Program Overview & Eligibility

Completed by kcaraganis@covenanthousefl.org on 2/6/2023 10:12

Case Id: 30027

Name: Covenant House Florida - 2023

Address: 733 Breakers Avenue

Program Overview & Eligibility

Please review the enclosed program information.



City of Hollywood
Public Services

City of Hollywood 2600 Hollywood Blvd Hollywood, FL 33022 954.921.3271

DBiederman@hollywoodfl.org

Public Services

Activities (including labor, supplies and material) which are directed toward improving the community's public services and facilities, including but not limited to those concerned with employment, crime prevention, childcare, health, drug abuse, education, fair housing counseling, energy conservation, welfare, or recreational needs. To qualify for this grant, Public Service must be either a new service or a quantifiable increase in the level of an existing service above that which has been provided by or on behalf of the unit of general local government in the 12 calendar months before the submission of the action plan. Awards to Public Service activities are limited to 15% of the City's total annual CDBG allocation. Based on past year allocations, the anticipated amount available for Fiscal Year 2023-2024 is estimated to be \$185,000.00. The actual amount is based on legislative approval and may be subject to change.

The City of Hollywood reserves the right to determine if submitted proposals are eligible, timely and complete; whether funding requests are appropriate, and all considerations relating to the funding application and requirements have been met. In addition to the information requested in this application, each applicant will be subject to a background inquiry that ensures compliance with the following criteria:

- The applicant's services provide a direct benefit to City of Hollywood residents.
- The applicant is fully licensed and insured, if applicable.
- The applicant does not have any outstanding liens or fines from the City.
- The applicant is not involved in any active litigation against the City.
- The applicant does not have any active City Municipal/Fire Code violations.
- The applicant is not engaged in any type of adverse activity against the City.
- The applicant is in compliance with all Florida, Broward County and City statutes, codes, ordinances and all other rules and regulations.

Failure to meet the above criteria will result in the applicant's disqualification from consideration for a Community Development Block Grant (CDBG).

SUBMISSION DEADLINE: FEBRUARY 6, 2023 by 3PM



A. Agency Information

Completed by kcaraganis@covenanthousefl.org on 2/6/2023 1:23

PM

Case Id: 30027

Name: Covenant House Florida - 2023

Address: 733 Breakers Avenue

A. Agency Information

Please provide the following information.

ORGANIZATION INFORMATION

A.1. Organization Entity Name (Name listed in Sunbiz)

Covenant House Florida, Inc.

A.2. Address

733 Breakers Avenue Fort Lauderdale, FL 33304

A.3. Telephone

(954) 561-5559

A.4. Fax

(954) 565-6551

A.5. Date designated as a 501 (c) (3):

12/01/1983

A.6. Legal Status of Entity/Organization:

Non-Profit

A.8. Federal Tax ID

592,323,607

A.9. SAM Registration

KK37XJBFH176

A.10. Unique Entity ID (UEI)

KK37XJBFH176

EXECUTIVE DIRECTOR/CEO/PRESIDENT INFORMATION

A.11. First Name

Renee'

A.12. Last Name

Trincanello

A.13. Phone

(954) 568-7925

A.14. Email

rtrincanello@covenanthousefl.org

A.15. Date of Birth

02/24/1977

CONTACT PERSON

A.16. First Name

Katina

A.17. Last Name

Caraganis

A.18. Email

kcaraganis@covenanthousefl.org

A.19. Telephone

(954) 568-7931

REGISTERED AGENT

A.20. First Name

Renee'

A.21. Last Name

Trincanello



A.22. Email

rtrincanello@covenanthousefl.org

A.23. Phone

(954) 568-7925



B. Project Description

Completed by kcaraganis@covenanthousefl.org on 2/6/2023 1:24

Case Id: 30027

Name: Covenant House Florida - 2023

Address: 733 Breakers Avenue

B. Project Description

Please provide the following information.

B.1. Name of Activity/ Project

Independent Living/Workforce Development Program for Hollywood Youth Under 22 Experiencing Homelessness

B.2. Activity/Project Summary to include program description, clientele to benefit from program, specific use of CDBG funds, etc. (must be 250 words or less):

The Independent Living/Workforce Development Program, a unique and specialized training program, aims to reduce barriers for youth experiencing homelessness by providing support and services to enhance and build self-sufficiency and empower its youth to successfully transition from unemployed or underemployed to employed. This program is administered through a trauma informed lens due to the impact of trauma and adverse experiences facing CHF youth, all of which can affect their success in the workforce.

B.3. Activity/Project Location (list location of activity to include US Census Tract. If activity is held in multiple locations, list all locations and US Census tract numbers. If the activity is Citywide, indicate as such.):

Program activities will be conducted at the CHF shelter located at 733 Breakers Avenue, Fort Lauderdale, FL 33304 (Census Tract 421, Block Group 001). Youth from the City of Hollywood will also participate in work-based opportunities at employer/partner facilities throughout Broward County.

B.4. Grant Funds Requested

\$15,000.00

B.5. Total number of individuals served at requested funding level:

50

B.6. Lowest funding level acceptable to operate activity:

\$7,500.00

B.7. Total number of individuals served at lowest funding level

25

B.8. Each activity must meet one of the National Objectives of the CDBG Program. Check the correct objective. Low- and Moderate-Income Benefit (Check the appropriate benefit):

$\overline{\mathbf{V}}$	A. Limited Clientele Activity: The activity benefits a limited clientele, at least 51% of whom are low/moderate
incor	ne.

B. Area Benefit: The activity provides a benefit to low/moderate income persons by documenting that 51% or

more of the service area of the activity is occupied by low/moderate income households (as per the U.S. Census).	



C. Organizational Capacity and Activity Scope

Case Id: 30027

Name: Covenant House Florida - 2023

Address: 733 Breakers Avenue

Completed by kcaraganis@covenanthousefl.org on 2/6/2023 1:56

C. Organizational Capacity and Activity Scope

Please provide the following information.

C.1. Briefly describe your track record and prior experience in the proposed activity, and include the following information:,

- Unique qualifications or characteristics of staff, the facility or operations (include specifics that separates your agency from others serving in the same capacity).
- Number of years of related experience of the organization or key staff.
- Specific key staff assignments/tasks.
- Summary of past client outcomes (for the past three (3) years).
- Perceived challenges in meeting the goals of this proposal.
- Illustrate how your agency has the capacity to overcome perceived challenges in meeting the goals of this proposal.
- Provide a Year-End Report of accomplishments from previous funding year.

For more than 38 years, CHF has worked within the Broward Homeless Continuum of Care as one of the only providers of emergency housing in Broward County specifically for youth experiencing homelessness under the age of 22. Direct administration of the Independent Living/Workforce Development Program is provided by the Independent Living Coordinator (who has five years of experience in this role at CHF), along with the Independent Living Case Manager (to be hired). Oversight of the Independent Living/Workforce Development Program and all CHF programs and activities is provided by a skilled Executive Management Team. The team is led by the Chief Executive Officer (Licensed Clinical Social Worker with 21 years of experience at CHF) along with the Chief Program Officer (22 years of experience in supervision/case management, 19 at CHF), and Chief Financial Officer (certified CPA with more than 29 years of experiencing non-profit clients).

Most youth arriving at CHF are at an academic, cultural, and social disadvantage compared to their non-homeless peers. To address this critical need, CHF developed its Independent Living/Workforce Development Program to increase the opportunity for youth to gain the skills, experience, and confidence needed to find gainful employment, paid or unpaid internships, or apprenticeships. The program is an important part of CHF's range of comprehensive support services it provides to the youth it serves, including health care, substance abuse treatment/aftercare, parenting education and targeted case management with discharge planning. CHF developed this specialized continuum of services to reduce barriers for youth and build self-sufficiency, while empowering youth experiencing homelessness attain independent living and successfully transition out of homelessness.

During the FY22 contract period with the City of Hollywood, a total of 401 youth were served, and 25 were from the City of Hollywood. During the height of the COVID-19 pandemic, CHF saw a reduction of at least 20% in its daily census numbers and the inability to conduct outreach services. As the agency continues to come out on the other side of the pandemic, census numbers are on the rise and outreach services are taking place again.



During the FY21 contract period with the City of Hollywood, 619 youth were served, and 39 were from the City of Hollywood. During the FY20 contract period with the City of Hollywood, a total of 608 youth were served, and 46 were from Hollywood.

C.2. Organization Experience

Unique qualifications or characteristics of staff	# of years Organization Staff/Exp	Specific key staff assignments	Summary of past client outcomes	challenges in meeting the goals

D. Activity Description

Completed by kcaraganis@covenanthousefl.org on 2/6/2023 1:27

PM

Case Id: 30027

Name: Covenant House Florida - 2023

Address: 733 Breakers Avenue

D. Activity Description

Please provide the following information.

ACTIVITY DESCRIPTION

D.1. List the title of the activity:

Independent Living/Workforce Development Program for Hollywood Youth Under 22 Experiencing Homelessness

D.2. Check the type of activity

Other

If other, please specify the service.

Public Services

D.3. The word "activity" as used in this application denotes the action for which funds are being requested. The word "project" as used in this application denotes all of the activities that constitute the project. In some instances, the activity is the same as the project.

Is the activity for which funds are being requested part of a larger overall project?

