A  
DROP-IN CENTER IN NEW YORK CITY IN 1972, COVENANT HOUSE NOW SERVES TENS  
OF THOUSANDS OF CHILDREN AND YOUTH EVERY YEAR IN OUR RESIDENTIAL,  
OUTREACH, AND DROP-IN PROGRAMS. OUR DEDICATED STAFF ACROSS THE UNITED  
STATES, GUATEMALA, HONDURAS, MEXICO, NICARAGUA, AND CANADA EMPLOY A  
STRENGTHS-BASED, TRAUMA-INFORMED PRACTICE MODEL THAT HELPS YOUNG PEOPLE  
DISCOVER AND DEVELOP THEIR RESILIENCE TO OVERCOME ADVERSITY NOW AND  
INTO THE FUTURE.

YOUNG PEOPLE ARRIVE AT COVENANT HOUSE WITH AN ARRAY OF LIVED  
EXPERIENCES, INCLUDING FOSTER CARE, SUBSTANCE USE, MENTAL HEALTH  
ISSUES, DOMESTIC VIOLENCE, SEXUAL ABUSE, AND MORE. OUR STAFF MEET THEM  
WHERE THEY ARE AND ACCOMPANY THEM, THROUGH OUR HIGH-QUALITY CONTINUUM  
OF SERVICES, ON THEIR JOURNEY TO WHOLENESS AND INDEPENDENCE.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization

COVENANT HOUSE TEXAS

Employer identification number

76-0050882

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COVENANT HOUSE TEXAS ALSO PROVIDED THE FOLLOWING COMPREHENSIVE SERVICES TO HOMELESS AND RUNAWAY YOUTH UNDER THE AGE OF 24:

OUTREACH AND PREVENTION:

THE OUTREACH PROGRAM IS AN EFFORT TO REACH YOUTH WHO ARE ON THE STREETS FOR VARIOUS REASONS. EACH NIGHT, THE OUTREACH TEAM CRUISES THE CITY STREETS IN SEARCH FOR THESE YOUTH, PROVIDING THEM WITH FOOD, BASIC SUPPLIES, A TRAINED COUNSELOR, AND REFERRALS TO SHELTERS, MEDICAL CARE AND OTHER SERVICES. YOUTH ARE ALSO REFERRED TO THE ORGANIZATION'S COMMUNITY SERVICE CENTER, WHERE THEY RECEIVE ONGOING COUNSELING AND OTHER SERVICES.

IN THE PREVENTION PROGRAM, A PREVENTION SPECIALIST WORKS WITH SCHOOLS, COMMUNITY CENTERS AND CHURCHES TO CONNECT WITH YOUTH AND PARENTS DEEMED BY TEACHERS AND COUNSELORS 'AT RISK' FOR BECOMING HOMELESS AND PROVIDES ALTERNATIVES FOR DEALING WITH DIFFICULT SITUATIONS AT HOME AND IN SCHOOL.

COMMUNITY SERVICE CENTER (CSC):

THE CSC PROGRAM IS A DROP-IN CENTER THAT PROVIDES COMPREHENSIVE SERVICES TO YOUTH IN THE RESIDENTIAL PROGRAMS AND TO OTHER YOUTH IN THE COMMUNITY. THIS PROGRAM OFFERS YOUTH AGES 18-24 MEALS, LAUNDRY SERVICES, CLOTHING, SHOWERS, RECREATIONAL ACTIVITIES, AND VOCATIONAL EDUCATION. ACCESS TO MEDICAL, MENTAL HEALTH, AND SUBSTANCE ABUSE COUNSELING AND SERVICES IS ALSO PROVIDED.



Name of the organization COVENANT HOUSE TEXAS	Employer identification number 76-0050882
--	--

EXPENSES \$ 330,096. INCLUDING GRANTS OF \$ 37,318. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE CORPORATE MEMBER OF COVENANT HOUSE TEXAS IS ITS PARENT ORGANIZATION, COVENANT HOUSE, D/B/A COVENANT HOUSE INTERNATIONAL.

