

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

# 2021

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

|  |  |   |  |
|--|--|---|--|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>COVENANT HOUSE MICHIGAN</b>                                      |   | <b>D</b> Employer identification number<br><b>38-3351777</b>   |
|  | Doing business as  |   | <b>E</b> Telephone number<br><b>313-463-2000</b>   |
|  | Number and street (or P.O. box if mail is not delivered to street address)                           | Room/suite                              | <b>G</b> Gross receipts \$ <b>5,630,642.</b>   |
|  | <b>2959 MARTIN LURTHUR KING JR BLVD</b>  |   | <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>DETROIT, MI 48208</b> |   | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                            |
| <b>F</b> Name and address of principal officer: <b>MEAGAN DUNN</b><br><b>SAME AS C ABOVE</b>   |  |   | If "No," attach a list. See instructions   |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |   | <b>H(c)</b> Group exemption number ▶   |
| <b>J</b> Website: ▶ <b>WWW.COVENANTHOUSEMI.ORG</b>   |  |   |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  | <b>L</b> Year of formation: <b>1997</b> | <b>M</b> State of legal domicile: <b>MI</b>  |

## Part I Summary

|   |   |                                  |                     |
|---|---|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>COVENANT HOUSE MICHIGAN IS A SANCTUARY FOR HOMELESS AND AT-RISK YOUNG PEOPLE, AGES 18-24 WHO HAVE</b> |                                  |                     |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                                  |                     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                         | <b>20</b>           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                         | <b>20</b>           |
|   | <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)   | <b>5</b>                         | <b>92</b>           |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                         | <b>612</b>          |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                        | <b>0.</b>           |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 | <b>7b</b>   | <b>0.</b>                        |                     |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b>                | <b>Current Year</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | <b>4,906,469.</b>                | <b>5,060,793.</b>   |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>532,444.</b>                  | <b>568,444.</b>     |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>660,739.</b>                  | <b>246.</b>         |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>-12,660.</b>                  | <b>-19,447.</b>     |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <b>6,086,992.</b>                | <b>5,610,036.</b>   |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | <b>264,405.</b>                  | <b>306,239.</b>     |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>0.</b>                        | <b>0.</b>           |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | <b>4,111,463.</b>                | <b>4,012,327.</b>   |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>557,724.</b>  | <b>10,246.</b>                   | <b>0.</b>           |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>1,684,438.</b>                | <b>1,739,039.</b>   |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>6,070,552.</b>                | <b>6,057,605.</b>   |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                  | <b>16,440.</b>  | <b>-447,569.</b>                 |                     |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26)   | <b>15,876,146.</b>               | <b>14,760,320.</b>  |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | <b>656,445.</b>                  | <b>849,988.</b>     |
|   |   | <b>15,219,701.</b>               | <b>13,910,332.</b>  |

## Part II Signature Block

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

|                               |  |   |                               |   |                          |
|-------------------------------|--|---|-------------------------------|---|--------------------------|
| <b>Sign Here</b>              | Signature of officer   | Date  |                               |   |                          |
|                               | <b>MEAGAN DUNN, EXECUTIVE DIRECTOR</b><br>Type or print name and title               |   |                               |   |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>GARRETT M. HIGGINS</b>                              | Preparer's signature<br><b>GARRETT M. HIGGINS</b> | Date<br><b>05/15/23</b>       | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P00543209</b> |
|                               | Firm's name ▶ <b>PKF O'CONNOR DAVIES ADVISORY, LLC</b>                               | Firm's EIN ▶ <b>87-3231666</b>                    | Phone no. <b>914-381-8900</b> |   |                          |
|                               | Firm's address ▶ <b>500 MAMARONECK AVENUE, SUITE 301<br/>HARRISON, NY 10528-1633</b> |   |                               |   |                          |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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 [X] No

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

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,613,722. including grants of \$ 242,416. ) (Revenue \$ 0. )

SHORT-TERM HOUSING AND CRISIS CARE (FORMERLY SHELTER AND CRISIS CARE):

THE SHORT-TERM HOUSING AND CRISIS CARE PROGRAM PROVIDES EMERGENCY SERVICES, TEMPORARY HOUSING, FOOD, CLOTHING, MEDICAL CARE, MENTAL HEALTH SERVICES, AND LEGAL AID TO YOUNG PEOPLE EXPERIENCING HOMELESSNESS OR HUMAN TRAFFICKING THROUGH COVENANT HOUSE AFFILIATES IN NORTH AND CENTRAL AMERICA. [SEE CONTINUATION ON SCHEDULE O]

4b (Code: ) (Expenses \$ 1,013,637. including grants of \$ 63,552. ) (Revenue \$ 0. )

RIGHTS OF PASSAGE- COVENANT HOUSE'S TRANSITIONAL LIVING PROGRAMS, OFTEN REFERRED TO AS "RIGHTS OF PASSAGE" OR ROP, ARE WHERE YOUNG PEOPLE TAKE STEPS TOWARD INDEPENDENCE. YOUTH LIVE IN ROP FOR 18-24 MONTHS, WHERE THEY TAP THEIR POTENTIAL AND PLAN FOR THE FUTURE. HERE THEY BUILD BASIC LIFE SKILLS AND FINANCIAL LITERACY, PARTICIPATE IN EDUCATIONAL AND VOCATIONAL PROGRAMS, SEEK EMPLOYMENT WITH LONG-TERM ADVANCEMENT AND CAREER PROSPECTS, AND WORK TOWARD MOVING INTO THEIR OWN SAFE AND STABLE HOUSING. OUR STAFF SUPPORT EACH YOUNG PERSON ON THEIR JOURNEY TOWARD SUSTAINABLE INDEPENDENCE AND A HOPE-FILLED FUTURE. [SEE CONTINUATION ON SCHEDULE O]

4c (Code: ) (Expenses \$ 298,122. including grants of \$ 183. ) (Revenue \$ 0. )

OUTREACH- OUR STREET OUTREACH TEAMS ACTIVELY SEEK OUT YOUNG PEOPLE EXPERIENCING HOMELESSNESS WHO MAY NEED HELP. THE TEAM ASSISTS WITH CRITICAL SAFETY NEEDS BY PROVIDING TRANSPORTATION TO A SAFE SHELTER. YOUNG PEOPLE LIVING ON THE STREETS CAN RECEIVE FOOD, WATER, HYGIENE KITS, CLOTHING, BLANKETS, COUNSELING, AND REFERRALS TO SERVICES SUCH AS MEDICAL CARE, EMPLOYMENT, AND EDUCATION SERVICES. [SEE CONTINUATION ON SCHEDULE O]

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

(Expenses \$ 480,628. including grants of \$ 88. ) (Revenue \$ 568,444. )

4e Total program service expenses 4,406,109.

