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Return of Organization Exempt From Income Tax

2012

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)Open to Public
Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2012 calendar year, or tax year beginning Jul 1, 2012, and ending Jun 30, 2013

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization COVENANT HOUSE TEXAS Doing Business As		D Employer identification number 76-0050882
	Number and street (or P O box if mail is not delivered to street addr) 1111 LOVETT BOULEVARD		E Telephone number (713) 523-2231
	City, town or country HOUSTON		G Gross receipts \$ 4,946,420.
	State ZIP code + 4 TX 77006		H(a) Is this a group return for affiliates? ☐ Yes ☒ No
	F Name and address of principal officer RONDA ROBINSON 1111 LOVETT BLVD HOUSTON TX 77006		H(b) Are all affiliates included? ☐ Yes ☐ No If 'No,' attach a list (see instructions)
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527			
J Website: covenanthousetx.org			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐ L Year of Formation 1983 M State of legal domicile TX			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE ATTACHED	
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	18
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	124
	6 Total number of volunteers (estimate if necessary)	75
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
	b Net unrelated business taxable income from Form 990-B, line 34	
	8 Contributions and grants (Part VIII, line 1h)	4,778,422.
	9 Program service revenue (Part VIII, line 2g)	4,570,433.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	855.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	479.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	310,272.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	116,365.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	5,089,549.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,687,277.
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)	197,367.
	b Total fundraising expenses (Part IX, column (D), line 25) 338,906.	217,048.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,485,268.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,461,571.
	19 Revenue less expenses Subtract line 18 from line 12	28,300.
	20 Total assets (Part X, line 16)	1,335,813.
Not Assets of Fund Balance of	21 Total liabilities (Part X, line 26)	1,358,936.
	22 Net assets or fund balances Subtract line 21 from line 20	5,018,448.
	Beginning of Current Year	5,065,855.
	End of Year	71,101.

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.

Sign Here	Signature of officer	Date
	John S. Lampson	05/12/14
Paid Preparer Use Only	Type or print name and title	Director of Finance
	Print/Type preparer's name	Preparer's signature
	Firm's name	Date
	Firm's address	Check ☐ if self-employed PTIN

Non-Paid Preparer

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 05/09/13

Form 990 (2012)

SCANNED JUN 12 2014

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒**1** Briefly describe the organization's mission:

SEE ATTACHED

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐

Yes

☒

No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐

Yes

☒

No

If 'Yes,' describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code _____) (Expenses \$ 1,641,063. including grants of \$ 0.) (Revenue \$ 0.)

SEE ATTACHED SCHEDULE/SHELTER AND CRISIS CARE

4b (Code _____) (Expenses \$ 465,833. including grants of \$ 0.) (Revenue \$ 0.)

SEE ATTACHED SCHEDULE/MOTHER-CHILD PROGRAM

4c (Code _____) (Expenses \$ 489,239. including grants of \$ 0.) (Revenue \$ 0.)

SEE ATTACHED SCHEDULE/HEALTH SERVICES

4d Other program services (Describe in Schedule O)(Expenses \$ 1,527,752. including grants of \$ 0.) (Revenue \$ 0.)**4e** Total program service expenses **▶** 4,123,887.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		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? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 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)		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2012)

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

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	21	
1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	124	
2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4 b If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6 b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		X
9 b Did the organization make a distribution to a donor, donor advisor, or related person?		X
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders.	11 a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11 b	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	
12 b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13 a	
Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13 b	
c Enter the amount of reserves on hand.	13 c	
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	X
14 b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14 b	

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

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1 a 18	
b Enter the number of voting members included in line 1a, above, who are independent	1 b 18	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7 a 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?	7 a X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8 a X	
b Each committee with authority to act on behalf of the governing body?	8 b X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ▶ JOHN S. LAMPSON, CPA 1111 LOVETT BOULEVARD, HOUSTON TX 77006 (713) 523-2231