- D.4. Describe the activity, in detail, and be very specific about how the CDBG funds are proposed to be used. Be certain to include the following information:
- a. Identify and document the need or problem.
- b. Document the severity of the problem, clearly describing the need, to include statistics and reliable sources that is quantifiable and supported by appropriate data.
- c. Affected population and percentage of low- and moderate-income persons to be benefited (area of service).
- d. State whether organization participates directly or indirectly in the proposed activity and document the number of clients served directly and indirectly.
- e. If requesting funds for more than one (1) activity, indicate numerically which is priority and, if separate applications are being submitted for each activity, but the activities are interrelated, include agency name, number of interrelated activities, the title and type of activity:

Youth experiencing homelessness are more adversely affected by the lack of a living wage and employment in Broward County than their non-homeless peers due to a lack of skills to successfully enter and stay in the job market, a lack of job opportunities, and a lack of education and experience to compete in the job market. Youth homelessness is caused by a number of factors, including substance abuse, loss of job or benefits, and a drastic change in family composition.

Last year, CHF reached 765 young people across its core programs and services. The population served by CHF is inclusive of all youth under the age of 22 experiencing homelessness. One hundred percent of the youth served are considered extremely low income and below the federal poverty level. ["Limited Clientele & Presumed Eligibility" (CDBG

HUD National Objective: 24 CFR Part 570.208(a)(2)]. All participating youth are eligible for government benefits including the free/reduced lunch program, TANF, SNAP, etc. At intake, 77% of youth served by CHF during its most recent fiscal year were unemployed, and 67% of youth reported not having their high school diploma or GED.

According to the National Alliance to end homelessness, to help bring an end to youth homelessness, young people need increased access to stable housing, supportive connections to caring adults, and access to mainstream services that provide them a path to long-term success. Additionally, young adults may also require broader education and employment supports, which is the subject of this application.



E. Approach

Completed by kcaraganis@covenanthousefl.org on 2/6/2023 1:28

Case Id: 30027

Name: Covenant House Florida - 2023

Address: 733 Breakers Avenue

E. Approach

Please provide the following information.

E.1. Provide a narrative (250 words or less) that describes how the activity will be completed during this time frame. For programs and services, describe the activity:

The Independent Living/Workforce Development Program is continuous and ongoing. If a youth's Individualized Treatment Plan includes independent living, they are subsequently enrolled in the program. As part of the Independent Living/Workforce Development Program curriculum, youth are required to take six classes, including budgeting/banking, household safety, apartment hunting, interviewing, resume building, and communication. Additionally, youth must enroll in two life skills electives and two workforce development electives, including nutrition/grocery, first aid, higher education, job searching/networking, work ethic/future planning, and career planning.

Once youth have completed all of the necessary classes, they will give a capstone presentation where they will demonstrate their knowledge of the course information and their own experiences. The presentation is given in front of an audience to allow for the youth to practice their public speaking skills, an essential component to future success in many areas of professional and educational development.

Because CHF's Independent Living/Workforce Development Program is continuous and ongoing, there is no implementation or start-up associated with the program. Youth aged 18-22 experiencing homelessness can find a safe haven at the Emergency Shelter 24 hours a day, 7 days a week, 365 days a week. The full array of services are provided to youth on an ongoing basis in accordance with their Individual Treatment Plans.

E.2. Activity Timeline

Task	Date to be completed
Independent Living/Workforce Development team approach implemented	11/30/2023
(Chief Program Officer, Independent Living Coordinator, Independent Living Case	
Manager, 2 CHF Case Managers) • Review Prior year Program Analysis and	
Success • Finalize program design and structure incorporating modifications from	
prior year review. • Obtain up to 3 specific written commitments from	
Employers/Partners Update program tracking in agency's internal database ETO (Efforts	
to Outcomes) to track project deliverables	
Part I: Skills to Succeed Learning Exchange: provides eight courses in 12 hours every two	09/30/2024
weeks. (Resume Prep, Interviewing, Communication, Teamwork, Professionalism, and	
Career Planning. Classes include, one (1) hour classroom educational training, and then	
.5-hour individual computer work).	
Part II: Educational Training: Youth will participate in additional CHF educational	09/30/2024
workshops; Financial Literacy, Digital Literacy, Time & Task Management, and	
opportunities for certification, during the two-week period, and participation is	

ongoing. Classes placed on the monthly calendar and provided six-days a week, with	
rotating sessions to meet program participants' schedules daily.	
Part III: Clinical Groups/Individual Life Skills Sessions: Youth will participate in CHF	09/30/2024
clinical sessions; Seeking Safety, Self-Reflections, Conflict Resolution, Building Unions,	
Tool Box for Life and Communication, positive youth development and self-esteem, etc.	
Concurrently, participants will attend workshops and individual sessions in which they	
will learn to develop soft skills (communication, teamwork, creative thinking, work	
ethics, professionalism, connecting with employers, and thorough and practical	
understanding of the job market and workplace). Classes placed on the monthly	
calendar and provided six-days a week, with rotating sessions to meet youth's	
schedules through the day and every evening.	
Part IV: Capstone Presentation: made by all graduating youth conducted once per	09/30/2024
month by youth who have completed the Skills to Succeed Learning Exchange that	
month. Capstone Presentation will consist of youth presenting on the knowledge they	
have gained from Job Readiness Training and the skills that they will use in the future as	
they continue their education and career path.	

E.3. Describe outreach and marketing initiatives that will be implemented to inform potential clients about the services to be provided:

CHF Outreach Workers regularly travel to Hollywood locations where youth may congregate, including 441/Hollywood Boulevard area, Boulevard Heights Park, Carlton Montayne Park, Dixie Highway/Pembroke Road area, the railroad tracks along Dixie Highway, Hollywood Boulevard/I-95 area, Tri-Rail, J.A. Ely Boulevard, John Williams Park, Oakwood Plaza,

Poinciana Park Rotary Park, Stan Goldman Park, Taft Street Plaza, Washington Park, and Young Circle/Arts Park. CHF Outreach Workers make contact with youth, provide them with material about CHF, and provide transportation to the emergency shelter if a youth wants to receive services.

In addition to its various outreach efforts, CHF markets its services in a variety of ways, including on its website, its various social media platforms, and program staff participation in various community events.

E.4. Are there other services that address the same need in the area?

Yes

If "Yes," describe:

While CHF is not the only organization within Broward County that provides workforce development services, it is the only one that provides emergency shelter services and supportive services specifically to youth under 22 experiencing homelessness.

E.5. Identify any strategies for collaborative approaches, such as volunteer recruitment and training, community building or strategic alliances. (If none, indicate N/A):

CHF has a number of community partners in South Florida it partners with to provide educational, internship and job placement opportunities to the youth it serves at the emergency shelter. They include the Center for Independent Living, Bonnet House, the Museum of Science and Discovery, Accenture Resource Consulting, Broward County Vocational, Career Source, Atlantic Technical College, and the Urban League. CHF's Independent Living Coordinator also maintains relationships with community partners, including area Fort Lauderdale area hotels, to provide youth with opportunities in the travel/tourism industry. All of these opportunities can provide youth with opportunities to sharpen their skills (working with the public, organizing programs, networking) while gaining exposure to the



community, civic duty, and potential career pathing and/or employment.

E.6. Identify any cooperative approaches and describe how they will improve the performance of the activity. (If none, indicate N/A):

N/A

F. Outcome Measurement Goals

Completed by kcaraganis@covenanthousefl.org on 2/6/2023 1:29 PM

Case Id: 30027

Name: Covenant House Florida - 2023

Address: 733 Breakers Avenue

F. Outcome Measurement Goals

Please provide the following information.

The City of Hollywood determines actual benefits of funded activities by using Outcome Measurement Goals. The Community Development Advisory Board (CDAB) will review these goals closely in recommending which proposals to fund to the Hollywood City Commission.

The Outcomes Measurement section measures the actual benefits or changes for individuals as a result of participating in program activities. Outcomes may relate to behavior, skills, knowledge, attitudes, values, condition, or other attributes. The purpose of this section of the application is to identify these outcomes in measurable terms.

Table 1 of this section is designed to allow the applicant to briefly describe the proposed activities initial, intermediate, and long-term outcomes.

Table 2 of this section is designed to allow the applicant to declare goals to be measured throughout the contract period.

A copy of this section will be forwarded to the CDAB and to the Hollywood City Commission as back-up material.

Provide an outcome tracking table, using the attached tables as a model, being as brief as possible, using the guidelines below:

Resources – money, staff, staff time, volunteers, volunteer time, facilities, equipment, or supplies.

Inputs – resources dedicated to or used by the program.

Activities – what the program does with the inputs to fulfill its mission.

Outputs – direct products of program activities.

Benefits– new knowledge, increased skill, change in attitudes or values, modified behavior, improved condition, altered status.

Outcomes – benefits or changes for individuals of target populations during or after participating in program activities.

Initial Outcomes – first benefits or changes participants experience.

Longer-term Outcomes – ultimate benefits of the program.



Intermediate Outcomes – benefits that connect initial outcomes and Longer-term Outcomes.

Quantifiable Measurement Goals— a defined goal of measurement per quarter (i.e. proof of academic achievement, proof of new or increased skills- certifications, etc.)

Innute	Activities	Outputs	Outcomes		
Inputs			Initial	Intermediate	Longer-term
Staff: 1 Lead Administrator and 4 Instructors who are certified teachers	Itutoring in the areas	4 successive 9-week tutoring sessions. 100 Students each session	Testing of current academic skills (pretesting)	Improved academic proficiency (monitoring of academic proficiency)	Improved academic proficiency and increased test scores

F.1.