FORM 990, PART VI, SECTION A, LINE 7A:

COVENANT HOUSE TEXAS'S (CH TX) PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL HAS THE RIGHT TO ELECT OR APPOINT OFFICERS OF CH TX'S BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE FOLLOWING DECISIONS FOR THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY CH TX PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL - AMENDMENT OR REPEAL OF THE BY-LAWS, INCREASE OR DECREASE IN THE NUMBER OF BOARD OF DIRECTORS AND APPOINT/REMOVE MEMBERS OF THE BOARD AND THE OFFICERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S ACCOUNTING DEPARTMENT AND THEN REVIEWED BY THE PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL, AND THE CHIEF FINANCIAL OFFICER OF THE ORGANIZATION. THE CHIEF FINANCIAL OFFICER REVIEWS THE DRAFT AND FORWARDS IT TO THE EXECUTIVE DIRECTOR FOR FINAL REVIEW. THE FINAL COPY OF THE FORM 990 IS ELECTRONICALLY PROVIDED TO EACH MEMBER OF THE GOVERNING BODY PRIOR TO FILING. THE ORGANIZATION REQUESTS THAT EVERY DIRECTOR REVIEW THE FORM 990 FOR ACCURACY AND COMPLETENESS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

Name of the organization COVENANT HOUSE TEXAS	Employer identification number 76-0050882
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THE ORGANIZATION REQUIRES ANNUAL DISCLOSURE AND AFFIRMATION OF THE CONFLICT OF INTEREST POLICY BY ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES. THE DISCLOSURE STATEMENT REQUIRES EACH OFFICER, DIRECTOR, AND KEY EMPLOYEE TO DISCLOSE ANY BUSINESS OR PERSONAL INTERESTS, DIRECT OR INDIRECT, THAT THE PERSON MAY HAVE IN AN ORGANIZATION THAT COMPETES WITH OR DOES BUSINESS WITH COVENANT HOUSE INTERNATIONAL OR ANY OTHER ORGANIZATION BUSINESS/ AGENCY AFFILIATED WITH COVENANT HOUSE INTERNATIONAL. IF A CONFLICT IS DETERMINED TO EXIST, IT MUST BE REPORTED AND ADDRESSED TO THE SATISFACTION OF THE ORGANIZATION. ANY OTHER PERSON HAVING A CONFLICT, AND ATTENDING SAID MEETING, SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD OR COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATIONS OR DECISIONS REGARDING THE MATTER UNDER CONSIDERATION. ANY INTERESTED DIRECTOR SHALL ALSO ABSTAIN DURING SUCH VOTE. THE MINUTES OF THE MEETING OF THE BOARD OR COMMITTEE SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT DURING THE FINAL DISCUSSION OR VOTE AND DID NOT VOTE. A SUMMARY OF THE ANNUAL CONFLICTS OF INTEREST AND COPIES OF THE CONFLICTS OF INTEREST REPORTS FROM THE DIRECTORS, EXECUTIVE DIRECTOR, AND OFFICERS OF THE ORGANIZATION ARE ALSO SENT TO THE PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL. THE PARENT, COVENANT HOUSE INTERNATIONAL ALSO ENSURES THE ANNUAL CONFLICTS OF INTEREST REPORTS ARE ACCOMPLISHED FOR EACH AFFILIATE AND THAT THE REQUIRED INFORMATION IS SENT TO THEM.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE COMPENSATION COMMITTEE WORKING IN CONJUNCTION WITH THE PRESIDENT OF COVENANT HOUSE INTERNATIONAL (PARENT). A SALARY STRUCTURE AND RANGE WERE DETERMINED USING A COMPENSATION COMMITTEE AND INDEPENDENT CONSULTANT FOR THE EXECUTIVE

Name of the organization

COVENANT HOUSE TEXAS

Employer identification number

76-0050882

DIRECTOR. FACTORS CONSIDERED WERE THE SIZE OF THE AGENCY BUDGET, PROGRAM SIZE AND COMPLEXITY LOCAL MARKET COMPATIBILITY, AND THE COST OF LIVING, WITH COMPENSATION APPROVED BY THE CH TX BOARD OF DIRECTORS.

THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED USING THE UNITED WAY SALARY SURVEY, DISCUSSIONS WITH OTHERS IN RELATED FIELDS, ASSESSMENT OF PERFORMANCE, AND OTHER APPLICABLE CRITERIA.

RECORDS OF EXECUTIVE COMMITTEE'S COMPENSATION DECISIONS ARE MAINTAINED IN THE COVENANT HOUSE INTERNATIONAL (PARENT) HUMAN RESOURCES DEPARTMENT RECORD. THIS PROCESS WAS LAST UNDERTAKEN IN FISCAL YEAR 2018.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE POSTED ON ITS WEBSITE. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 1023 AND FINANCIAL STATEMENTS ARE ALL AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT 1111 LOVETT BOULEVARD, HOUSTON, TX 77006.