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) J. C. Sarvadi Board Chairman	4.00	X						0.	0.	0.
(2) Peter Billip Director	2.00	X						0.	0.	0.
(3) P. N. Turner Director	2.00	X						0.	0.	0.
(4) P. C. Simmons Director	2.00	X						0.	0.	0.
(5) R. L. Walker Director	2.00	X						0.	0.	0.
(6) D. G. Dunlap Director	2.00	X						0.	0.	0.
(7) A. C. Hergenroeder Director	2.00	X						0.	0.	0.
(8) G. Hernandez Director	2.00	X						0.	0.	0.
(9) T. P. Kurz Director	2.00	X						0.	0.	0.
(10) R. Jeff Williams Director	2.00	X						0.	0.	0.
(11) A. N. Moore Director	2.00	X						0.	0.	0.
(12) K. D. Nondorf Director	2.00	X						0.	0.	0.
(13) J. G. Peden Director	2.00	X						0.	0.	0.
(14) C. P. Haynie Director	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(15) Brett Hamilton Director	2.00	X						0.	0.	0.
(16) W.W.McGee Director	2.00	X						0.	0.	0.
(17) K. S. Childers Director	2.00	X						0.	0.	0.
(18) B. G. Watts Director	2.00	X						0.	0.	0.
(19) K. Ryan President	0.00			X				0.	257,546.	28,160.
(20) R. G. Robinson Executive Director	40.00			X				138,895.	0.	22,168.
(21) John S. Lampson Treasurer	40.00			X				97,854.	0.	22,396.
(22) L. Douglas Secretary	40.00			X				30,312.	0.	67.
(23) L. Robles Secretary	40.00			X				8,198.	0.	835.
(24)										
(25)										
1 b Sub-total								275,259.	257,546.	73,626.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								275,259.	257,546.	73,626.

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**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b 669.				
	c Fundraising events	1 c 835,682.				
	d Related organizations	1 d 1,740,000.				
	e Government grants (contributions)	1 e 669,913.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 1,324,169.				
	g Noncash contributions included in lns 1a-1f	\$ 24,144.				
	h Total. Add lines 1a-1f	4,570,433.				
	PROGRAM SERVICE REVENUE	2 a _____	Business Code			
		b _____				
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f						
OTHER REVENUE		3 Investment income (including dividends, interest and other similar amounts)	479.	0.	0.	479.
	4 Income from investment of tax-exempt bond proceeds	0.	0.	0.	0.	
	5 Royalties	0.	0.	0.	0.	
	6 a Gross rents	(i) Real 0.	(ii) Personal			
	b Less rental expenses					
	c Rental income or (loss)	0.				
	d Net rental income or (loss)	0.	0.	0.	0.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 835,682. of contributions reported on line 1c)					
	See Part IV, line 18	a 385,723.				
	b Less direct expenses	b 259,143.				
	c Net income or (loss) from fundraising events	126,580.		0.	126,580.	
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a _____						
b _____						
c _____						
d All other revenue		-10,215.	0.	0.	0.	
e Total. Add lines 11a-11d		-10,215.				
12 Total revenue. See instructions		4,687,277.	0.	0.	127,059.	