**Part IV Checklist of Required Schedules**

|   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>9</b> 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?<br><i>If "Yes," complete Schedule D, Part IV</i> .....         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>11</b> 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.  |                                     |                                     |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
|           | 1a 20  |     |    |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
|           | 1b 20  |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   | X   |    |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | X   |    |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | X   |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |     | X  |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>b</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?   |     |    |
| <b>10b</b> |  |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>b</b>   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done   | X   |    |
| <b>12c</b> |  |     |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | 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?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>b</b>   | Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |
| <b>16b</b> |  |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MI**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **BARBARA SMALL - (313) 463-2000**  
**2959 MARTIN LUTHER KING JR. BLVD., DETROIT, MI 48208**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                                      | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) GERALD PIRO<br>EXECUTIVE DIRECTOR                      | 40.00<br>0.00   |   |                       | X       |              |                              | 164,969. | 0.  | 26,775.  |   |
| (2) CYNTHIA ADAMS<br>ASSOCIATE EXECUTIVE DIRECT            | 40.00<br>0.00   |   |                       |         |              | X                            | 123,799. | 0.  | 21,537.  |   |
| (3) BARBARA SMALL<br>DIRECTOR OF FINANCE                   | 40.00<br>0.00   |   |                       | X       |              |                              | 89,550.  | 0.  | 18,469.  |   |
| (4) KEVIN RYAN<br>PRESIDENT/ CEO                           | 1.00<br>34.00   |   |                       | X       |              |                              | 0.       | 0.  | 2,684.   |   |
| (5) KELLIE RAY<br>CHAIR                                    | 1.00<br>0.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (6) MARK MANZO<br>VICE CHAIR, THRU MARCH 2022              | 1.00<br>0.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (7) ELIZABETH NIBLOCK<br>SECRETARY                         | 1.00<br>0.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (8) JEFFREY L. CONNOLLY<br>TREASURER                       | 1.00<br>0.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (9) VICTORIA BURTON-HARRIS<br>DIRECTOR                     | 1.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (10) MATTHEW COX<br>DIRECTOR                               | 1.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (11) VERONICA DAVIS<br>DIRECTOR                            | 1.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (12) TIFFANY ELLIS<br>DIRECTOR                             | 1.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (13) DAN GARRISON<br>DIRECTOR                              | 1.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (14) MELISSA JAGST<br>DIRECTOR                             | 1.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (15) ANNE E. LEHKER<br>DIRECTOR                            | 1.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (16) THERESE MACKINNON<br>DIRECTOR                         | 1.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (17) KIMBERLY CORNER MULQUEEN<br>DIRECTOR, THRU MARCH 2022 | 1.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (18) ERIC PRICCO<br>DIRECTOR                                   | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (19) JESSICA ROY<br>DIRECTOR                                   | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (20) JEFFREY RUMLEY<br>DIRECTOR                                | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (21) NICOLE SCHEFLER<br>DIRECTOR                               | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (22) PAUL R. SMITH<br>DIRECTOR                                 | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (23) MICHAEL SYTSMA<br>DIRECTOR                                | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (24) TERENCE THOMAS<br>DIRECTOR                                | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (25) DAN WIGGINS<br>DIRECTOR                                   | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (26) RPHAEL WASHINGTON<br>DIRECTOR                             | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 378,318.  | 0.   | 69,465.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 378,318.  | 0.   | 69,465.   |

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 **2**

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   |     | 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 | X   |    |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| SECURITAS SECURITY SERVICES, 3 PARKLANE BLVD., SUITE 1130 WEST, DEARBORN, MI 48126 | GUARD SERVICES                 | 104,027.            |
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |

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

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

|  |   |  | (A)                        | (B)                                | (C)                        | (D)  |  |
|--|---|--|----------------------------|------------------------------------|----------------------------|--|--|
|  |   |  | Total revenue              | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a   | Federated campaigns  | 1a 117,373.                |                                    |                            |  |  |
|  | b   | Membership dues  | 1b                         |                                    |                            |  |  |
|  | c   | Fundraising events   | 1c 140,113.                |                                    |                            |  |  |
|  | d   | Related organizations  | 1d 919,653.                |                                    |                            |  |  |
|  | e   | Government grants (contributions)  | 1e 1,082,589.              |                                    |                            |  |  |
|  | f   | All other contributions, gifts, grants, and similar amounts not included above | 1f 2,801,065.              |                                    |                            |  |  |
|  | g   | Noncash contributions included in lines 1a-1f                                  | 1g \$ 194,064.             |                                    |                            |  |  |
|  | h   | <b>Total.</b> Add lines 1a-1f  |                            | 5,060,793.                         |                            |  |  |
|  | Program Service Revenue   | 2 a  | <b>RENT FROM ACADEMIES</b> | Business Code 531120               | 568,444.                   | 568,444.   |  |
| b  |   |  |                            |                                    |                            |  |  |
| c  |   |  |                            |                                    |                            |  |  |
| d  |   |  |                            |                                    |                            |  |  |
| e  |   |  |                            |                                    |                            |  |  |
| f  |   | All other program service revenue  |                            |                                    |                            |  |  |
| g  |   | <b>Total.</b> Add lines 2a-2f  |                            | 568,444.                           |                            |  |  |
| Other Revenue  | 3   | Investment income (including dividends, interest, and other similar amounts)   |                            | 246.                               |                            | 246.   |  |
|  | 4   | Income from investment of tax-exempt bond proceeds                             |                            |                                    |                            |  |  |
|  | 5   | Royalties  |                            |                                    |                            |  |  |
|  | 6 a   | Gross rents  | (i) Real                   |                                    |                            |  |  |
|  |   |  | (ii) Personal              |                                    |                            |  |  |
|  |   |  |                            |                                    |                            |  |  |
|  | 6 b   | Less: rental expenses  |                            |                                    |                            |  |  |
|  | 6 c   | Rental income or (loss)  |                            |                                    |                            |  |  |
|  | d   | Net rental income or (loss)  |                            |                                    |                            |  |  |
|  | 7 a   | Gross amount from sales of assets other than inventory                         | (i) Securities             |                                    |                            |  |  |
|  |   |  | (ii) Other                 |                                    |                            |  |  |
|  |   |  |                            |                                    |                            |  |  |
|  | 7 b   | Less: cost or other basis and sales expenses                                   |                            |                                    |                            |  |  |
|  | 7 c   | Gain or (loss)   |                            |                                    |                            |  |  |
| d  | Net gain or (loss)  |  |                            |                                    |                            |  |  |
| 8 a  | Gross income from fundraising events (not including \$ 140,113. of contributions reported on line 1c). See Part IV, line 18 |  | 8a 0.                      |                                    |                            |  |  |
|  |   |  | 8b 20,606.                 |                                    |                            |  |  |
| c  | Net income or (loss) from fundraising events  |  | -20,606.                   |                                    | -20,606.                   |  |  |
| 9 a  | Gross income from gaming activities. See Part IV, line 19   |  | 9a                         |                                    |                            |  |  |
|  |   |  | 9b                         |                                    |                            |  |  |
| c  | Net income or (loss) from gaming activities   |  |                            |                                    |                            |  |  |
| 10 a   | Gross sales of inventory, less returns and allowances   |  | 10a                        |                                    |                            |  |  |
|  |   |  | 10b                        |                                    |                            |  |  |
|  |   |  |                            |                                    |                            |  |  |
| c  | Net income or (loss) from sales of inventory  |  |                            |                                    |                            |  |  |
| Miscellaneous Revenue                                  | 11 a  | <b>OTHER INCOME</b>  | Business Code 900099       | 1,159.                             |                            | 1,159.   |  |
|  | b   |  |                            |                                    |                            |  |  |
|  | c   |  |                            |                                    |                            |  |  |
|  | d   | All other revenue  |                            |                                    |                            |  |  |
|  | e   | <b>Total.</b> Add lines 11a-11d  |                            | 1,159.                             |                            |  |  |
| 12   | <b>Total revenue.</b> See instructions  |  | 5,610,036.                 | 568,444.                           | 0.                         | -19,201.   |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....  | 306,239.              | 306,239.                        |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....   | 319,406.              | 80,884.                         | 198,080.                               | 40,442.                     |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....   | 2,825,770.            | 2,273,744.                      | 243,330.                               | 308,696.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....   | 232,736.              | 184,569.                        | 40,307.                                | 7,860.                      |
| <b>9</b> Other employee benefits .....  | 389,595.              | 176,925.                        | 176,784.                               | 35,886.                     |
| <b>10</b> Payroll taxes .....   | 244,820.              | 185,007.                        | 34,491.                                | 25,322.                     |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management .....   |                       |                                 |  |                             |
| <b>b</b> Legal .....  | 37,235.               | 24,900.                         | 12,335.                                |                             |
| <b>c</b> Accounting .....   | 59,000.               | 59,000.                         |  |                             |
| <b>d</b> Lobbying .....   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....   | 36,383.               |                                 | 36,383.                                |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   | 346,250.              | 243,206.                        | 31,142.                                | 71,902.                     |
| <b>12</b> Advertising and promotion .....   |                       |                                 |  |                             |
| <b>13</b> Office expenses .....   | 125,249.              | 75,446.                         | 11,904.                                | 37,899.                     |
| <b>14</b> Information technology .....  | 91,394.               | 59,111.                         | 15,796.                                | 16,487.                     |
| <b>15</b> Royalties .....   |                       |                                 |  |                             |
| <b>16</b> Occupancy .....   | 274,379.              | 217,688.                        | 46,098.                                | 10,593.                     |
| <b>17</b> Travel .....  | 20,440.               | 20,193.                         |  | 247.                        |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....  | 775.                  | 217.                            | 313.                                   | 245.                        |
| <b>20</b> Interest .....  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates .....  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....   | 586,787.              | 402,264.                        | 184,523.                               |                             |
| <b>23</b> Insurance .....   | 67,977.               | 57,054.                         | 9,594.                                 | 1,329.                      |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| <b>a</b> <b>STAFF RECRUITMENT</b>   | 52,745.               | 4,473.                          | 48,272.                                |                             |
| <b>b</b> <b>EQUIPMENT</b>   | 33,631.               | 28,395.                         | 4,420.                                 | 816.                        |
| <b>c</b> <b>STAFF PROVISIONS</b>  | 6,794.                | 6,794.                          |  |                             |
| <b>d</b> _____  |                       |                                 |  |                             |
| <b>e</b> All other expenses _____   |                       |                                 |  |                             |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 6,057,605.            | 4,406,109.                      | 1,093,772.                             | 557,724.                    |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                               |                       |                                 |  |                             |
| Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)   |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|  |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|--|--|--------------------------|-------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....   | 10,162.                  | <b>1</b>    | 10,162.            |
|  | <b>2</b> Savings and temporary cash investments .....  | 1,166,973.               | <b>2</b>    | 774,446.           |
|  | <b>3</b> Pledges and grants receivable, net .....  | 546,339.                 | <b>3</b>    | 896,182.           |
|  | <b>4</b> Accounts receivable, net .....  |                          | <b>4</b>    | 10,252.            |
|  | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>    |                    |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>    |                    |
|  | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                    |
|  | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>    |                    |
|  | <b>9</b> Prepaid expenses and deferred charges .....   | 13,446.                  | <b>9</b>    | 31,149.            |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 12,799,077.   |             |                    |
|  | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 4,667,494.    | <b>10c</b>  | 8,131,583.         |
|  | <b>11</b> Investments - publicly traded securities .....   | 5,687,594.               | <b>11</b>   | 4,857,562.         |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>   |                    |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>   |                    |
|  | <b>14</b> Intangible assets .....  |                          | <b>14</b>   |                    |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   | 32,363.                  | <b>15</b>   | 48,984.            |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 15,876,146.  | <b>16</b>                | 14,760,320. |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses .....  | 453,721.                 | <b>17</b>   | 521,676.           |
|  | <b>18</b> Grants payable .....   |                          | <b>18</b>   |                    |
|  | <b>19</b> Deferred revenue .....   | 202,724.                 | <b>19</b>   | 328,312.           |
|  | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                    |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                    |
|  | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>   |                    |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>   |                    |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>   |                    |
|  | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  |                          | <b>25</b>   |                    |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  | 656,445.                 | <b>26</b>   | 849,988.           |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |             |                    |
|  | <b>27</b> Net assets without donor restrictions .....  | 15,075,819.              | <b>27</b>   | 13,518,319.        |
|  | <b>28</b> Net assets with donor restrictions .....   | 143,882.                 | <b>28</b>   | 392,013.           |
|  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |             |                    |
|  | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>   |                    |
|  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>   |                    |
|  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>   |                    |
|  | <b>32</b> Total net assets or fund balances .....  | 15,219,701.              | <b>32</b>   | 13,910,332.        |
|  | <b>33</b> Total liabilities and net assets/fund balances .....   | 15,876,146.              | <b>33</b>   | 14,760,320.        |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 5,610,036.  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 6,057,605.  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -447,569.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 15,219,701. |
| 5  | Net unrealized gains (losses) on investments   | 5  | -871,242.   |
| 6  | Donated services and use of facilities   | 6  |             |
| 7  | Investment expenses  | 7  |             |
| 8  | Prior period adjustments   | 8  |             |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | 9,442.      |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 13,910,332. |

**Part XII Financial Statements and Reporting**

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

- 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 on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

|    | Yes | No |
|----|-----|----|
|    |     |    |
| 2a |     | X  |
|    |     |    |
| 2b | X   |    |
|    |     |    |
| 2c | X   |    |
|    |     |    |
| 3a |     | X  |
|    |     |    |
| 3b |     |    |

Form 990 (2021)



**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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 5914416. | 4479247. | 4372574. | 4906469. | 5060793. | 24733499. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 5914416. | 4479247. | 4372574. | 4906469. | 5060793. | 24733499. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          | 1474941.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 23258558. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 5914416. | 4479247. | 4372574. | 4906469. | 5060793. | 24733499.                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 14,011.  | 5,693.   | 1,986.   | 5,265.   | 246.     | 27,201.                  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   | 14,051.  | 1,830.   | 3,526.   | 4,605.   | 1,159.   | 25,171.                  |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          | 24785871.                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       | 3,941,364.               |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

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

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b> | 93.84 %                             |
| <b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....  | <b>15</b> | 92.87 %                             |
| <b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

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

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2021.** 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 - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |

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

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

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

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

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

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

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 0.85 of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2021 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2021 | (iii)<br>Distributable<br>Amount for 2021 |
|---|---|--|---|
| 1   | Distributable amount for 2021 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.   |  |   |
| 3   | Excess distributions carryover, if any, to 2021   |  |   |
| a   | From 2016   |  |   |
| b   | From 2017   |  |   |
| c   | From 2018   |  |   |
| d   | From 2019   |  |   |
| e   | From 2020   |  |   |
| f   | <b>Total</b> of lines 3a through 3e   |  |   |
| g   | Applied to underdistributions of prior years  |  |   |
| h   | Applied to 2021 distributable amount  |  |   |
| i   | Carryover from 2016 not applied (see instructions)  |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4   | Distributions for 2021 from Section D, line 7: \$   |  |   |
| a   | Applied to underdistributions of prior years  |  |   |
| b   | Applied to 2021 distributable amount  |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |  |   |
| 5   | Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |  |   |
| 6   | Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |   |
| 7   | <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.   |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2017  |  |   |
| b   | Excess from 2018  |  |   |
| c   | Excess from 2019  |  |   |
| d   | Excess from 2020  |  |   |
| e   | Excess from 2021  |  |   |

Schedule A (Form 990) 2021

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

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

**OTHER INCOME**

2017 AMOUNT: \$ 2,266.

2018 AMOUNT: \$ 1,830.

2019 AMOUNT: \$ 3,526.

2020 AMOUNT: \$ 4,605.

2021 AMOUNT: \$ 1,159.

**INSURANCE REIMBURSEMENT**

2017 AMOUNT: \$ 11,785.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

Name of the organization

COVENANT HOUSE MICHIGAN

Employer identification number

38-3351777

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

|  |   |
|--|---|
| Name of organization<br><br><b>COVENANT HOUSE MICHIGAN</b> | Employer identification number<br><br><b>38-3351777</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | <br><hr/><br><hr/><br><hr/>       | \$ <u>919,653.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | <br><hr/><br><hr/><br><hr/>       | \$ <u>367,600.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | <br><hr/><br><hr/><br><hr/>       | \$ <u>356,857.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | <br><hr/><br><hr/><br><hr/>       | \$ <u>345,731.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | <br><hr/><br><hr/><br><hr/>       | \$ <u>280,001.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | <br><hr/><br><hr/><br><hr/>       | \$ <u>260,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><br><b>COVENANT HOUSE MICHIGAN</b> | Employer identification number<br><br><b>38-3351777</b> |
|--|---|

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

| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|-------------------|-----------------------------------|----------------------------|---|
| 7                 | <hr/> <hr/> <hr/>                 | \$ 200,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8                 | <hr/> <hr/> <hr/>                 | \$ 131,072.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9                 | <hr/> <hr/> <hr/>                 | \$ 117,373.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10                | <hr/> <hr/> <hr/>                 | \$ 102,490.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



|  |   |
|--|---|
| Name of organization<br><br><b>COVENANT HOUSE MICHIGAN</b> | Employer identification number<br><br><b>38-3351777</b> |
|--|---|

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

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

|  |   |
|--|---|
| Name of organization<br><br><b>COVENANT HOUSE MICHIGAN</b> | Employer identification number<br><br><b>38-3351777</b> |
|--|---|

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

|  |                            |   |  |
|--|----------------------------|---|--|
| <b>(a) No. from Part I</b>                     | <b>(b) Purpose of gift</b> | <b>(c) Use of gift</b>                          | <b>(d) Description of how gift is held</b> |
|  |                            |   |  |
| <b>(e) Transfer of gift</b>                    |                            |   |  |
| <b>Transferee's name, address, and ZIP + 4</b> |                            | <b>Relationship of transferor to transferee</b> |  |
|  |                            |   |  |
| <b>(a) No. from Part I</b>                     | <b>(b) Purpose of gift</b> | <b>(c) Use of gift</b>                          | <b>(d) Description of how gift is held</b> |
|  |                            |   |  |
| <b>(e) Transfer of gift</b>                    |                            |   |  |
| <b>Transferee's name, address, and ZIP + 4</b> |                            | <b>Relationship of transferor to transferee</b> |  |
|  |                            |   |  |
| <b>(a) No. from Part I</b>                     | <b>(b) Purpose of gift</b> | <b>(c) Use of gift</b>                          | <b>(d) Description of how gift is held</b> |
|  |                            |   |  |
| <b>(e) Transfer of gift</b>                    |                            |   |  |
| <b>Transferee's name, address, and ZIP + 4</b> |                            | <b>Relationship of transferor to transferee</b> |  |
|  |                            |   |  |
| <b>(a) No. from Part I</b>                     | <b>(b) Purpose of gift</b> | <b>(c) Use of gift</b>                          | <b>(d) Description of how gift is held</b> |
|  |                            |   |  |
| <b>(e) Transfer of gift</b>                    |                            |   |  |
| <b>Transferee's name, address, and ZIP + 4</b> |                            | <b>Relationship of transferor to transferee</b> |  |
|  |                            |   |  |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization COVENANT HOUSE MICHIGAN Employer identification number 38-3351777

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value    |
|--|--------------------------------------|---------------------------------|------------------------------|-------------------|
| 1a Land  |                                      | 216,000.                        |                              | 216,000.          |
| b Buildings  |                                      | 11,789,087.                     | 3,970,268.                   | 7,818,819.        |
| c Leasehold improvements   |                                      |                                 |                              |                   |
| d Equipment  |                                      | 793,990.                        | 697,226.                     | 96,764.           |
| e Other  |                                      |                                 |                              |                   |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>8,131,583.</b> |

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |

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

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

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

|   |   |    |            |             |
|---|---|----|------------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1          | 11,820,587. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |            |             |
| a | Net unrealized gains (losses) on investments                                    | 2a | -871,242.  |             |
| b | Donated services and use of facilities  | 2b |            |             |
| c | Recoveries of prior year grants   | 2c |            |             |
| d | Other (Describe in Part XIII.)  | 2d | 7,614,237. |             |
| e | Add lines 2a through 2d   | 2e |            | 6,742,995.  |
| 3 | Subtract line 2e from line 1  | 3  |            | 5,077,592.  |
| 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 | 532,444.   |             |
| c | Add lines 4a and 4b   | 4c |            | 532,444.    |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  |            | 5,610,036.  |

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

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

|   |  |    |            |             |
|---|--|----|------------|-------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1          | 12,292,153. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |            |             |
| a | Donated services and use of facilities   | 2a |            |             |
| b | Prior year adjustments   | 2b |            |             |
| c | Other losses   | 2c |            |             |
| d | Other (Describe in Part XIII.)   | 2d | 6,766,992. |             |
| e | Add lines 2a through 2d  | 2e |            | 6,766,992.  |
| 3 | Subtract line 2e from line 1   | 3  |            | 5,525,161.  |
| 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 | 532,444.   |             |
| c | Add lines 4a and 4b  | 4c |            | 532,444.    |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  |            | 6,057,605.  |

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION AND/OR DISCLOSURE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR YEARS PRIOR TO JUNE 30, 2019.

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

RELATED PARTY REVENUE INCLUDED PER AUDIT-YOUTH VISION SOLUTIONS 7,604,795.  
 GAIN ON DISPOSAL OF VEHICLE 9,442.