Inputs	Activities	Outputs	Inital	Intermediate	Longer-term
Independent	Periodic review -	ILC	100% of youth	Youth obtain	Youth gain and
Living/Workforce	program analysis	organize/prep	from the City of	the training,	maintain
Development	and success - modify	program	Hollywood who	skills,	employment in
Program team	program design and		participate in	knowledge	order to sustain
approach	structure	Written	the program will	and	independence and
ongoing (Chief		commitments	demonstrate	experience	exit homelessness
Programs	Obtain or maintain	obtained from	improvement in	and	
Officer,	up to six (6) specific	up to 3	life/soft skills	opportunity to	
Independent	written	Employers/		secure	
Living	commitments from	Partners	65% of youth	employment	
Coordinator	employers/partners	obtained	from the City of		
(ILC),			Hollywood who		
Independent	Youth from the City	Enroll up to 50	participate in		
Living Case	of Hollywood	youth from the	the program will		
Manager, two (2)	enrolled in program	City of	be linked to		
CHF Case		Hollywood in	employment		
Managers)	Part I: Skills to	Independent	type placement		
	Succeed Learning	Living/Workforce	(traditional jobs,		
	Exchange (courses in	Development	paid/or unpaid		
	resume prep,		internships,		
	teamwork, career		volunteer		
	planning,		opportunities,		
	interviewing,		mentoring, job		
	communication,		shadowing,		
	etc.)		apprenticeships,		
			etc.)		
	Part II: Educational				
	Training				

(educational		
workshops that		
include financial		
literacy, digital		
literacy, time & task		
management,		
certification, etc.)		
Part III: Clinical		
Groups/Individual		
Life Skills (clinical		
sessions, self-		
reflections, conflict		
resolution, problem		
solving, positive		
youth development		
and self-esteem,		
etc.)		
Part IV: Capstone		
Presentation (youth		
presenting on the		
knowledge they		
have gained from		
Job Readiness		
Training and the		
skills that they will		
use in the future as		
they continue their		
education and		
career path).		
Graduates enter		
Employer Partner		
work-based learning		
opportunities based		
on their assessment		
results and Capstone		
Presentations.		

Quantifiable Goals

First Quarter

Activities: Set meetings and secure additional Independent Living/Workforce Development Program Partners (ILC) (up to three new employers per month); Quarterly progress of program reviewed/analyzed internally by coordinating staff; Program modifications implemented as needed.



Outputs: Enroll 15 youth in Independent Living/Workforce Development; 75% (11) will present their Capstone and graduate from the program; Of those that complete the program, 64% (7) will successfully gain employment; Continue to secure new employment opportunities; Ongoing collection of data resulting in performance reports Quarterly Report; CHF strengthens linkages between the business community, nonprofits, schools, and post-secondary institutions.

Second Quarter

Activities: 6-month progress program reviewed/analyzed internally by coordinating staff; Program modifications implemented as needed.

Outputs: Enroll 15 youth in Independent Living/Workforce Development; 75% (11) will present their Capstone and graduate from the program; Of those that complete the program, 64% (7) will successfully gain employment; Continue to secure new employment opportunities; Ongoing collection of data resulting in performance reports; Submit 6 month report.

Third Quarter

Activities: 9-month progress program reviewed/analyzed internally by coordinating staff; Program modifications implemented as needed.

Outputs: Enroll 10 youth in Independent Living/Workforce Development; 75% (8) will present their Capstone and graduate from the program; Of those that complete the program, 64% (5) will successfully gain employment; Continue to secure new employment opportunities; Ongoing collection of data resulting in performance reports; Submit 9-month report.

Fourth Quarter

Activities: Annual progress of program reviewed/analyzed by coordinating staff; Outcome measures tabulated and reported; Preparation/Presentation of Year End Report to City of Hollywood. Outputs: Enroll 10 youth in Independent Living/Workforce Development; 75% (8) will present their Capstone and graduate from the program; Of those that complete the program, 64% (5) will successfully gain employment; Continue to secure new employment opportunities; Ongoing collection of data resulting in performance reports; Submit final report.

THREE-YEAR PLAN. In order to evaluate the overall sustainability of your program, the CDAB requests each applicant to submit a three-year plan that describes your projected progress over the next three years. It is important to note that the CDAB is paying particular attention to your agency's ability to reduce dependency on City of Hollywood CDBG funds. Indicate whether your organization received CDBG funds within the past three years. If "Yes," include the initial three-year plan with updated information. If "No," submit a three-year plan. This information may be included within the overall business plan (Attachment D). If so, indicate which pages or sections.

At a minimum, the three-year plan must also include the following:

Client projection profile, to include the following:

- Number of Clients to be served per year
- Projected improvement in the cost-of-service delivery per client
- Projected client improvement (i.e., test scores, abilities, certifications, etc.).

Service Delivery Profile:

- Staff qualifications and/or certifications
- Changes in staffing levels
- New services or programs
- Identification of additional funding sources
- · Uses of additional funding



Projected improvement in the ratio between CDBG funding and other funding.				
Printed Bv: Merry Kave on 4/5/2023	18 of 25			

G. Budget Justification

Case Id: 30027

Name: Covenant House Florida - 2023

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Address: 733 Breakers Avenue

G. Budget Justification

Please provide the following information.

G.1. Is the activity for which CDBG funds are being requested part of an overall project?

Nο

G.2. Has this project received City of Hollywood General Funds in the past three (3) years?

Yes

If "yes," provide the name of the program(s), amount(s), and year(s) funded:

Program	Amount	Year
Project Inspire Program for	\$10,800.00	2023
Hollywood Youth Under 21		
Experiencing Homelessness		
Youth Employment Services (YES)	\$9,167.00	2022
Program for Hollywood Youth Under		
21 Experiencing Homelessness		
Youth Employment Services (YES)	\$7,961.00	2021
Program for Hollywood Youth Under		
21 Experiencing Homelessness _		
	\$27,928.00	

Disclose any previous awarded, but unused, CDBG funds and the reason.

\$0.00

Reason for unused funds:

N/A

G.3. Of the total project cost, what percentage has been, or will be financed with CDBG funds?

CDBG Funding	Total Project Cost	Percentage	Unused Funds	Reason for Unused Funds
\$15,000.00	\$384,330.10	4.00 %	\$0.00	N/A

G.4. ACTIVITY BUDGET

Attach an itemized activity budget, including any necessary supplemental information. The itemized activity budget must include detailed, line-item budget, including a description of tasks and implementation costs. NOTE: Salary, fringes and related costs are allowed, as long as the salaries are related to specific activity tasks. Narrative justification for each line item (including each salary item) must be provided. The narrative should justify each salary by describing the activity tasks associated with each salary.



CHF Prorgram Budget.xlsx Budget CHF FY 2023.pdf

G.5. Are CDBG funds being requested for salaries?

Yes

G.6. Are CDBG funds being requested for mileage?

No

G.7. Are CDBG funds being requested for Rent?

No

G.8. Are CDBG funds being requested for Supplies?

No

G.9. Are CDBG funds being requested for Professional Services?

No

G.10. Are CDBG funds being requested for Direct Benefit Reimbursement?

No

G.11. From a financial perspective, explain and justify the reason why CDBG funds are needed (i.e., financing gap, location, etc.)

CHF maintains a diversified development program commissioned to raise funds throughout the year, and receives revenue from a number of funding sources, including direct mail marketing, government grants (federal, state, and local), private/corporate foundation, special events, wills/bequests/ individuals, and in-kind donations. Youth experiencing homelessness from the City of Hollywood compose more than 3% of youth served in any 12-month period, providing job training and skill building services so youth can successfully exit homelessness.

G.12. Justify and document the reasonableness of cost for the amount of CDBG funds being requested per unit of measurement, as included in the activity description

The requested amount (\$15,000) from this CDBG request is reasonable is that is it proportionate (approximately 4% of the total project budget) to the percentage of youth experiencing homelessness from the City of Hollywood to be served by this project.

G.13. Does the activity and/or project for which CDBG funds are being requested propose to generate program income and/or revenue, either directly or indirectly?

No



H. Matching Contributions

Completed by kcaraganis@covenanthousefl.org on 2/6/2023 1:29 PM

30027 Case Id:

Covenant House Florida - 2023 Name:

Address: 733 Breakers Avenue

H. Matching Contributions

Applicants are strongly encouraged to provide matching funds. Matching contributions will positively impact the application. (City Departments are exempt; matching contributions are optional.) Applications that include matching contributions must evidence attached that the matching contribution is available, or will be available, at the beginning of the fiscal year for which CDBG funds are applied.

H.1.	Check the appropriate eligible form(s) of matching contribution for the activity:	
	Cash contributions	
$\overline{\mathbf{V}}$	Other federal, state, or local grants or programs	
	Fund-raising monies	
	Cash contributions Other federal, state, or local grants or programs Fund-raising monies Detail all matching contributions for the activity. Include the source, the type of contribution (i.e., grants) and the value.	

loans, own source of funds, real estate, etc.) and the value:

Source of Contribution	Type of Contribution	Value of Contribution		
Department of Labor Community	Appropriations Earmark	\$300,000		
Project FY22				
The Holman Foundation	Foundation Grant	\$25,000		
Truist Foundation	Foundation Grant	\$25,000		
Florida Panthers Foundation	Foundation Grant	\$20,000		
The Chelsey Magruder Foundation	Foundation Grant	\$10,000		
Ameriprise Financial	Foundation Grant	\$5,000		

H.3. Explain the method utilized to establish the fair market value of land or real estate as a matching contribution: N/A

H.4. Are the matching contributions selected above available now, or to be made available at the beginning of the fiscal year for which funds are being applied?