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 to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.	217,048.	217,048.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	275,259.	73,077.	195,237.	6,945.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,381,232.	2,105,234.	122,543.	153,455.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	171,397.	115,624.	48,933.	6,840.
9 Other employee benefits	395,770.	326,580.	49,402.	19,788.
10 Payroll taxes	237,913.	198,333.	25,643.	13,937.
11 Fees for services (non-employees):				
a Management				
b Legal	55.	0.	55.	0.
c Accounting	47,659.	0.	47,659.	0.
d Lobbying	0.	0.	0.	0.
e Professional fundraising services. See Part IV, line 17.	28,300.			28,300.
f Investment management fees				
g Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)	212,781.	212,781.	0.	0.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	158,973.	151,367.	6,033.	1,573.
17 Travel	88,622.	76,350.	6,701.	5,571.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	181,625.	162,163.	17,639.	1,823.
23 Insurance	42,674.	32,990.	7,774.	1,910.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	117,654.	106,743.	4,594.	6,317.
b TELEPHONE	31,146.	25,501.	3,359.	2,286.
c POSTAGE	25,064.	11,223.	1,522.	12,319.
d EQUIP. RENTAL/MAINT.	56,110.	46,346.	4,803.	4,961.
e All other expenses	396,573.	262,527.	61,165.	72,881.
25 Total functional expenses. Add lines 1 through 24e.	5,065,855.	4,123,887.	603,062.	338,906.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	1,763,629.	1	1,445,036.
	2 Savings and temporary cash investments	908,730.	2	858,784.
	3 Pledges and grants receivable, net	107,500.	3	1,116,464.
	4 Accounts receivable, net	251,842.	4	423,311.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	36,032.	9	47,808.
	10a Land, buildings, and equipment — cost or other basis. Complete Part VI of Schedule D	10a 4,297,834.		
	b Less: accumulated depreciation	10b 2,054,131.	2,342,924.	10c 2,243,703.
	11 Investments — publicly traded securities		11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	110,085.	15	111,219.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,520,742.	16	6,246,325.	
LIABILITIES	17 Accounts payable and accrued expenses	463,945.	17	404,329.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	463,945.	26	404,329.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,625,389.	27	4,460,363.
	28 Temporarily restricted net assets	391,408.	28	1,341,633.
	29 Permanently restricted net assets	40,000.	29	40,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,056,797.	33	5,841,996.
	34 Total liabilities and net assets/fund balances	5,520,742.	34	6,246,325.

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Form 990 (2012)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,687,277.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,065,855.
3	Revenue less expenses Subtract line 2 from line 1	3	-378,578.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,056,797.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	1,163,777.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,841,996.

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

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

BAA

Form 990 (2012)

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. ► See separate instructions.

OMB No 1545-0047

2012

**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 11, 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.)
- 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 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants'.)	4,363,848.	4,956,581.	5,110,813.	4,778,422.	4,956,156.	24,165,820.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.	0.	0.	0.	0.
4 Total. Add lines 1 through 3	4,363,848.	4,956,581.	5,110,813.	4,778,422.	4,956,156.	24,165,820.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						24,165,820.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	4,363,848.	4,956,581.	5,110,813.	4,778,422.	4,956,156.	24,165,820.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,765.	1,429.	1,324.	855.	479.	40,852.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	122,649.	-32,936.	35,501.	527,424.	375,508.	1,028,146.
11 Total support. Add lines 7 through 10						25,234,818.
12 Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	95.76%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	96.80%

16a **33-1/3% support test – 2012.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33-1/3% support test – 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test – 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test – 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 9 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 yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
13 Total support. (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

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

- 19a **33-1/3% support tests – 2012.** 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 – 2011.** 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).

Other Income Part II, Line 10 _____

Description: other income-----

2008: 122649.

2009: -32936.

2010: 35501.

2011: 527424.

2012: 375508.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2012**Open to Public Inspection**

Employer identification number

COVENANT HOUSE TEXAS

76-0050882

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

2 a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance	40,000.	40,000.	40,000.	40,000.	40,000.
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	40,000.	40,000.	40,000.	40,000.	40,000.

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 ▶ 100.00 %

c Temporarily restricted endowment ▶ _____ %

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

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

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

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

Part VI Land, Buildings, and Equipment. 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
1 a Land		4,978.		4,978.
b Buildings		3,654,154.	1,574,173.	2,079,981.
c Leasehold improvements				
d Equipment		429,145.	342,466.	86,679.
e Other		209,557.	137,492.	72,065.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 2,243,703.

BAA

Schedule D (Form 990) 2012

Part VII Investments – Other Securities. 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) -----		
(I) -----		
Total (Column (b) must equal Form 990, Part X, column (B) line 12.) ▶		

Part VIII Investments – Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Bus token inventory; book inventory	2,486.
(2) Deposit	12,000.
(3) Beneficial interest held in trust	96,733.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	111,219.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

1	Total revenue, gains, and other support per audited financial statements		1	5,910,349.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	1,223,072.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	1,223,072.
3	Subtract line 2e from line 1		3	4,687,277.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	4,687,277.