**Part XIII** Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XI, LINE 2D 7,614,237.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ELIMINATING/CONSOLIDATING ENTRIES PER AUDIT 532,444.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RELATED PARTY EXPENSES INCLUDED PER AUDIT - YOUTH VISION SOLUTIONS 6,766,992.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ELIMINATING/CONSOLIDATING ENTRIES PER AUDIT 532,444.





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

|                 |    | (a) Event #1   | (b) Event #2         | (c) Other events       | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|----|--|----------------------|------------------------|--|
|                 |    | CEO SLEEPOUT<br>(event type)                                 | NOBS<br>(event type) | NONE<br>(total number) |  |
| Revenue         | 1  | Gross receipts   | 138,113.             | 2,000.                 | 140,113.   |
|                 | 2  | Less: Contributions  | 138,113.             | 2,000.                 | 140,113.   |
|                 | 3  | Gross income (line 1 minus line 2)                           |                      |                        |  |
| Direct Expenses | 4  | Cash prizes  |                      |                        |  |
|                 | 5  | Noncash prizes   |                      |                        |  |
|                 | 6  | Rent/facility costs  |                      |                        |  |
|                 | 7  | Food and beverages   |                      |                        |  |
|                 | 8  | Entertainment  |                      |                        |  |
|                 | 9  | Other direct expenses  | 15,356.              | 5,250.                 | 20,606.  |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d)  |                      |                        | 20,606.  |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) |                      |                        | -20,606.   |

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

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

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

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

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

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

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



**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **COVENANT HOUSE MICHIGAN** Employer identification number **38-3351777**

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

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

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

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

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

**3** Enter total number of other organizations listed in the line 1 table ..... ▶ \_\_\_\_\_

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

| (a) Type of grant or assistance     | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|-------------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| FOOD, MEDICAL, CLOTHING & ALLOWANCE | 332                      | 0.                       | 306,239.                          | COST  | FOOD, MEDICAL, CLOTHING & ALLOWANCE   |
|                                     |                          |                          |                                   |   |                                       |
|                                     |                          |                          |                                   |   |                                       |
|                                     |                          |                          |                                   |   |                                       |
|                                     |                          |                          |                                   |   |                                       |

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

**PART I, LINE 2:**

COVENANT HOUSE MICHIGAN (CHMI) MAINTAINS ADEQUATE FINANCIAL ACCOUNTING SYSTEM AND IS IN COMPLIANCE WITH ALL APPLICABLE REGULATIONS. THE AGENCY HAS A WRITTEN SET OF ALL ACTIVITIES, POLICIES AND PROCEDURES THAT DEFINE STAFF QUALIFICATIONS AND DUTIES, LINES OF AUTHORITY, SEGREGATION OF DUTIES AND ACCESS TO ASSETS AND SENSITIVE DOCUMENTS. GRANT AWARD REVENUE AND EXPENSES ARE SEGREGATED. REVENUE AND EXPENSE ARE MONITORED AND REVIEWED MONTHLY COMPARING ACTUAL TO BUDGET EXPENDITURES BY THE DIRECTOR OF FINANCE OR (DESIGNEE) AND DISCUSSED WITH THE ASSOCIATE EXECUTIVE DIRECTOR (OR

**Part IV** Supplemental Information

DESIGNEE) MONTHLY. IN ADDITION, CHMI UTILIZES AND INTERNAL EVALUATION PROGRAM CALLED "EFFORT TO OUTCOME (ETO)." ETO DOCUMENTS THE RESULTS AND EFFECTIVENESS OF ALL THE RESIDENTIAL PROGRAMS IN ORDER TO MAINTAIN A HIGH STANDARD OF QUALITY IN OUR MISSION TO END HOMELESSNESS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**COVENANT HOUSE MICHIGAN**

Employer identification number

**38-3351777**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|           | Yes | No       |
|-----------|-----|----------|
| <b>1b</b> |     |          |
| <b>2</b>  |     |          |
| <b>4a</b> |     | <b>X</b> |
| <b>4b</b> |     | <b>X</b> |
| <b>4c</b> |     | <b>X</b> |
| <b>5a</b> |     | <b>X</b> |
| <b>5b</b> |     | <b>X</b> |
| <b>6a</b> |     | <b>X</b> |
| <b>6b</b> |     | <b>X</b> |
| <b>7</b>  |     | <b>X</b> |
| <b>8</b>  |     | <b>X</b> |
| <b>9</b>  |     |          |

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

Schedule J (Form 990) 2021

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

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

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

| (A) Name and Title                    |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                                       |      | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) GERALD PIRO<br>EXECUTIVE DIRECTOR | (i)  | 164,214.   | 0.                                  | 755.                                | 15,312.  | 11,463.                 | 191,744.                        | 0.  |
|                                       | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|                                       | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                       | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                       | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                       | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                       | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                       | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                       | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                       | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                       | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                       | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                       | (ii) |  |                                     |                                     |  |                         |                                 |   |



**Part III Supplemental Information**

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

**PART I, LINE 3:**

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **COVENANT HOUSE MICHIGAN** Employer identification number **38-3351777**

| Part I Types of Property                                     | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>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                          |   | 69,630.  | COST  |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               | X                          | 5   | 124,135.   | SALE PRICE  |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  |                            |   |  |   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ( )   |                            |   |  |   |
| 26 Other ( )   |                            |   |  |   |
| 27 Other ( )   |                            |   |  |   |
| 28 Other ( )   |                            |   |  |   |

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

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

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

SCHEDULE M, PART I, COLUMN (B):

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

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

COVENANT HOUSE MICHIGAN

Employer identification number

38-3351777

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

NOWHERE TO GO. IT IS OUR MISSION TO SERVE THESE CHILDREN WITH RESPECT  
AND LOVE.

FORM 990, PART III, LINE 3, MISSION STATEMENT:

IN 34 CITIES ACROSS SIX COUNTRIES, COVENANT HOUSE BUILDS BRIDGES TO  
HOPE FOR YOUNG PEOPLE FACING HOMELESSNESS AND SURVIVORS OF HUMAN  
TRAFFICKING, MEETING THEIR IMMEDIATE NEEDS FOR FOOD, CLOTHING,  
PROTECTION, AND MEDICAL CARE AND SUPPORTING THEM TO ADVANCE THEIR GOALS  
OF EDUCATION AND EMPLOYMENT. COVENANT HOUSE ENCOMPASSES A ROBUST  
NETWORK OF "HOUSES," WITH BEST-IN-CLASS SERVICES AND A SHARED  
COMMITMENT TO UNCONDITIONAL LOVE, ABSOLUTE RESPECT, AND RELENTLESS  
SUPPORT FOR EACH YOUNG PERSON WHO WALKS THROUGH OUR DOORS. FOUNDED AS A  
DROP-IN CENTER IN NEW YORK CITY IN 1972, COVENANT HOUSE NOW SERVES  
THOUSANDS OF CHILDREN AND YOUTH EVERY YEAR IN OUR RESIDENTIAL,  
OUTREACH, AND DROP-IN PROGRAMS. OUR DEDICATED STAFF ACROSS THE UNITED  
STATES, GUATEMALA, HONDURAS, MEXICO, NICARAGUA, AND CANADA EMPLOY A  
STRENGTHS-BASED, TRAUMA-INFORMED PRACTICE MODEL THAT HELPS YOUNG PEOPLE  
DISCOVER AND DEVELOP THEIR POWER TO OVERCOME ADVERSITY NOW AND INTO THE  
FUTURE.