Yes

If "yes," evidence of availability must be attached.

Itemized Activity Budget *Required

CHF Prorgram Budget.xlsx Budget CHF FY 2023.pdf

H.5. Applicants must describe all steps taken to secure other funding for the activity. Attach at least one letter

demonstrating that the activity or project has been submitted to other agencies for funding within the last 12 months prior to submission to the City of Hollywood Community Development Division. The agencies determination on those submissions must be included. If no other sources of funding have been sought, provide an explanation: CHF is requesting support from this CDBG grant to provide critical skill training expressly for youth under 22 from the City of Hollywood in order that they may gain employment and successfully exit homelessness. CHF provides its services for all youth from across South Florida. However, as this request is for support to assist youth specifically from Hollywood, the agency has not sought out any other funding source to date to provide these critical services specifically to youth from the City of Hollywood experiencing homelessness.

H.6. Agency Accounting Information:

List the name, address, e-mail address and phone number of the Financial Advisor, Accountant, Bookkeeper or Certified Public Accountant who is responsible for financial records:

Steven J. Henriquez 733 Breakers Avenue Fort Lauderdale, FL 33304 shenriquez@covenanthousefl.org 954-568-7941

H.7. Attach a copy of your most recent Certified Independent Audit and a management letter which expresses the opinion that the agency's or organization's internal controls are adequate to safeguard assets.

Certified Independent Audit

CHF Audit ending June 2021.pdf

H.8. Will your agency receive and expend \$750,000.00 or more in Federal funds for the program year Yes

If yes, the organization must submit their audit report in compliance with Title 2 U.S. Code of Federal Regulations Part 200 Uniform Administrative Requirements, Cost Principals, and Audit Requirements for Federal Awards https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=1

Audit Report

CHF Audit ending June 2021.pdf



I. Required Documents

Case Id: 30027

Name: Covenant House Florida - 2023

Completed by kcaraganis@covenanthousefl.org on 2/6/2023 1:29

Address: 733 Breakers Avenue

I. Required Documents
Please provide the following information.
Documentation
Florida Department of Corporations Current Filing Sunbiz *Required CHF Corporate Status 4920513573CC.pdf
IRS 990 Forms and Schedules *Required FY2021 CHFL Form 990 As Filed.pdf
Itemized Project Budget *Required CHF Hollywood CDBG Program Budget.xlsx
Letter of Other Sources of Funding Sought *Required other funding sources.docx
Letters of Support *Required Letter of Support Covenant House CDBG.pdf
List of Board of Directors and Position *Required bd-list-fy23.doc

Matching Contributions *Required CHF Matching Contributions.pdf
Organizational Business Plan *Required CHF Strategic Plan.pdf
Organizational Chart *Required Copy of Org Chart FTL 9 22.xlsx
Positions, Salaries, Job Descriptions and Professional Development Opportunities *Required CHF Job Descriptions and Professional Development.pdf
Resumes *Required CHF Resumes.pdf

Submit

Case Id: 30027

Name: Covenant House Florida - 2023

Address:

733 Breakers Avenue

Completed by kcaraganis@covenanthousefl.org on 2/6/2023 1:59

Submit

Once an application is submitted, it can only be "Re-opened" by an Administrator. Also note: please check your Spam email folder if you have not received any emails from Neighborly.

I certify to the best of my knowledge, that the information provided in this application reflects accurate data regarding need and estimates of planned services.

By signing this application, the undersigned certifies that they have read the Conditions Precedent to City's Disbursements <u>Grant Opportunities</u> and agrees that if the application is accepted, items or services for which prices are quoted will be provided, subject to final negotiation and acceptance by City of Hollywood, and subsequent contract award.

By signing this application, the undersigned certifies that they have read the City's Insurance requirements and agrees that if awarded funding, will comply with all requirements Grant Opportunities

I certify that services provide a direct benefit to City of Hollywood residents or citizens who have been referred by a continuum of care agency of Broward County; is fully licensed and insured (if applicable); does not have any outstanding liens or fines from the City; is not involved in any active litigation against the City; does not have any active City Municipal/Fire Code violations; is not engaged in any type of adverse activity against the City; is in compliance with all Florida, Broward County and City statutes, codes, ordinances and all other rules and regulations.

Signature of Authorized Representative

Renee' Trincanello for CHF

Electronically signed by kcaraganis@covenanthousefl.org on 2/6/2023 1:59 PM

State of Florida Department of State

I certify from the records of this office that COVENANT HOUSE FLORIDA, INC. is a corporation organized under the laws of the State of Florida, filed on March 2, 1983.

The document number of this corporation is 767249.

I further certify that said corporation has paid all fees due this office through December 31, 2022, that its most recent annual report/uniform business report was filed on February 8, 2022, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Eighth day of February, 2022



RAUNULYRUL Secretary of State

Tracking Number: 4920513573CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

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 for instructions and the latest information. and ending JUN 30

Inspection

A F	or the	2020 calendar year, or tax year beginning JUL 1, 2020 and endi	ing Jt	JN 30, 2021				
B 0	Check if	C Name of organization		D Employer identific	cation number			
а	pplicable							
	Address change	S COVENANT HOUSE FLORIDA, INC.						
	Name change	Doing business as		59-23236	07			
	Initial return Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number							
	Final return/	733 BREAKERS AVENUE	5559					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,554,895.			
	Amendo return	FORT LAUDERDALE, FL 33304		H(a) Is this a group re	eturn			
	Applica tion	F Name and address of principal officer: KENEE IKINCANELLO		for subordinates	? Yes X No			
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or □	527	If "No," attach a	list. See instructions			
		e: ► WWW.COVENANTHOUSEFL.ORG		H(c) Group exemptio				
			L Year o	f formation: 1983 N	1 State of legal domicile; \mathbf{FL}			
Pa	_	Summary						
Ð	1 5	Briefly describe the organization's mission or most significant activities: TO AID						
anc anc] -	YOUTH BY OFFERING SHELTER, FOOD, CLOTHING, O						
Governance	2 (Check this box if the organization discontinued its operations or disposed o	of more t	1 1				
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)			16 16			
≪	1	Number of independent voting members of the governing body (Part VI, line 1b)						
ies		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			165			
Activities &		Total number of volunteers (estimate if necessary)			78			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	l br	Net unrelated business taxable income from Form 990-T, Part I, line 11						
	_ /	Death's disease and seconds (Death MIII Pro-Ally)		Prior Year 8,695,169.	Current Year 9,487,920.			
Revenue	8 (Contributions and grants (Part VIII, line 1h)		0.	9,407,920.			
	9 1	Program service revenue (Part VIII, line 2g)		22,838.	10,039.			
Be	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-100,124.	-15,863.			
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,617,883.	9,482,096.			
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,042,894.	910,385.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
	45 0	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,808,322.	5,197,002.			
ses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	h 7	Fotal fundraising expenses (Part IX, column (D), line 25) 624,136.		0.1				
ă	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	1,287,960.	1,321,995.			
	1	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,139,176.	7,429,382.			
	1	Revenue less expenses. Subtract line 18 from line 12		478,707.	2,052,714.			
or es	10 1		Bea	inning of Current Year	End of Year			
ets	20	Fotal assets (Part X, line 16)		6,911,868.	7,849,350.			
ASS	21	Fotal liabilities (Part X, line 26)		2,056,286.	1,537,784.			
Net Assets or	22 1	Net assets or fund balances. Subtract line 21 from line 20		4,855,582.	6,311,566.			
Pa	art II	Signature Block						
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and	statemer	nts, 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 p	reparer h	as any knowledge.				
Sig	n	Signature of officer		Date				
Her	e	RENEE TRINCANELLO, CHIEF EXECUTIVE OFFICE	ER					
		Type or print name and title	Lb		- L BTIN			
		Print/Type preparer's name Preparer's signature		ate Check	PTIN			
Paid		GARRETT M. HIGGINS GARRETT M. HIGGINS	5 0!	5/10/22 self-employ				
		Firm's name PKF O'CONNOR DAVIES, LLP		Firm's EIN ▶	27-1728945			
Use	Only	Firm's address 500 MAMARONECK AVENUE		0.1	A 201 0000			
		HARRISON, NY 10528-1633		Phone no. 91	4-381-8900 X Yes No			
IVIA	/ TNA IR	S discuss this return with the preparer shown above? See instructions			IAIYES I INO			

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

r calendar year 2020, or fiscal year beginning	JUL	1	, 2020, and ending	JUN	30	, 20 21