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

1	Total expenses and losses per audited financial statements		1	5,125,150.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	59,295.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	59,295.
3	Subtract line 2e from line 1		3	5,065,855.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	5,065,855.

Part XIII Supplemental Information

Complete this part to 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.

Pt X _____ The Organization is qualified as a tax-exempt organization as described
 _____ in Section 501(c)(3) of the Internal Revenue Code (the "Code") according
 _____ to an Internal Revenue Service determination letter dated June 1983.
 _____ Accordingly, the Organization is not subject to federal income
 _____ taxes under Section 501(a) of the Code. As a not-for-profit
 _____ organization, the Organization is exempt from state of Texas sales taxes,
 _____ property taxes, and franchise taxes. The Organization
 _____ has been classified as a publicly supported

BAA

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)

charitable organization under Section 509(a)(1) of the Code
and qualifies for the maximum charitable contribution
deduction for donors.

The Organization has processes presently in place
to ensure the maintenance of its tax-exempt status;
to identify and report unrelated income; determine
its filing and tax obligations in jurisdictions for
which it has nexus; and to review other matters
that may be considered tax positions.

Effective July 1, 2009, Covenant House Texas adopted
new accounting guidance which requires that a tax
position be recognized or derecognized based on
a "more likely than not" threshold. This applies
to positions taken or expected to be taken in a tax return.

The adoption of this guidance did not have an impact on
Covenant House Texas' financial statements, as management
believes that there are no uncertain tax positions
within its financial statements.

Part V, line 4 The organization's endowment funds are intended to be used to
establish a permanent education fund.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No 1545-0047

2012

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Inspection**

Name of the organization

COVENANT HOUSE TEXAS

Employer identification number

76-0050882

Part I Fundraising Activities. Complete if the organization answered 'Yes' to 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 ten 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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Maryellen E. Forgay	fundraising		X	1,562,529.	28,300.	1,534,229.
2 20714 Highland Hollow Lane	services					
3 Houston tx 77073						
4						
5						
6						
7						
8						
9						
10						
Total				1,562,529.	28,300.	1,534,229.

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

Texas

Part II Fundraising Events. Complete if the organization answered 'Yes' to 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.

REVENUE		(a) Event #1 <u>Gala</u> (event type)	(b) Event #2 <u>Executive Sleepout</u> (event type)	(c) Other events <u>7</u> (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	899,584.	239,894.	98,219.	1,237,697.
	2 Less Charitable contributions	385,723.	239,894.	98,219.	723,836.
	3 Gross income (line 1 minus line 2)	513,861.	0.	0.	513,861.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	113,149.			113,149.
	8 Entertainment	27,735.			27,735.
	9 Other direct expenses	118,258.	12,808.	2,816.	133,882.
	10 Direct expense summary Add lines 4 through 9 in column (d)				274,766.
	11 Net income summary Combine line 3, column (d), and line 10				239,095.

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column (d) and line 7				

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

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☐ No

b If 'No,' explain _____

10 a 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 operate 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 operated in

a The organization's facility

b An outside facility

13a	g
-----	---

13b	9
-----	---

- 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 contact 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.** Complete this part to 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 complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

COVENANT HOUSE TEXAS

Part I General Information on Grants and Assistance

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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2012

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Inspection

Employer identification number

76-0050882

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

☒ Yes ☐ No

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

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

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

TEEA3901 11/30/12

Schedule I (Form 990) (2012)

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' to Form 990, Part IV, line 23.**
► **Attach to Form 990.** ► **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

COVENANT HOUSE TEXAS

Employer identification number

76-0050882

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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

- | | |
|--|--|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee |

- 4** During the year, did any person listed in 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) and 501(c)(4) organizations must complete lines 5-9.

- 5** For persons listed in 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' to line 5a or 5b, describe in Part III.

- 6** For persons listed in 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' to line 6a or 6b, describe in Part III.