YOUNG PEOPLE ARRIVE AT COVENANT HOUSE WITH AN ARRAY OF LIVED  
EXPERIENCES, INCLUDING FOSTER CARE, FAMILY TRAUMA, SUBSTANCE USE,  
MENTAL HEALTH ISSUES, DOMESTIC VIOLENCE, SEXUAL ABUSE, AND HUMAN  
TRAFFICKING. YOUTH MAY COME TO US SCARRED BY ANTI-LGBTQ+ DISCRIMINATION  
AND VIOLENCE, OR AS PARENTS OF SMALL CHILDREN, OR PREGNANT. OUR STAFF

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

Schedule O (Form 990) 2021

132211 11-11-21

|   |  |
|---|--|
| Name of the organization<br>COVENANT HOUSE MICHIGAN | Employer identification number<br>38-3351777 |
|---|--|

MEET THEM WHERE THEY ARE AND ACCOMPANY THEM, THROUGH OUR HIGH-QUALITY SERVICES, ON THEIR JOURNEY TO WHOLENESS AND INDEPENDENCE.

DURING FISCAL 2022, THE WORLDWIDE COVID-19 PANDEMIC CONTINUED TO IMPACT THE NUMBER OF YOUTH COVENANT HOUSE REACHED, AS AFFILIATES PROLONGED MEASURES TO ENSURE SOCIAL DISTANCING, SET ASIDE ISOLATION ROOMS FOR SYMPTOMATIC YOUTH, AND MODIFIED STREET OUTREACH. NEVERTHELESS, IN FISCAL 2022, COVENANT HOUSE PROVIDED A TOTAL OF NEARLY 730,000 NIGHTS OF HOUSING AND SAFETY FOR, ON AVERAGE, 1,991 YOUTH EACH NIGHT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DURING FISCAL YEAR 2022, COVENANT HOUSE MICHIGAN'S CARITAS CENTER SERVED 261 INDIVIDUAL YOUTH IN OUR SHELTER PROGRAM IN DETROIT AND 48 IN OUR GRAND RAPIDS LOCATION. THESE YOUTH WERE ASSISTED WITH JOB PLACEMENT (63); ENROLLING IN EDUCATIONAL PROGRAMS (41); AND PLACEMENT IN JOB READINESS PROGRAMS (22). THERE WERE 33 YOUTH WHO ACCESSED THE ONSITE CLINIC IN DETROIT AND 57 RECEIVED SERVICES THROUGH THE ONSITE MENTAL HEALTH PROGRAM.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IN FISCAL YEAR 2022, OUR TRANSITIONAL LIVING PROGRAMS SERVED 71 YOUNG PEOPLE. THEY WERE ASSISTED WITH JOB PLACEMENT AND RETENTION (42); ENROLLING IN EDUCATIONAL PROGRAMS INCLUDING THOSE AT THE COLLEGE LEVEL (4); 2 YOUTH COMPLETED THEIR HIGH SCHOOL DIPLOMA; PLACEMENT IN JOB TRAINING PROGRAMS (3); AND MENTORING/AFTERCARE SUPPORT SERVICES (48).

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

|   |  |
|---|--|
| Name of the organization<br>COVENANT HOUSE MICHIGAN | Employer identification number<br>38-3351777 |
|---|--|

IN FISCAL YEAR 2022, THE STREET OUTREACH TEAM HAD CONTACT WITH 465 YOUTH. OF THESE YOUTH, 185 WERE PLACED IN CHM'S CARITAS CENTER (SHELTER); 34 WERE PLACED IN FAMILY SHELTERS; 4 WERE PLACED IN SHELTERS FOR YOUTH UNDER THE AGE OF 18; 176 WERE ASSISTED WITH FOOD VOUCHERS; 360 WERE PROVIDED COUNSELING; 4 WERE REUNITED WITH THEIR FAMILIES; 30 WERE ASSISTED WITH RETURNING TO SCHOOL; 6 WERE ASSISTED WITH GETTING INTO A DOMESTIC VIOLENCE SHELTER; 102 WERE ASSISTED WITH PERMANENT HOUSING APPLICATIONS; 128 WERE ASSISTED WITH JOB LEADS, FILLING OUT JOB APPLICATIONS AND CLOTHING FOR JOB INTERVIEWS. THE REMAINING YOUTH WERE GIVEN OUTREACH CARDS AND INSTRUCTED TO CALL IF THEY OR OTHER YOUTH THEY KNOW WERE EVER IN NEED OF COVENANT HOUSE MICHIGAN SERVICES.

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

MEDICAL (HOUSE OF HOPE)

INCLUDES MEDICAL FACILITIES OPERATED AT AND MAINTAINED BY CERTAIN COVENANT HOUSE AFFILIATES TO PROVIDE IMMEDIATE AND ONGOING MEDICAL ATTENTION TO INDIVIDUALS RECEIVING SERVICES AT THE SITE.

PUBLIC EDUCATION

COVENANT HOUSE USES A VARIETY OF PLATFORMS TO INFORM AND EDUCATE THE PUBLIC, GOVERNMENT OFFICIALS, AND YOUNG PEOPLE ABOUT YOUTH HOMELESSNESS AND HUMAN TRAFFICKING. WE EMPLOY WEBSITES, SOCIAL MEDIA, PUBLIC SERVICE ANNOUNCEMENTS, BILLBOARDS, NEWSLETTERS, SCHOOL-BASED PROGRAMS, TALKS, LECTURES, AND PEER-TO-PEER EVENTS ACROSS OUR FEDERATION TO RAISE AWARENESS OF THE CAUSES AND IMPACTS OF YOUTH HOMELESSNESS AND OF THE SIGNS THAT A YOUNG PERSON MIGHT BE EXPERIENCING HOMELESSNESS OR HUMAN TRAFFICKING.

|   |  |
|---|--|
| Name of the organization<br>COVENANT HOUSE MICHIGAN | Employer identification number<br>38-3351777 |
|---|--|

SCHOOLS

THE COVENANT HOUSE ACADEMY CHARTER SCHOOLS PROGRAM IN MICHIGAN PROVIDES SERVICES TO YOUNG PEOPLE WHO NEED SUPPORT TO COMPLETE THEIR EDUCATION AND OBTAIN EMPLOYMENT. IF YOUTH HAVE BEEN SUSPENDED FROM SCHOOL, THE PROGRAM PROVIDES GENERAL EDUCATIONAL DEVELOPMENT CLASSES, JOB TRAINING, AND A REDUCTION IN THE LENGTH OF THE SUSPENSION.

EXPENSES \$ 480,628. INCLUDING GRANTS OF \$ 88. REVENUE \$ 568,444.