Department of the Treasury	▶ Do not	t send to the IRS. Keep for you	ır records.		ZUZU
Internal Revenue Service		rs.gov/Form8879EO for the la			
Name of exempt organization	or person subject to tax			Taxpayer id	entification number
COVENANT HOUS	E FLORIDA, INC.			59-23	23607
Name and title of officer or pe					
RENEE TRINCAN					
CHIEF EXECUTIV	VE OFFICER Return and Return Informa				
check the box on line 1a, 2 blank, then leave line 1b, 2	rn for which you are using this For 2a, 3a, 4a, 5a, 6a, or 7a below, an 2b, 3b, 4b, 5b, 6b, or 7b, whicheve e applicable line below. Do not co	nd the amount on that line for the er is applicable, blank (do not er	e return being filed with the nter -0-). But, if you entere	nis form wa	as
1a Form 990 check here	▶ X b Total revenue, if a				
2a Form 990-EZ check h		, if any (Form 990-EZ, line 9)			
3a Form 1120-POL chec	k here b Total tax ((Form 1120-POL, line 22)		3b _	
4a Form 990-PF check h	ere b b Tax based on	investment income (Form 990)-PF, Part VI, line 5)	4b _	
5a Form 8868 check here	e ▶	(Form 8868, line 3c)		5b _	
6a Form 990-T check he	re 🕨 🔲 b Total tax (Forr	m 990-T, Part III, line 4)		6b _	
7a Form 4720 check here					
	I declare that X I am an office				
(name of organization)	rn and accompanying schedules a		, (EIN)	and th	nat I have examined a copy
a payment, I must contact (settlement) date. I also au confidential information ne identification number (PIN) PIN: check one box only	e federal taxes owed on this return the U.S. Treasury Financial Agent thorize the financial institutions in ecessary to answer inquiries and re as my signature for the electronic	t at 1-888-353-4537 no later that volved in the processing of the esolve issues related to the payre c return and, if applicable, the co	n 2 business days prior to electronic payment of taxement. I have selected a pe onsent to electronic funds	the payme es to receiversonal withdrawa	ent ve al.
X I authorize PK	F O'CONNOR DAVIES	, LLP	to	enter my	
		ERO firm name			Enter five numbers, but do not enter all zeros
a state agency(is PIN on the return As an officer or p	on the tax year 2020 electronically es) regulating charities as part of the n's disclosure consent screen.	he IRS Fed/State program, I als	o authorize the aforement my PIN as my signature o	ioned ERO	to enter my
electronically file regulating charit	ed return. If I have indicated within ies as part of the IRS Fee/State pr	this return that a copy of the re rogram, I will enter my PIN on th	eturn is being filed with a s ne return's disclosure cons	tate agend sent screer	y(ies) ı.
				Data	- G/1/20
Signature of officer or person subject Part III Certification	tion and Authentication	/		Date	
ERO's EFIN/PIN. Enter yo	our six-digit electronic filing identific	cation		_	
number (EFIN) followed by	your five-digit self-selected PIN.	L	26242303218 Do not enter all zeros		
•	neric entry is my PIN, which is my eturn in accordance with the requiresiness Returns.				
ERO's signature ▶ <u>PKF</u>	O'CONNOR DAVIES,	LLP	Date ▶ <u>05/0</u>	9/22	
		Retain This Form - See I Form to the IRS Unless I)	
LHA For Paperwork Red	luction Act Notice, see instruction	ons.			Form 8879-EO (2020)

023051 11-03-20

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

OMB No. 1545-0047

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 59-2323607 COVENANT HOUSE FLORIDA, INC. Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 733 BREAKERS AVENUE return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT LAUDERDALE, FL 33304 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 RENEE TRINCANELLO, CEO The books are in the care of ► 733 BREAKERS AVENUE - FORT LAUDERDALE, FL 33304 Telephone No. ▶ 954-561-5559 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 16, 2022 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or $_{-\!-\!-}$, and ending $_{-}$ $_{
m JUN}$ $_{
m 30}$, $_{-}$ 2021 ► X tax year beginning JUL 1, 2020 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

023841 04-01-20

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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?
	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
	Manual Manual for each arrange and a respect of
4a	(Code:) (Expenses \$3 , 965 , 482 •including grants of \$481 , 284 •) (Revenue \$)
	SHELTER AND CRISIS CARE:
	COVENANT HOUSE FLORIDA, INC. PROVIDED SHELTER AND CRISIS CARE TO A
	TOTAL OF 634 UNDUPLICATED YOUTH (516 IN FORT LAUDERDALE AND 118 IN
	ORLANDO) WHO RECEIVED 22,219 DAYS OF CRISIS CARE (FOOD, SHELTER,
	CLOTHING, CASE MANAGEMENT, HEALTH SERVICES, PARENTING EDUCATION,
	INDEPENDENT LIVING SKILLS INSTRUCTION, INDIVIDUAL/FAMILY COUNSELING,
	JOB READINESS TRAINING, EDUCATION, ETC.) 17,329 DAYS OF CARE AT THE
	FORT LAUDERDALE SHELTER AND 4,890 DAYS AT THE ORLANDO SHELTER.
	TORT DISCUSSION SHIPLING THE THOUSE SHIPLING
4b	(Code:) (Expenses \$ 886,963. including grants of \$322,913.) (Revenue \$)
40	(Code:) (Expenses \$886,963.e. including grants of \$322,913.e.) (Revenue \$)
	RIGHTD OF TADDAGE.
	THE RIGHTS OF PASSAGE PROGRAM PROVIDES TRANSITIONAL AND RAPID REHOUSING
	IN SCATTERED SITE APARTMENTS FOR UP TO 24 MONTHS TO YOUTHS, INCLUDING
	INDIVIDUAL COUNSELING AND HELP WITH COMPLETING EDUCATION AND
	FINDING/MAINTAINING JOBS AND HOUSING.
	I INDING/MINIMING CODD AND HOODING:
	A TOTAL OF 81 YOUTHS (59 IN FORT LAUDERDALE AND 22 IN ORLANDO) RECEIVED
	13,666 DAYS OF TRANSITIONAL HOUSING (9,513 IN FT. LAUDERDALE AND 4,153
	IN ORLANDO).
	IN ORDANDO).
4 -	()/ 6/9 959 10/ 0/1)/
4C	(Code:) (Expenses \$ 648,858. including grants of \$ 104,041.) (Revenue \$) YOUNG FAMILIES PROGRAM (FORMERLY MOTHER/CHILD PROGRAM)
	TOONG PAMILIES PROGRAM (FORMERDI MOTHER/CHILD PROGRAM)
	THE YOUNG FAMILIES PROGRAM PROVIDES EMERGENCY SERVICES, SHORT AND
	LONG-TERM HOUSING, FOOD, AND MEDICAL AND MENTAL HEALTH CARE TO PREGNANT AND PARENTING YOUTH AND THEIR CHILDREN. THE PROGRAM ALSO OFFERS YOUNG
	FAMILIES ACCESS TO FREE CHILD CARE SERVICES, PARENTING SUPPORT, AND A
	FULL RANGE OF EDUCATIONAL, VOCATIONAL, AND JOB PLACEMENT SERVICES.
	A MOMAL OF 07 MOMO C DARTHO MEDICAL COMPANIES CONTRACTOR TO THE
	A TOTAL OF 87 MOMS & BABIES WERE HELPED (28 MOTHERS, 29 BABIES IN FT.
	LAUDERDALE AND 14 MOTHERS, 16 BABIES IN ORLANDO).
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 373,419 • including grants of \$ 2,147 •) (Revenue \$)
4e	Total program service expenses ► 5 , 874 , 722 .
	Form 990 (2020)

Form 990 (2020) COVENANT HOUSE FLORIDA, INC. Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
		7		Х
8				
	, ,	8		Х
9	, , , , , , , , , , , , , , , , , , ,			
		9		Х
10				
		10		х
11				
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
		11a	Х	
b				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
		11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15				
		15		X
16				
		16		X
17				37
		17		X
18			3.7	
		18	Х	
19				177
		19		X
20a		20a		X
		20b		
21	Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization organization or other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 12a Did the organization othal separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III and			v
	domestic government on Part ix, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2020) COVENANT HOUSE FLORIDA, INC.

Part IV | Checklist of Required Schedules (continued)

	(continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	NO
22		22	х	
23				
	, · · ·	23	Х	
24a	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 3 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 4 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a 5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 5 Did the organization amaintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 6 Did the organization area as an "on behalf of" issuer for bonds outstanding at any time during the year? decided by the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II I Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable fining thresholds, conditions, and exceptions): A current or			
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule (, Parts I and III) Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Set the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including a employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part III Did the organization provide a grant or other assistance to any current or			X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				l
	, ,	25a		<u>X</u>
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			7.7
	,	25b		<u> </u>
26				
				37
	, , ,	26		_X_
27				
				Х
00	, , , , , , , , , , , , , , , , , , , ,	27		$\overline{}$
28				
_				
а		28a		Х
h	, ,	28b		X
		200		
·		28c		Х
29		29	Х	
30				
		30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. Part I	31		X
32				
	Colorado N. Dort II	32		X
33				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b				
		35b		<u> </u>
36				77
		36		_X_
37	· · · · · · · · · · · · · · · · · · ·			37
	·	37		_X_
38			Х	
Pai		38	Λ	
_ 4				
	Check it contours a contains a response of flote to any line in this fact v		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter .0. if not applicable		169	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
032004	4 12-23-20		990	(2020)

COVENANT HOUSE FLORIDA 59-2323607 Page 5 Form 990 (2020) Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 165 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х

If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against

amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note: See the instructions for additional information the organization must report on Schedule O.

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

a Is the organization licensed to issue qualified health plans in more than one state?

excess parachute payment(s) during the year?