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

- 8** Were any amounts reported in 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' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1 b

2

4 a

4 b

4 c

5 a

5 b

6 a

6 b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2012

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 in 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 are not 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 columns (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 reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1 K. Ryan President	(i) 0. (ii) 257,546.	0. 0.	0. 0.	0. 13,475.	0. 14,685.	0. 285,706.	0. 0.
2 R. G. Robinson Executive Director	(i) 138,895. (ii) 0.	0. 0.	0. 0.	0. 16,667.	5,501. 0.	161,063. 0.	0. 0.
3 John S. Lampson Treasurer	(i) 97,854. (ii) 0.	0. 0.	0. 0.	11,743. 0.	10,653. 0.	120,250. 0.	0. 0.
4 Lolita Robles Secretary	(i) 8,198. (ii) 0.	0. 0.	0. 0.	0. 0.	835. 0.	9,033. 0.	0. 0.
5 Laticia Douglas Secretary	(i) 30,312. (ii) 0.	0. 0.	0. 0.	0. 0.	67. 0.	30,379. 0.	0. 0.
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

BAA

TEEA4102 12/11/12

Schedule J (Form 990) 2012

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**▶ **Complete if the organizations answered 'Yes' on
Form 990, Part IV, lines 29 or 30.**▶ **Attach to Form 990.**

OMB No 1545-0047

2012**Open To Public
Inspection**

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		0.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	2	24,144.	
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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

b If 'Yes,' describe in Part II

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

Yes No

30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2012

Part II **Supplemental Information.** Complete this part to 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.

Pt I Line 32b The organization utilizes the services of a professional investment
brokerage firm to handle transactions involving donated publicly
traded securities.

Pt I Line 33 Revenues not reported for non-cash contributions of goods.
Reconciled on Schedule D, page 4, part XII, line 2b.

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.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

COVENANT HOUSE TEXAS

Employer identification number

76-0050882

Pt VI, Line 11b A COPY OF THE ORGANIZATION'S FORM 990 IS 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.
THE ORGANIZATION PERFORMS IT'S OWN REVIEW, AND THE
ORGANIZATION'S PARENT ORGANIZATION IS CONSULTED
DURING PREPARATION, REVIEW, AND PRIOR TO FILING.

Pt VI, Line 12c ALL MEMBERS OF THE GOVERNING BODY ARE REQUIRED TO SIGN THE
ORGANIZATION'S CONFLICT OF INTEREST POLICY ANNUALLY. IF A
CONFLICT IS DETERMINED TO EXIST, IT MUST BE RESOLVED IN
ACCORDANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY.

Pt VI, Line 15a THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY A
COMPENSATION COMMITTEE. FACTORS TAKEN INTO ACCOUNT INCLUDE
EFFECTIVENESS, PERFORMANCE, COMPARABLE COMPENSATION,
AND OTHER VARIABLES.

Pt VI, Line 15b 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.

Pt VI, Line 19 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
STATEMENTS ARE AVAILABLE FOR INSPECTION IN OUR OFFICES IN
HOUSTON, TEXAS, AND WILL BE SENT BY MAIL, EMAIL,
OR FAX TO ANYONE REQUESTING COPIES.

Name of the organization

Employer identification number

COVENANT HOUSE TEXAS

76-0050882

Pt VI, Line 7a PURSUANT TO COVENANT HOUSE TEXAS' ORGANIZING DOCUMENTS,
 THE ORGANIZATION SELECTS NOMINEES AS POTENTIAL MEMBERS OF
 ITS GOVERNING BODY. NOMINEES ARE APPROVED BY THE GOVERNING BODY
 AND THE ORGANIZATION'S PARENT ORGANIZATION, COVENANT HOUSE.

Pt VI, Line 7b PURSUANT TO COVENANT HOUSE TEXAS' ORGANIZING DOCUMENTS,
 THE RIGHT TO APPROVE ALL NOMINEES TO THE BOARD OF
 DIRECTORS HAS BEEN RESERVED TO ITS PARENT ORGANIZATION,
 COVENANT HOUSE. THIS REPRESENTS THE ONLY DECISION OF THE
 GOVERNING BODY THAT IS SUBJECT TO APPROVAL BY THE
 PARENT ORGANIZATION.