FORM 990, PART IX, LINE 11G, OTHER FEES:

MEDICAL FEES:

PROGRAM SERVICE EXPENSES	146,118.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	146,118.

CONSULTANT FEES:

PROGRAM SERVICE EXPENSES	185,413.
MANAGEMENT AND GENERAL EXPENSES	184,725.

Name of the organization COVENANT HOUSE TEXAS	Employer identification number 76-0050882
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FUNDRAISING EXPENSES 115,006.

TOTAL EXPENSES 485,144.

PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES 75,222.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 75,222.

PAYROLL FEES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 8,407.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 8,407.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 714,891.

FORM 990, PART X, LINE 25:

PAYCHECK PROTECTION PROGRAM LOANS

ON APRIL 25, 2020, THE ORGANIZATION RECEIVED LOAN PROCEEDS IN THE AMOUNT OF \$661,749 UNDER THE PAYCHECK PROTECTION PROGRAM (THE "PPP").

THE ORGANIZATION INTENDS TO USE ALL PROCEEDS RECEIVED IN ACCORDANCE WITH REGULATIONS ESTABLISHED BY THE PPP. MANAGEMENT BELIEVES ITS USE OF THE PROCEEDS, INCLUDING AMOUNTS EXPENDED THROUGH JUNE 30, 2020, WILL BE FORGIVEN. THE ENTIRE AMOUNT RECEIVED UNDER THE PPP IS REPORTED AS A FORGIVABLE LOAN IN THE STATEMENT OF FINANCIAL POSITION AT JUNE 30, 2020.

Name of the organization COVENANT HOUSE TEXAS	Employer identification number 76-0050882
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST 32,858.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR SELECTING AN INDEPENDENT ACCOUNTANT AND ESTABLISHING A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT HAS NOT CHANGED FROM PRIOR YEARS.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **COVENANT HOUSE TEXAS** Employer identification number **76-0050882**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
COVENANT HOUSE - 13-2725416 5 PENN PLAZA NEW YORK, NY 10001	HUMANITARIAN	NEW YORK	501(C)3	LINE 7	N/A		X
COVENANT HOUSE ALASKA - 13-3419755 755 A STREET ANCHORAGE, AK 99501	HUMANITARIAN	ALASKA	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE CALIFORNIA - 13-3391210 1325 NORTH WESTERN AVENUE HOLLYWOOD, CA 90027	HUMANITARIAN	CALIFORNIA	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE FLORIDA - 59-2323607 733 BREAKERS AVENUE FORT LAUDERDALE, FL 33304	HUMANITARIAN	FLORIDA	501(C)3	LINE 7	COVENANT HOUSE		X