Form 990 (2020)

X

12a

13a

16

11

Section 501(c)(12) organizations. Enter:

Section 501(c)(29) qualified nonprofit health insurance issuers.

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

	Check if Schedule O contains a response or note to any line in this Part VI					X		
Sec	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any	other					
	officer, director, trustee, or key employee?			2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the							
				3	Х			
4				4		Х		
5				5		Х		
6	5.11			6	Х			
7a								
b								
				7b	Х			
8								
а		-	-	8a	Х			
b								
9								
				9		x		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Be	venue Coo	ام)					
	(This decision b requests information about policies not required by the internal ne	venue ooc	10.7		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х		
				10b				
11a				11a	Х			
b			_					
12a				12a	Х			
b	, •				Х			
С								
		,		12c	Х			
13					Х			
	 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 2a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 3 Did the organization have a written whistleblower policy? 4 Did the organization have a written document retention and destruction policy? 				Х			
15	. ,							
а				15a	Х			
b				15b	Х			
16a		nent with a	1					
				16a		х		
b								
			•					
				16b				
Sec								
17	List the states with which a copy of this Form 990 is required to be filed ▶FL							
18	· · · · · · · · · · · · · · · · · · ·	nd 990-T (S	Section 501(c)(3)	only)	availa	ble		
	for public inspection. Indicate how you made these available. Check all that apply.	,	()()	,,				
		on Scheo	lule O)					
19	(,	financ	cial			
	statements available to the public during the tax year.		, ,,,,,,,,					
of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7a Did the organization have members or stockholders? 7a Did the organization have members or stockholders? 7a Did the organization have members or stockholders or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b X 8 Each committee with authority to act on behalf of the governing body? 8a Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization is mailing address? If *Yes*, crowide the names and addresses on Schedule O. 9 Section B. Policies (This Section B reguests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10b If *Yes*, did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b If the organization have a written conflict of interest policy? If *No,* go to line 13 11b Is X 12b Did the organization have a written conflict of interest policy? If *No,* go to line 13 12c X 13b Did the organization have a written conflict of interest policy? If *No,* go to line 13 15c Did the organization have a written organization or eview this Form 990. 15c Did the organization have a written organization or organization or eview this F								
			,					

Form **990** (2020)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box	not cl	Posi heck i ss per id a di	more rson i	than o s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JAMES GRESS CAPITAL CAMPAIGN DIRECTOR, THRU DEC. 2020	40.00				Х			166,056.	0.	23,004.
(2) RENEE TRINCANELLO, SECRETARY	40.00									·
CHIEF EXECUTIVE OFFICER	0.00			х				165,305.	0.	21,311.
(3) KEVIN RYAN	1.00									-
PRESIDENT & CEO	34.00			Х		L		0.	23,851.	31,523.
(4) DAVID GRABOSKY	1.00									
BOARD CHAIRMAN	0.00	Х		Х				0.	0.	0.
(5) JAN VRINS	1.00									
BOARD VICE-CHAIRMAN	0.00	Х		Х				0.	0.	0.
(6) SCOTT AARON	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(7) AARON ABRAMOFF	1.00								_	_
TRUSTEE	0.00	Х						0.	0.	0.
(8) DR. LEONARD BASS	1.00	1								_
TRUSTEE	0.00	Х						0.	0.	0.
(9) MATTHEW BRENNAN	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(10) PATRICK COHEN	1.00	ļ							•	
TRUSTEE	0.00	Х						0.	0.	0.
(11) ANDREW FISHCER	1.00								•	
TRUSTEE, THRU DEC. 2020	0.00	Х						0.	0.	0.
(12) LAVERN KELLY	1.00	3,7							0	_
TRUSTEE, THRU DEC. 2020	0.00	Х						0.	0.	0.
(13) MOHAMENT (MO) KHALIL TRUSTEE	1.00	Х						0.	0.	0.
(14) MARK KNOTT	1.00	Λ	\vdash		\vdash			0.	0.	J •
TRUSTEE	0.00	Х						0.	0.	0.
(15) GREG LONSWAY	1.00	^	\vdash		\vdash	\vdash		0.	0.	· ·
TRUSTEE	0.00	x						0.	0.	0.
(16) CHRISTINE MOLLOY	1.00					\vdash				
TRUSTEE	0.00	х						0.	0.	0.
(17) JOSH POLSKY	1.00								•	·
TRUSTEE	0.00	х						0.	0.	0.
032007 12.23.20	, 3,00								J.	Form 990 (2020)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	Position						Reportable	Reportable		Estimated		
	hours per		(do not check more than one box, unless person is both an					compensation	compensation		amount of		
	week			ee)	from	from related			other				
	(list any	ector						the	organizations			pensa	
	hours for	or dir	ao			rted		organization	(W-2/1099-MISC	;)		om th	
	related	stee	truste			bens		(W-2/1099-MISC)			•	anizat	
	organizations below	al tr	onal		ploye	com ee						d relat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizati	oris
(18) SUSAN SELIMOS	1.00	드	트	Ó	포	Ξē	Œ			+			
TRUSTEE	0.00	Х						0.	(0.			0.
(19) SCOTT SHERMAN	1.00									\dashv			
TRUSTEE	0.00	х						0.	(0.			0.
(20) DR. CHANDA TORRES	1.00									\neg			
TRUSTEE	0.00	Х						0.	(0.			0.
(21) SHEELA VANHOOSE	1.00												
TRUSTEE	0.00	Х						0.	(0.			0.
(22) STEVEN HENRIQUEZ	25.00												_
OUTSOURCED CFO	0.00		<u> </u>	Х				0.	(0.			0.
										+			
										\top			
										\exists			
										\perp			
1b Subtotal						>	331,361.	23,851					
c Total from continuation sheets to Part VII, Section A							0.			0.			
d Total (add lines 1b and 1c) ▶ 331,361. 23,851.									L •		5,8	38.	
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) who	o re	eceived more than \$100,	000 of reportable				2
compensation from the organization												Yes	No
3 Did the organization list any former officer.	director trust	ا مد	(0)/ (mnl	0)/0	a or	hio	sheet compensated emp	lovee on	П		100	140
" 10										3		Х	
Ine 1a? If "Yes," complete Schedule J for such individual 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											4	х	
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											5		X
Section B. Independent Contractors													
1 Complete this table for your five highest con	mpensated inc	lepe	nde	nt co	ontra	actor	s th	nat received more than \$	100,000 of compe	nsati	on fro	m	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wit	hin	the organization's tax y	ear.				
(A) Name and business address							(B) Description of services			(C) Compensation			
							Description of services			Compensation			
FOOD MANAGEMENT ASSOCIATES, 22349 LA PALMA AVENUE SUITE 115, YORBA LINDA, CA 92887								FOOD MANAGEMENT			495,456.		
TIVEROU DOLLE IIJ, TONDA BINDA, CA 92001							\dashv	I COD MANAGEM	DT// T		<u> </u>	<i>J</i> , <u> </u>	50.
							_						

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2020) COVENAN
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	 F	Membership dues 1b					
			491,469.				
		d Related organizations 1d 2,	503,928.				
ig je			428,592.				
Sir		• • • • • • • • • • • • • • • • • • • •	420,332.				
utio	T	All other contributions, gifts, grants, and	063,931.				
들 된			003,331.				
d d	9	Noncash contributions included in lines 1a-1f	88,052.	0 407 000			
Og	r	Total. Add lines 1a-1f	1	9,487,920.			
			Business Code				
Se	2 a	ı					
ē <u>Š</u>	b	·					
Sen	c	·					
ev	c	d					
Program Service Revenue	e						
4	f	All other program service revenue					
	ç	Total. Add lines 2a-2f	>				
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)	>	9,364.			9,364.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 41,081.	()				
		Less: cost or other basis					
ω		and sales expenses 7b 40,406.					
ğ							
ther Revenue			1	675.			675.
Æ		Net gain or (loss)	<u>P</u>	073.			073.
Othe	8 8	Gross income from fundraising events (not including \$ 491,469. of					
		contributions reported on line 1c). See					
			16,530.				
	ŀ	Less: direct expenses 8b					
		Net income or (loss) from fundraising events	<u> </u>	-15,863.			-15,863.
		Gross income from gaming activities. See					=3,000
	5 6	Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 8	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b	<u>'</u>				
\dashv		Net income or (loss) from sales of inventory	Pusings Ord				
હ			Business Code				
eor Pe	11 a						
Miscellaneous Revenue	t						
Sev Sev	C						
Βis		All other revenue					
		e Total. Add lines 11a-11d		0 400 000		_	F 004
	12	Total revenue. See instructions		9,482,096.	0.	0.	-5,824.