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

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

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

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

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

THE FOLLOWING DECISIONS FOR THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY CHMI PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL:

- REVISIONS OR AMENDMENTS TO THE MISSION, VISION STATEMENTS, THE CORE VALUES AND PRINCIPLES, THE POLICY OF OPEN INTAKE AND THE BY-LAWS
- THE COMPENSATION OF THE EXECUTIVE DIRECTOR OF CHMI
- THE USE OF COVENANT HOUSE NAME, LOGO, AND OTHER SPECIFIED NOMENCLATURE
- ANY SIGNIFICANT DEVELOPMENT, EXPANSION, RETRENCHMENT OR ALTERATION OF PROGRAM
- DELEGATING ANY OF THE AFOREMENTIONED POWERS OF THE PRESIDENT OF THE

|   |  |
|---|--|
| Name of the organization<br>COVENANT HOUSE MICHIGAN | Employer identification number<br>38-3351777 |
|---|--|

MEMBER

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

COVENANT HOUSE MICHIGAN HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY THE PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL, MANAGEMENT AND THE FINANCE COMMITTEE AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD MEMBERS OF THE ORGANIZATION FOR ANY COMMENTS. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED TO THE OUTSIDE ACCOUNTANTS. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

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

THE ORGANIZATION REQUIRES ANNUAL DISCLOSURE AND AFFIRMATION OF THE CONFLICT OF INTEREST POLICY BY ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES. THE DISCLOSURE STATEMENT REQUIRED EACH OFFICER, DIRECTOR, AND KEY EMPLOYEE TO DISCLOSE ANY BUSINESS OR PERSONAL INTERESTS, DIRECT OR INDIRECT, THAT THE PERSON MAY HAVE IN AN ORGANIZATION THAT COMPLETES WITH OR DOES BUSINESS WITH COVENANT HOUSE INTERNATIONAL OR ANY OTHER ORGANIZATION BUSINESS/ AGENCY AFFILIATED WITH COVENANT HOUSE INTERNATIONAL. IF A CONFLICT IS DETERMINED TO EXIST, IT MUST BE REPORTED AND ADDRESSED TO THE SATISFACTION OF THE ORGANIZATION. ANY OTHER PERSON HAVING A CONFLICT, AND ATTENDING SAID MEETING, SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD OR COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATIONS OR DECISIONS REGARDING THE MATTER UNDER CONSIDERATION. ANY INTERESTED DIRECTOR SHALL ALSO ABSTAIN DURING SUCH VOTE. THE MINUTES OF THE MEETING OF THE BOARD OR



|   |  |
|---|--|
| Name of the organization<br>COVENANT HOUSE MICHIGAN | Employer identification number<br>38-3351777 |
|---|--|

COMMITTEE SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT DURING THE FINAL DISCUSSION OR VOTE AND DID NOT VOTE. A SUMMARY OF THE ANNUAL CONFLICTS OF INTEREST AND COPIES OF THE CONFLICTS OF INTEREST REPORTS FROM THE DIRECTORS, EXECUTIVE DIRECTOR, AND OFFICERS OF THE ORGANIZATION ARE ALSO SENT TO THE PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL. THE PARENT, COVENANT HOUSE INTERNATIONAL ALSO ENSURES THE ANNUAL CONFLICTS OF INTEREST REPORTS ARE ACCOMPLISHED FOR EACH AFFILIATE AND THAT THE REQUIRED INFORMATION IS SENT TO THEM.

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

THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE COMPENSATION COMMITTEE WORKING IN CONJUNCTION WITH THE PRESIDENT OF COVENANT HOUSE INTERNATIONAL (PARENT). A SALARY STRUCTURE AND RANGE WERE DETERMINED USING A COMPENSATION COMMITTEE AND INDEPENDENT CONSULTANT FOR THE EXECUTIVE DIRECTOR. FACTORS CONSIDERED WERE THE SIZE OF THE AGENCY BUDGET, PROGRAM SIZE AND COMPLEXITY, LOCAL MARKET COMPATIBILITY, AND THE COST OF LIVING, WITH COMPENSATION APPROVED BY THE CHC BOARD OF DIRECTORS.

THE EXECUTIVE DIRECTOR MET WITH THE EXECUTIVE COMMITTEE OF THE BOARD TO RECOMMEND INCREASES FOR HIS DIRECT REPORTS, INCLUDING THE KEY EMPLOYEES AND OTHER OFFICERS. TO DETERMINE THE COMPENSATION, PERSONAL PERFORMANCE AND ACHIEVEMENTS THROUGHOUT THE YEAR AND SALARY SURVEYS FROM THE MICHIGAN NONPROFIT ASSOCIATION'S SALARY GUIDE; MICHIGAN NON-PROFIT ASSOCIATION; AND THE U.S. BUREAU OF LABOR STATISTICS OCCUPATIONAL EMPLOYMENT STATISTICS WERE USED AS BENCHMARKS FROM ORGANIZATIONS WITH SIMILAR REVENUE.

RECORDS OF EXECUTIVE COMMITTEE'S COMPENSATION DECISIONS ARE MAINTAINED IN

|   |  |
|---|--|
| Name of the organization<br>COVENANT HOUSE MICHIGAN | Employer identification number<br>38-3351777 |
|---|--|

THE COVENANT HOUSE INTERNATIONAL (PARENT) HUMAN RESOURCES DEPARTMENT

RECORD. THIS PROCESS WAS LAST UNDERTAKEN IN FISCAL YEAR 2022.

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS AND POSTING A COPY ON ITS WEBSITE. THE FORM 990 IS PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE ALL AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT 2959 MARTIN LUTHER KING JR. BLVD, DETROIT, MI 48208.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

|                             |        |
|-----------------------------|--------|
| GAIN ON DISPOSAL OF VEHICLE | 9,442. |
|-----------------------------|--------|

FORM 990, PART XII, LINE 2C:

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **COVENANT HOUSE MICHIGAN** Employer identification number **38-3351777**