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

Schedule R (Form 990) 2019

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
COVENANT HOUSE GEORGIA - 13-3523561 1559 JOHNSON ROAD NW ATLANTA, GA 30318	HUMANITARIAN	GEORGIA	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE ILLINOIS - 81-2061485 30 WEST CHICAGO AVENUE CHICAGO, IL 60654	HUMANITARIAN	ILLINOIS	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE MICHIGAN - 38-3351777 2959 MARTIN LUTHER KING JR BLVD DETROIT, MI 48208	HUMANITARIAN	MICHIGAN	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE MISSOURI - 43-1821599 2727 NORTH KINGSHIGHWAY BLVD ST. LOUIS, MO 63113	HUMANITARIAN	MISSOURI	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE NEW JERSEY - 13-3537710 330 WASHINGTON STREET NEWARK, NJ 07102	HUMANITARIAN	NEW JERSEY	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE NEW ORLEANS - 58-1669937 611 NORTH RAMPART STREET NEW ORLEANS, LA 70112	HUMANITARIAN	LOUISIANA	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE PENNSYLVANIA - 23-3003176 31 EAST ARMAT STREET PHILADELPHIA, PA 19144	HUMANITARIAN	PENNSYLVANIA	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE WASHINGTON - 13-3537709 2001 MISSISSIPPI AVENUE SE WASHINGTON, DC 20020	HUMANITARIAN	DISTRICT OF COLUMBIA	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE WESTERN AVENUE - 95-4395845 1325 N WESTERN AVENUE HOLLYWOOD, CA 90027	HOLDING CO	CALIFORNIA	501(C)3	LINE 12A, I	COVENANT HOUSE		X
COVENANT INTERNATIONAL FOUNDATION - 13-3124706, 5 PENN PLAZA, NEW YORK, NY 10001	HOLDING CO	DELAWARE	501(C)3	LINE 7	COVENANT HOUSE		X
TESTAMENTUM - 23-7326634 5 PENN PLAZA NEW YORK, NY 10001	HOLDING CO	NEW YORK	501(C)3	LINE 10	COVENANT HOUSE		X
UNDER 21 COVENANT HOUSE NEW YORK - 13-3076376, 550 10TH AVENUE, NEW YORK, NY 10018	HUMANITARIAN	NEW YORK	501(C)3	LINE 7	COVENANT HOUSE		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
COVENANT HOUSE CONNECTICUT - 13-3330953 C/O COVENANT HOUSE, 5 PENN PLAZA NEW YORK, NY 10001	HUMANITARIAN	CONNECTICUT	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE CHICAGO - 13-3386635 C/O COVENANT HOUSE, 5 PENN PLAZA NEW YORK, NY 10001	HUMANITARIAN	ILLINOIS	501(C)3	PF	COVENANT HOUSE		X
268 WEST 44TH CORPORATION - 13-2874450 C/O COVENANT HOUSE, 5 PENN PLAZA NEW YORK, NY 10001	HOLDING CO	NEW YORK	501(C)2		COVENANT HOUSE		X
RIGHTS OF PASSAGE INC - 13-3549405 C/O COVENANT HOUSE, 5 PENN PLAZA NEW YORK, NY 10001	HUMANITARIAN	DELAWARE	501(C)3	LINE 7	COVENANT HOUSE		X
UNDER 21 BOSTON INC - 04-2790593 C/O COVENANT HOUSE, 5 PENN PLAZA NEW YORK, NY 10001	HUMANITARIAN	MASSACHUSETTS	501(C)3	LINE 12A, I	COVENANT HOUSE		X
COVENANT HOUSE TORONTO 20 GERRARD STREET EAST TORONTO, CANADA, CANADA M5B 2P3	HUMANITARIAN	CANADA			COVENANT HOUSE		X
COVENANT HOUSE VANCOUVER 575 DRAKE STREET VANCOUVER, CANADA, CANADA V6B 4K8	HUMANITARIAN	CANADA			COVENANT HOUSE		X
ASOCIACION LA ALIANZA GUATEMALA 13 AVENIDA 00-37 ZONA 2 COLONIA LA ESCUADRIL MIXCO, GUATEMALA, GUATEMALA	HUMANITARIAN	GUATEMALA			COVENANT HOUSE		X
CASA ALIANZA DE HONDURAS CORNER OF ARDA CERVANTES Y MORELOS TEGUCIGALPA, HONDURAS, HONDURAS	HUMANITARIAN	HONDURAS			COVENANT HOUSE		X
CASA ALIANZA NICARAGUA EDIFICIO CONRAD N HILTON COSTADO ESTE DEL M MANAGUA, NICARAGUA, NICARAGUA	HUMANITARIAN	NICARAGUA			COVENANT HOUSE		X
FUNDACION CASA ALIANZA MEXICO IAP PLAZA DE LAS FUENTES 116 COL MEXICO DF, MEXICO, MEXICO	HUMANITARIAN	MEXICO			COVENANT HOUSE		X
CASA ALIANZA INTERNACIONAL C/O COVENANT HOUSE, 5 PENN PLAZA NEW YORK, NY 10001	HUMANITARIAN	COSTA RICA			COVENANT HOUSE		X



**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
YOUTH VISION SOLUTIONS - 27-1855040 2959 MARTIN LUTHER KING JR BLVD DETROIT, MI 48208	SCHOOL MGMT	MICHIGAN	501(C)3	LINE 7	COVENANT HOUSE MICHIGAN		X
CH PENNSYLVANIA UNDER-21 HOLDINGS, INC. - 82-1519205, 31 EAST ARMAT STREET, PHILADELPHIA, PA 19144	HOLDING CO	PENNSYLVANIA	501(C)3	LINE 12A, I	COVENANT HOUSE PENNSYLVANIA		X
CH HOUSING DEVELOPMENT FUND CORPORATION - 83-4124396, C/O COVENANT HOUSE, 5 PENN PLAZA, NEW YORK, NY 10001	PROVIDE TRANSITIONAL HOUSING	NEW YORK	501(C)3	LINE 12A, I	COVENANT HOUSE		X

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

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

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

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

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

932164 09-10-19

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.