Part III, Line 1 COVENANT HOUSE INTERNATIONAL ("CHI") AND COVENANT HOUSE TEXAS ("CHTX") RECOGNIZE
 THAT SAFETY IS A KEY COMPONENT IN A THERAPEUTIC COMMUNITY AND FOUNDATIONAL TO SOCIAL WORK
 PRACTICE. IN RESPONSE TO THE SAFETY NEEDS OF OUR YOUTH, CHI AND CHTX HAVE ESTABLISHED A CHILD
 PROTECTION COMMITTEE CHARGED WITH CREATING A COMMON CORE OF SAFETY PRACTICES DESIGNED TO
 REDUCE RISK. THE COMMITTEE PROCESS IS DRIVEN BY THE NEEDS OF THE YOUTH WE SERVE, OUR MISSION,
 AND OUR PROGRAMS. THE SAFETY MODEL'S CONCEPTUAL FRAMEWORK VIEWS RISK MANAGEMENT AS AN INTER-
 ACTION AMONG SPECIFIC SAFETY CONCERNS, THE VULNERABILITIES OF AT-RISK YOUTH, AND THE
 ADMINISTRATION'S CAPACITY TO SHELTER AND PROTECT YOUTH PROACTIVELY AND TO RESPOND TO INCIDENTS
 QUICKLY. THE CHILD PROTECTION SYSTEM IS AN ARTICULATION THAT WE WILL SERVE YOUTH IN A SECURE
 ENVIRONMENT AND THAT WE WILL HOLD OURSELVES ACCOUNTABLE FOR THEIR SAFETY. YOUTH COME TO US
 IN STATES OF CRISIS, AND PROVIDING THEM WITH A SAFE ENVIRONMENT IN WHICH TO HEAL IS A FUNDAMENTAL
 PART OF OUR RESPONSE TO TRAUMA AND AN ESSENTIAL PRACTICE IN OUR FIELD. IN ADDITION, CHI AND
 CHTX ARE ACCREDITED BY PRAESIDIUM, A NATIONAL LEADER IN ABUSE RISK MANAGEMENT.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

COVENANT HOUSE TEXAS

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

COVENANT HOUSE TEXAS

Employer identification number

76-0050882

2012

Open to Public
Inspection

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					

(2) -----					

(3) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to 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) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) COVENANT HOUSE 5 PENN PLAZA NEW YORK, NY 10001 13-2725416	SVC PROVIDER HOMELESS AT RISK YOUTH	NY	501 (C) (3)	7	N/A		X
(2) COVENANT HOUSE ALASKA 755 A STREET ANCHORAGE, AK 99501 13-3419755	SVC PROVIDER HOMELESS AT RISK YOUTH	AK	501 (C) (3)	7	N/A		X
(3) COVENANT HOUSE CALIFORNIA 1325 N. WESTERN AVE. HOLLYWOOD, CA 90027 13-3391210	SVC PROVIDER HOMELESS AT RISK YOUTH	CA	501 (C) (3)	7	N/A		X
(4) See Cont. Sheet for Sch. R, Part II							