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.	nse or note to any line in t (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations	3	p	garrer ar parrage	
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	910,385.	910,385.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreigr	1			
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,	005 445	000 510	20 005	00 554
trustees, and key employees	275,117.	208,519.	38,027.	28,571
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and	62.600		60 600	
persons described in section 4958(c)(3)(B)	63,600.	0.004.004	63,600.	205 262
7 Other salaries and wages	3,727,103.	2,824,881.	515,159.	387,063
8 Pension plan accruals and contributions (include	401 600	211 504	FO 004	F1 11F
section 401(k) and 403(b) employer contributions)	421,633.	311,594.	58,924.	51,115 46,449
9 Other employee benefits	385,439.	285,149.	53,841.	46,449
Payroll taxes	324,110.	241,838.	44,743.	37,529
1 Fees for services (nonemployees):				
a Management	0.216		2 216	
b Legal	8,316.		8,316.	
c Accounting	44,950.		44,950.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,	105 100	00.056	4 054	10 101
column (A) amount, list line 11g expenses on Sch 0.)	105,488.	82,956.	4,051.	18,481
2 Advertising and promotion	074 022	010 625	05 525	0.7.061
3 Office expenses	274,233.	219,635.	27,537.	27,061
4 Information technology	76,029.	67,037.	5,306.	3,686
5 Royalties	405 543	451 056	00 400	15 100
6 Occupancy	495,543.	451,856.	28,488.	15,199
7 Travel	32,551.	23,018.	7,715.	1,818
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials \dots	4 016	2 100	500	405
9 Conferences, conventions, and meetings	4,216.	3,100.	629.	487
0 Interest	15,210.	13,978.	963.	269
Payments to affiliates	150 500	151 000	6 105	0 001
2 Depreciation, depletion, and amortization	159,599.	151,203.	6,175.	2,221
3 Insurance	29,287.	26,710.	2,067.	510
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT, REPAIR & MAI	38,757.	29,058.	9,163.	536
b OTHER DIRECT OPERATING	37,033.	23,280.	10,784.	2,969
c STAFF RECRUITMENT	783.	525.	86.	172
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,429,382.	5,874,722.	930,524.	624,136
6 Joint costs. Complete this line only if the organization		-,, - - -	,	
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2020)

Pai	T X						
		Check if Schedule O contains a response or note	e to an	y line in this Part X			X
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	310,633.	1	451,001.		
	2	Savings and temporary cash investments			2,240,876.	2	4,440,736.
	3	Pledges and grants receivable, net			2,768,719.	3	1,449,302.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges			27,056.	9	1,872.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	4,489,016.			
	b	Less: accumulated depreciation	10b	3,076,006.	1,523,411.	10c	1,413,010.
	11	Investments - publicly traded securities		L		11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			44 452	14	02 400
	15	Other assets. See Part IV, line 11	ı	41,173.	15	93,429.	
	16	Total assets. Add lines 1 through 15 (must equa	6,911,868.	16	7,849,350.		
	17	Accounts payable and accrued expenses			395,610.	17	456,923.
	18	Grants payable			01 440	18	012
	19	Deferred revenue			91,449.	19	843.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst				00	
Lia I	00	controlled entity or family member of any of thes Secured mortgages and notes payable to unrela		, ,: · · · · · · · · · ·		22	
	23 24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, par				24	
	23	parties, and other liabilities not included on lines					
		of Schedule D	,	·	1,569,227.	25	1,080,018.
	26				2,056,286.	26	1,537,784.
		Organizations that follow FASB ASC 958, che					
es		and complete lines 27, 28, 32, and 33.					
anc	27				2,624,864.	27	4,919,563.
Bala	28	Net assets with donor restrictions			2,230,718.	28	1,392,003.
P		Organizations that do not follow FASB ASC 9					
Ξ		and complete lines 29 through 33.	,				
ğ	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4,855,582.	32	6,311,566.
	33	Total liabilities and net assets/fund balances			6,911,868.	33	7,849,350.
-							Form 990 (2020)

Pa	rt XI Reconciliation of Net Assets				90
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,48		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,42	9,3	82.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,05		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,85	5,5	82.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	-51	7,5	<u>60.</u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-7	9,1	70.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,31	1,5	<u>66.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
			_	Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	$ldsymbol{f eta}$
	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 X Both consolidated and separate basis				
С	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on School				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	:		
	Act and OMB Circular A-133?		3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	X	<u> </u>
			Forn	ո 990	(2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number Name of the organization COVENANT HOUSE FLORIDA, 59-2323607 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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.)

Sec	tion A. Public Support	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	8637827.	7522737.	10683330.	8695169.	9487920.	45026983.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	8637827.	7522737.	10683330.	8695169.	9487920.	45026983.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						1170377.		
6	Public support. Subtract line 5 from line 4.						43856606.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
7	Amounts from line 4	8637827.	7522737.	10683330.	8695169.	9487920.	45026983.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	5,176.	4,310.	4,771.	22,187.	9,364.	45,808.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)		145,375.	146.			145,521.		
11	Total support. Add lines 7 through 10						45218312.		
12	Gross receipts from related activities,	etc. (see instructio	ns)			12			
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third,	fourth, or fifth tax y	ear as a section 50	D1(c)(3)			
	organization, check this box and stop						>		
Sec	tion C. Computation of Publi	c Support Per	centage						
14	Public support percentage for 2020 (li	ne 6, column (f), di	vided by line 11, o	column (f))		14	96.99 %		
15	Public support percentage from 2019	Schedule A, Part I	I, line 14			15	97.32 %		
16a	16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
	stop here. The organization qualifies as a publicly supported organization								
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qualifies as a publicly supported organization								
17a	'a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	blicly supported or	ganization		>		
b	10% -facts-and-circumstances test	- 2019. If the orga	anization did not d	check a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or		
	more, and if the organization meets th	e facts-and-circum	stances test, che	ck this box and st	op here. Explain ir	Part VI how the			
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶□		
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s 🕨 🗌		

Schedule A (Form 990 or 990-EZ) 2020

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-	ļ					
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support				.	_	
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,	ļ					
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
_	check this box and stop here		<u> </u>				>
	ction C. Computation of Publi					т т	
	Public support percentage for 2020 (li					15	<u>%</u>
	Public support percentage from 2019					16	<u>%</u>
	ction D. Computation of Inves						
	Investment income percentage for 20						<u>%</u>
18	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2020. If the						7 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	▶Ш

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

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

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
- 1	4		
H	1		
L	2		
L	3a		
- 1			
H	3b		
- 1	20		
ŀ	3c		
ı	4a		
ı	ти		
Ĺ	4b		
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- 1			
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j			
	9с		
Ī			
	10a		
	10b		

Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		i
Sec	tion B. Type I Supporting Organizations			
	_		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			l
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		1
Sec	tion 6. Type it Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			l
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	•		
	<i>y</i> • •		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			l
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			l
	significant voice in the organization's investment policies and in directing the use of the organization's			l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below.	truction	S). Yes	No
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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 1	Par	t V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organia	zations				
All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (A) Prior Year (Optional) 1 Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 2 3 Other gross income (see instructions) 3 3 4 Add lines 1 through 3. 4 4 5 Depreciation and depletion 5 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 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 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1 10 1 Average monthly value of securities 1 10 2 Average monthly value of other non-exempt-use assets 1 10 3 Average monthly value of other non-exempt-use assets 1 10 4 Total (add lines 1a, 1b, and 1c) 10 4 Discount claimed for blockage or other factors (sexplain in Capital in Part VIII) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 Subtract line 2 from line 1d. 3 3 3 Subtract line 2 from line 1d. 4 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions) 5 5 Net value of other proving distributions 7 7 7 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 8 Minimum asset Amount for prior year (from Section B, line 8, column A) 1 9 Enter Q35 of line 1 1 9 Clotek here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	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.						
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2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 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 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see								
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6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	-5							
7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Inter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see								
8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see								
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2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see		· · · · · · · · · · · · · · · · · · ·			Current Year			
2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see								
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5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	4							
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	5							
emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see		• • • • • • • • • • • • • • • • • • • •						
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	-	· · · · · · · · · · · · · · · · · · ·	6					
	7			l Type III supporting orga	nization (see			
	-	instructions).	,),	, , , , , , , , , , , , , , , , , , ,			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2016

b Excess from 2017

c Excess from 2018

d Excess from 2019

e Excess from 2020

and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2021. Add lines 3j

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:						
GAIN FROM INSURANCE CLAIMS						
2017 AMOUNT: \$ 76,876.						
OTHER INCOME						
2017 AMOUNT: \$ 68,499.						
2018 AMOUNT: \$ 146.						

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization Employer identification number

COVENANT HOUSE FLORIDA 59-2323607 INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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

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

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

COVENANT HOUSE FLORIDA, INC.