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

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

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

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

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

Schedule R (Form 990) 2021

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

| (a)<br>Name, address, and EIN<br>of related organization                                      | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|   |                         |   |                               |   |                                     | Yes  | No |
| COVENANT HOUSE GEORGIA - 13-3523561<br>1559 JOHNSON ROAD NW<br>ATLANTA, GA 30318              | HUMANITARIAN            | GEORGIA   | 501(C)3                       | LINE 7  | COVENANT HOUSE                      |  | X  |
| COVENANT HOUSE ILLINOIS - 81-2061485<br>2934 W. LAKE STREET<br>CHICAGO, IL 60612              | HUMANITARIAN            | ILLINOIS  | 501(C)3                       | LINE 7  | COVENANT HOUSE                      |  | X  |
| COVENANT HOUSE MISSOURI - 43-1821599<br>2727 NORTH KINGSHIGHWAY BLVD<br>ST. LOUIS, MO 63113   | HUMANITARIAN            | MISSOURI  | 501(C)3                       | LINE 7  | COVENANT HOUSE                      |  | X  |
| COVENANT HOUSE NEW JERSEY - 13-3537710<br>330 WASHINGTON STREET<br>NEWARK, NJ 07102           | HUMANITARIAN            | NEW JERSEY  | 501(C)3                       | LINE 7  | COVENANT HOUSE                      |  | X  |
| COVENANT HOUSE NEW ORLEANS - 58-1669937<br>611 NORTH RAMPART STREET<br>NEW ORLEANS, LA 70112  | HUMANITARIAN            | LOUISIANA   | 501(C)3                       | LINE 7  | COVENANT HOUSE                      |  | X  |
| COVENANT HOUSE PENNSYLVANIA - 23-3003176<br>31 EAST ARMAT STREET<br>PHILADELPHIA, PA 19144    | HUMANITARIAN            | PENNSYLVANIA  | 501(C)3                       | LINE 7  | COVENANT HOUSE                      |  | X  |
| COVENANT HOUSE TEXAS - 76-0050882<br>1111 LOVETT BLVD<br>HOUSTON, TX 77006                    | HUMANITARIAN            | TEXAS   | 501(C)3                       | LINE 7  | COVENANT HOUSE                      |  | X  |
| COVENANT HOUSE WASHINGTON - 13-3537709<br>2001 MISSISSIPPI AVENUE SE<br>WASHINGTON, DC 20020  | HUMANITARIAN            | DISTRICT OF COLUMBIA                                | 501(C)3                       | LINE 7  | COVENANT HOUSE                      |  | X  |
| COVENANT HOUSE WESTERN AVENUE - 95-4395845<br>1325 N WESTERN AVENUE<br>HOLLYWOOD, CA 90027    | HOLDING CO              | CALIFORNIA  | 501(C)3                       | LINE 12A, I   | COVENANT HOUSE                      |  | X  |
| COVENANT INTERNATIONAL FOUNDATION -<br>13-3124706, 5 PENN PLAZA, NEW YORK, NY<br>10001        | HOLDING CO              | DELAWARE  | 501(C)3                       | LINE 7  | COVENANT HOUSE                      |  | X  |
| TESTAMENTUM - 23-7326634<br>5 PENN PLAZA<br>NEW YORK, NY 10001                                | HOLDING CO              | NEW YORK  | 501(C)3                       | LINE 10   | COVENANT HOUSE                      |  | X  |
| UNDER 21 COVENANT HOUSE NEW YORK -<br>13-3076376, 460 WEST 41ST STREET, NEW YORK,<br>NY 10036 | HUMANITARIAN            | NEW YORK  | 501(C)3                       | LINE 7  | COVENANT HOUSE                      |  | X  |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity     | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|--|-------------------------|---|-------------------------------|---|---|--|----|
|  |                         |   |                               |   |   | Yes  | No |
| COVENANT HOUSE CONNECTICUT - 13-3330953<br>C/O COVENANT HOUSE, 5 PENN PLAZA<br>NEW YORK, NY 10001              | HUMANITARIAN            | CONNECTICUT   | 501(C)3                       | LINE 7  | COVENANT HOUSE                          |  | X  |
| COVENANT HOUSE CHICAGO - 13-3386635<br>C/O COVENANT HOUSE, 5 PENN PLAZA<br>NEW YORK, NY 10001                  | HUMANITARIAN            | ILLINOIS  | 501(C)3                       | PF  | COVENANT HOUSE                          |  | X  |
| 268 WEST 44TH CORPORATION - 13-2874450<br>C/O COVENANT HOUSE, 5 PENN PLAZA<br>NEW YORK, NY 10001               | HOLDING CO              | NEW YORK  | 501(C)2                       |   | COVENANT HOUSE                          |  | X  |
| RIGHTS OF PASSAGE INC - 13-3549405<br>C/O COVENANT HOUSE, 5 PENN PLAZA<br>NEW YORK, NY 10001                   | HUMANITARIAN            | DELAWARE  | 501(C)3                       | LINE 7  | COVENANT HOUSE                          |  | X  |
| UNDER 21 BOSTON INC - 04-2790593<br>C/O COVENANT HOUSE, 5 PENN PLAZA<br>NEW YORK, NY 10001                     | HUMANITARIAN            | MASSACHUSETTS                                       | 501(C)3                       | LINE 12A, I   | COVENANT HOUSE                          |  | X  |
| CH PENNSYLVANIA UNDER-21 HOLDINGS, INC. -<br>82-1519205, 31 EAST ARMAT STREET,<br>PHILADELPHIA, PA 19144       | HOLDING CO              | PENNSYLVANIA  | 501(C)3                       | LINE 12A, I   | COVENANT HOUSE<br>PENNSYLVANIA          |  | X  |
| YOUTH VISION SOLUTIONS - 27-1855040<br>2959 MARTIN LUTHER KING JR BLVD<br>DETROIT, MI 48208                    | SCHOOL MGMT             | MICHIGAN  | 501(C)3                       | LINE 7  | COVENANT HOUSE<br>MICHIGAN              | X  |    |
| COVENANT HOUSE TORONTO<br>20 GERRARD STREET EAST<br>TORONTO, CANADA, CANADA M5B 2P3                            | HUMANITARIAN            | CANADA  |                               |   | COVENANT<br>INTERNATIONAL<br>FOUNDATION |  | X  |
| COVENANT HOUSE VANCOUVER<br>575 DRAKE STREET<br>VANCOUVER, CANADA, CANADA V6B 4K8                              | HUMANITARIAN            | CANADA  |                               |   | COVENANT<br>INTERNATIONAL<br>FOUNDATION |  | X  |
| ASOCIACION LA ALIANZA GUATEMALA<br>13 AVENIDA 00-37 ZONA 2 COLONIA LA ESCUADRIL<br>MIXCO, GUATEMALA, GUATEMALA | HUMANITARIAN            | GUATEMALA   |                               |   | COVENANT<br>INTERNATIONAL<br>FOUNDATION |  | X  |
| CASA ALIANZA DE HONDURAS<br>CORNER OF ARDA CERVANTES Y MORELOS<br>TEGUCIGALPA, HONDURAS, HONDURAS              | HUMANITARIAN            | HONDURAS  |                               |   | COVENANT<br>INTERNATIONAL<br>FOUNDATION |  | X  |
| CASA ALIANZA NICARAGUA<br>EDIFICIO CONRAD N HILTON COSTADO ESTE DEL M<br>MANAGUA, NICARAGUA, NICARAGUA         | HUMANITARIAN            | NICARAGUA   |                               |   | COVENANT<br>INTERNATIONAL<br>FOUNDATION |  | X  |



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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |   |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| COVENANT HOUSE ILLINOIS<br>QALICB LLC - 85-3857238, 2934<br>W. LAKE STREET, CHICAGO, IL<br>60612 | DEVELOP<br>PROPERTY     | IL  | COVENANT HOUSE<br>ILLINOIS          | RELATED   | 0.                              | 0.                                       |   | X  | N/A   |   | X  | .00%                           |
| CHGA CHI LEVERAGE LENDER, LLC<br>- 85-3539993, 1559 JOHNSON<br>ROAD NW, ATLANTA, GA 30318        | DEVELOP<br>PROPERTY     | GA  | COVENANT HOUSE<br>GEORGIA           | RELATED   | 0.                              | 0.                                       |   | X  | N/A   |   | X  | .00%                           |
|  |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |

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

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

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

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

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

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

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

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) YOUTH VISION SOLUTIONS          | A                             | 568,444.               | COST   |
| (2)                                 |                               |                        |  |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |





**Part VII** Supplemental Information

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

Multiple horizontal lines for supplemental information.