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) Sec 512(b)(13) controlled entity?	
						Yes	No
COVENANT HOUSE FLORIDA 733 BREAKERS AVE. FORT LAUDERDALE FL 33304 59-2323607	SVC PROVIDER HOMELESS AT RISK YOUTH	FL	501 (C) (3)	7	N/A		X
COVENANT HOUSE GEORGIA 1559 JOHNSON RD. NW. ATLANTA GA 30315 13-3523561	SVC PROVIDER HOMELESS AT RISK YOUTH	GA	501 (C) (3)	7	N/A		X
COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING JR. BLVD. DETROIT MI 48208 38-3351777	SVC PROVIDER HOMELESS AT RISK YOUTH	MI	501 (C) (3)	7	N/A		X
COVENANT HOUSE MISSOURI 2727 N. KINGSHIGHWAY BLVD. ST. LOUIS MO 63113 43-1821599	SVC PROVIDER HOMELESS AT RISK YOUTH	MO	501 (C) (3)	7	N/A		X
COVENANT HOUSE NEW JERSEY 330 WASHINGTON STREET NEWARK NJ 07102 13-3537710	SVC PROVIDER HOMELESS AT RISK YOUTH	NJ	501 (C) (3)	7	N/A		X
COVENANT HOUSE NEW ORLEANS 611 N. RAMPART ST. NEW ORLEANS LA 70112 58-1669937	SVC PROVIDER HOMELESS AT RISK YOUTH	LA	501 (C) (3)	7	N/A		X
COVENANT HOUSE PENNSYLVANIA 31 EAST ARMANT ST. PHILADELPHIA PA 19144 23-3003176	SVC PROVIDER HOMELESS AT RISK YOUTH	PA	501 (C) (3)	7	N/A		X
COVENANT HOUSE TORONTO 20 GERRARD STREET EAST TORONTO, CA N/A	SVC PROVIDER HOMELESS AT RISK YOUTH	CA			N/A		X
COVENANT HOUSE VANCOUVER 575 DRAKE STREET VANCOUVER, CA N/A	SVC PROVIDER HOMELESS AT RISK YOUTH	CA			N/A		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) Sec 512(b)(13) controlled entity?	
						Yes	No
COVENANT HOUSE WASHINGTON 2001 MISSISSIPPI AVE SE WASHINGTON DC 20020 13-3537709	SVC PROVIDER HOMELESS AT RISK YOUTH	DC	501 (C) (3)	7	N/A		X
COVENANT HOUSE WESTERN AVENUE 1325 N. WESTERN AVENUE HOLLYWOOD CA 90027 95-4395845	HOLDING COMPANY COVENANT HOUS CALIFORNIA PROPERTY	CA	501 (C) (3)	11	N/A		X
COVENANT INTERNATIONAL FOUNDATION C/O 5 PENN PLAZA NEW YORK NY 10001 13-3124706	HOLDING COMPANY CASA ALIANZA PROPERTY	NY	501 (C) (3)	7	N/A		X
ASOCIACION LA ALIANZA (GUATEMALA) 13 AVENIDA 00-37, ZONA 2 COLONIA LA ESCUADRILLA mixco, GT N/A	SVC PROVIDER HOMELESS AT RISK YOUTH	GT			N/A		X
CASA ALIANZA DE HONDURAS CORNER OF ARDA CERVANTES Y MORELOS TEGUCIGALPA, HO N/A	SVC PROVIDER HOMELESS AT RISK YOUTH	HO			N/A		X
CASA ALIANZA NICARAGUA Edificio Conrad N. Hilton Costado Este del Ministerio del MANAGUA, NU N/A	SVC PROVIDER HOMELESS AT RISK YOUTH	NU			N/A		X
FUNDACION CASA ALIANZA MEXICO IAP PLAZA DE LAS FUENTES 116, COL MEXICO D. F., MX N/A	SVC PROVIDER HOMELESS AT RISK YOUTH	MX			N/A		X
TESTAMENTUM 5 PENN PLAZA NEW YORK NY 10001 23-7326634	HOLDING COMPANY COVENANT HOUSE PROPERTY	NY	501 (C) (3)	7	N/A		X
UNDER 21 COVENANT HOUSE NEW YORK 460 WEST 41ST STREET NEW YORK NY 10036 13-3076376	SVC PROVIDER HOMELESS AT RISK YOUTH	NY	501 (C) (3)	7	N/A		X

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to 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) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												

(2) -----												

(3) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to 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) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) -----									

(2) -----									

(3) -----									

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to 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?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)

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 other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COVENANT HOUSE INTERNATIONAL	C	1,740,000.	ACTUAL AMOUNT
(2) COVENANT HOUSE INTERNATIONAL	I, K	1,136,932.	ACTUAL AMOUNT
(3) COVENANT HOUSE INTERNATIONAL	M		NOT IDENTIFIED
(4)			
(5)			
(6)			

BAA

TEEA5003 12/28/12

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to 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 section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													

(2) -----													

(3) -----													

(4) -----													

(5) -----													

(6) -----													

(7) -----													

(8) -----													

Part VII Supplemental Information

Supplemental information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

This image shows a full page of white paper with horizontal dashed lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the page.

Additional Information

PART VI, LINE 80b RELATED ORGANIZATIONS

Covenant House Alaska
Covenant House California
Covenant House Florida
Covenant House Georgia
Covenant House Michigan
Covenant House Missouri
Covenant House New Jersey
Covenant House New Orleans
Covenant House Pennsylvania/Under 21
Covenant House Toronto
Covenant House Vancouver
Covenant House Washington DC
Covenant House Western Avenue
Covenant International Foundation
Fundacion Casa Alianza Mexico, I. A. P.
Casa Alianza de Honduras
Asociacion La Alianza
Casa Alianza Nicaragua
Testamentum
Covenant House New York/Under 21

Additional Information

PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

Covenant House Texas' primary exempt function is to provide comprehensive services to homeless, runaway, and "throwaway" youth under the age of 21.

A. The Shelter and Crisis Care program provides shelter, food, clothing, counseling, primary and secondary education, life skills, job preparation, employment skills, and legal advice for an average of 37 youth per night. During the twelve months ended June 30, 2013, CHT provided shelter and services to 456 youth for 10,754 days of service. In addition, 3155 youth received walk-in services of food, tokens, counseling and referral.

TOTAL COST	\$1,641,063
------------	-------------

B. The Mother/Child program provides shelter, food, clothing, counseling, pre-school, secondary education, life and parenting skills classes, job preparation, employment skills, and legal advice for an average of 5 pregnant and parenting youth per night, along with 3 children. During the twelve months ended June 30, 2013, CHT provided shelter and services to 58 young women and 32 children for 2,765 days of service.

TOTAL COST	\$465,833
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C. Comprehensive medical care is provided through the CHT Clinic. Health Services begin as each youth who is admitted to the shelter receives a physical examination. The clinic is staffed by licensed nurses and residents supervised by a physician from 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; immunizations; mental health and substance abuse counseling and referral; referral for dental and eye care. During the year ended June 30, 2013, CHT provided 3,310 clinic visits, 994 mental health assessments and/or interventions, 409 substance abuse counseling sessions providing 1,589 service units, and also provided HIV case management services to 3 affected youth.

TOTAL COST	\$489,239
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D. Rights of Passage/Rights of Passage Apartment Living provides transitional housing services for up to 24 months, for young men, young women, and parenting and/or pregnant young women age 18 to 21, and their children. Services include individual counseling and help with completing their education and finding jobs and housing. During the twelve months ended June 30, 2013, CHT provided shelter and services to 70 young men for 6,367 days of service, and to 30 young women for 3,742 days of service.

TOTAL COST	\$1,102,441
------------	-------------

E. The public education program informs and educates the public on how to identify potential "runaway" and "throwaway" adolescents, the public and private resources available to help such adolescents before they leave home, and the public support services available to these families to improve the home environment.

TOTAL COST	\$58,520
------------	----------

F. The outreach program provides staff and trained volunteers to travel the streets of Harris and surrounding counties offering food,

Continued

Additional Information**PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

clothing, juice, and blankets to kids living on the streets. The program also provides crisis counseling, emergency transportation and information about Covenant House Texas. During the twelve months ended June 30, 2013, the Outreach program traveled 11,905 miles, made 10,219 street contacts, and distributed 10,219 meals and/or drinks.

TOTAL COST	\$210,235
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G. The Community Services Center program provides comprehensive services to youth who have left the shelter but continue to need support in order to maintain themselves in stable living situations. During the twelve months ending June 30, 2013, CHT provided 3,172 in-house and 285 outside after care services to 274 youth.

TOTAL COST	\$156,556
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TOTAL PROGRAM SERVICES	\$4,123,887
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Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4d (continued)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code	Description	SEE ATTACHED SCHEDULE various programs
Expenses	1,527,752.	
Grants Of	0.	
Revenue	0.	