59-2323607

(c) (d) Type of contributions Type of contribu	Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
S PENN PLAZA S Z,503,928. Noncesh Complete Part II for noncesh contributions		` ,	` '	, ,			
No.	1	5 PENN PLAZA	\$ 2,503,928.	Payroll			
A09 3RD ST, SW.		` ,	` '	, ,			
No. Name, address, and ZIP+4 Total contributions Type of contribution	2	409 3RD ST, SW.	\$ <u>1,013,070</u> .	Payroll			
115 S. ANDREWS AVE, ROOM A-360 \$ 891,615. Payroll		. ,	` '	, ,			
No. Name, address, and ZIP + 4 U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 451 7TH STREET SW WASHINGTON, DC 20410 (a) No. Name, address, and ZIP + 4 LESLIE L. ALEXANDER FOUNDATION INC 110 E ATLANTIC AVE STE 320 DELRAY BEACH, FL 33444 (b) No. Name, address, and ZIP + 4 (c) Total contributions \$ 585,000. Person X Payroll Noncash (Complete Part II for noncash contribution) (c) (d) Type of contribution Person X Payroll Payroll Noncash (Complete Part II for noncash contributions) (c) (d) Total contributions (c) (d) Total contributions (c) (d) Type of contribution	3	115 S. ANDREWS AVE, ROOM A-360	\$ 891,615.	Payroll			
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 451 7TH STREET SW WASHINGTON, DC 20410 (c) (d) No. Name, address, and ZIP + 4 LESLIE L. ALEXANDER FOUNDATION INC 110 E ATLANTIC AVE STE 320 DELRAY BEACH, FL 33444 (b) No. Name, address, and ZIP + 4 (c) Total contributions \$ 585,000. Person X Payroll Noncash (Complete Part II for noncash contributions) (c) (d) Type of contributions (c) (Complete Part II for noncash contributions) (c) (d) Type of contributions) (c) (d) Type of contributions) (d) No. Name, address, and ZIP + 4 109 E. CHURCH ST., SUITE 300 \$ 283,013. Person X Payroll Noncash Noncash (Complete Part II for Noncash Contributions)		. ,		* *			
No. Name, address, and ZIP + 4 Total contributions Type of contribution Type of contribution Type of contribution Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions ORANGE COUNTY 109 E. CHURCH ST., SUITE 300 S 283,013. (Complete Part II for noncash contributions) (Complete Part II for noncash contributions)		U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 451 7TH STREET SW		Person X Payroll			
110 E ATLANTIC AVE STE 320 \$ 585,000.		. ,		* *			
No. Name, address, and ZIP + 4 ORANGE COUNTY 109 E. CHURCH ST., SUITE 300 \$ 283,013. Complete Part II for	5	110 E ATLANTIC AVE STE 320	\$ 585,000.	Payroll Noncash (Complete Part II for			
109 E. CHURCH ST., SUITE 300 \$ 283,013. Payroll Noncash (Complete Part II for		. ,		1 ',			
	6	109 E. CHURCH ST., SUITE 300	\$ 283,013.	Payroll Noncash (Complete Part II for			

Name of organization

COVENANT HOUSE FLORIDA, INC.

Employer identification number

59-2323607

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JOHN O. ULBRICH TRUST 1323 SE 3RD AVENUE FORT LAUDERDALE, FL 33316	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4 HOMELESS SERVICES NETWORK OF CENTRAL FLORIDA, INC. 4065 L B MCLEOD RD D ORLANDO, FL 32811	\$ 237,254.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	U.S. DEPARTMENT OF HOMELAND SECURITY 291 SOUTHEAST 1ST TERRACE DEERFIELD BEACH, FL 33441	\$ 220,464.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Tullio, dadi coo, dira zii T T	\$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.

Name of organization Employer identification number

COVENANT HOUSE FLORIDA, INC.

59-2323607

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization **Employer identification number** COVENANT HOUSE FLORIDA, INC. 59-2323607 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

COVENANT HOUSE FLORIDA, INC.

Employer identification number 59-2323607

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be u	ised only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	onferring
Par	t II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, has	andling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ing of violations, and enforcing conservati	on easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense s	statement and
	balance sheet, and include, if applicable, the text of the footno	ote to the organization's financial statemen	nts that describes the
D -	organization's accounting for conservation easements.	A de librario de al Torres de la Otto	O' or 'less Assesses
Pai	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publi	•	·
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958	· · · · · ·	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

032051 12-01-20

Schedule D (Form 990) 2020

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

Sche	dule D (Form 990) 2020 COVENAN	T HOUSE FLO	ORIDA	INC			59-	-23236	507	Page 2
	t III Organizations Maintaining C					r Other S				
3	Using the organization's acquisition, accession								,,,,,,,,,,	<u>учу</u>
	collection items (check all that apply):									
а	Public exhibition	c	I 🔲 Lo	an or exc	hange progr	am				
b	Scholarly research	e	e 🔲 Ot	her						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they	further th	ne organizatio	on's exemp	t purpose in	Part XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, histo	rical treas	sures, or oth	er similar as	ssets			
	to be sold to raise funds rather than to be ma							Ye		No
Par	t IV Escrow and Custodial Arrang		ete if the o	rganizatio	n answered	"Yes" on Fo	orm 990, Pa	rt IV, line 9	, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi									
	on Form 990, Part X?							. L Ye	S	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tab	le:						
								Am	ount	
	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo		•			•	?		S	∐ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i	f the organization an	pianation	os" on Fo	provided on	Part XIII .				
	2 1 2 1 and 5 1 and 5 Complete 1				(c) Two year		I) Three years	hack (a)	Eour vo	nare back
1a	Beginning of year balance	(a) Current year	(b) Prio	or year	(C) TWO year	IS DACK (U	I) Tillee years	Dack (e)	rour ye	sais Dack
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a. a	column (a))) held as:					
а	Board designated or quasi-endowment	•	%	()	,					
b	Permanent endowment	%								
С		 %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	ation that a	re held ar	nd administe	red for the	organization			
	by:								Y	es No
	(i) Unrelated organizations							38	a(i)	
	(ii) Related organizations								(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sch	edule R?				🚨	b	
4_	Describe in Part XIII the intended uses of the		wment fun	ds.						
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990), Part IV, I	ne 11a. S	See Form 990), Part X, lin	ie 10.			
	Description of property	(a) Cost or o basis (investr		` '	or other (other)	, , ,	umulated eciation	(d) l	Book v	alue
1a	Land			40	4,800.					800.
	Buildings				6,184.		34,390.			794.
	Leasehold improvements				4,463.		25,590.			873.
	Equipment			89	6,153.	78	37,761.		L08,	,392.

Schedule D (Form 990) 2020

89,151.

1,413,010.

e Other

367,416.

d Equipment

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

278,265.

Schedule D (Form 990) 2020 COVENANT HOU	SE FLORIDA,	INC. 59	-2323607 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			d afa
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			d af.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
<u>(1)</u>			
(2)		<u> </u>	
(3)		<u> </u>	
(4)		<u> </u>	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
(a) L	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.))	
Part X Other Liabilities.	· — —		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	i
1. (a) Description of liability			(b) Book value
			1

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASES	66,949.
(3) PAYCHECK PROTECTION PROGRAM LOAN	1,013,069.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,080,018.

^{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

Schedule D (Form 990) 2020

	(Form 990) 2020	COVENANT					9-2323	8607	Page
Part XI	Reconciliation of	f Revenue per	Audited	Financial Stat	ements Wi	th Revenue per Retu	ırn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.								
								400	~ ~ ~

	complete in the organization anowered Teo of From Coo, Fart IV, into 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	9,48	2,096.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities 2b			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3	9,48	2,096.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,48	2,096.

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. 8,026,112. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 517,560. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c **d** Other (Describe in Part XIII.) 596,730. Add lines 2a through 2d 7,429,382. Subtract line 2e from line 1 3 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.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)

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, 2018.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

WRITE OFF OF PLEDGE RECEIVABLE

79,170.

Schedule D (Form 990) 2020	COVENANT	HOUSE	FLORIDA,	INC.	59-2323607	Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Infor	mation (continued	d)				
	(00//////000	'				
-						
-						

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization							ntification number
	T HOUSE FLORIDA, II					59-2323	
Part I Fundraising Activities. required to complete this part	Complete if the organization answet.	red "Y	es" or	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Poly but of the solicitation in the solicitations b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			—				
List all states in which the organizatio or licensing.			utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2020

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups.	•	•		-
\neg		of furidialsing event contributions and gre	(a) Event #1	(b) Event #2	(c) Other events	
				2020 CITY		(d) Total events
			SLEEPOUT	VIRTUAL CONF	2	(add col. (a) through col. (c))
ω			(event type)	(event type)	(total number)	Coi. (c))
Revenue	1	Gross receipts	153,501.	137,412.	217,086.	507,999.
	2	Less: Contributions	153,501.	137,412.	200,556.	491,469.
	3	Gross income (line 1 minus line 2)			16,530.	16,530.
	4	Cash prizes				
σ	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	2,025.		400.	2,425.
rect Ey	7	Food and beverages			17,959.	17,959.
اۃ	8	Entertainment			4 800	4 800
	9	Other direct expenses			4,800. 2,319.	4,800. 7,209.
	10	Direct expense summary. Add lines 4 through				32,393.
	11	Net income summary. Subtract line 10 from li			_	-15,863.
Pa				n 990, Part IV, line 19, or r	eported more than	-
		\$15,000 on Form 990-EZ, line 6a.				
ω			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(,3-	bingo/progressive bingo		col. (a) through col. (c))
Rev						
=	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		,	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
•	Г					
		ter the state(s) in which the organization condu he organization licensed to conduct gaming a	_	otatoo?		Yes No
		No," explain:				res No
J		, <i>-</i> , -,-				
		ere any of the organization's gaming licenses re				Yes No
b	If "	Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Sch	edule G (Form 990 or 990-EZ) 2020 COVENANT HOUSE FLORIDA, INC. 5	<u>9-2323607</u>	7 Page 3
11		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
		13a	%
	The organization's facility		——————————————————————————————————————
	An outside facility	[130]	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	t	
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
	Address P		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Gaining manager compensation 🗾 5		
	Description of services provided		
	· · · · · · · · · · · · · · · · · · ·		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	·		
ě	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	No
	retain the state gaming license?		L NO
Ľ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ie	
Do	organization's own exempt activities during the tax year > \$ **T IV Supplemental Information. Provide the explanations required by Part Lline 2b, columns (iii) and (v); and		01 101
Pa		d Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
_			
_			

Schedule G	G (Form 990 or 990-EZ)	COVENANT	HOUSE	FLORIDA,	INC.	59-2323607	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continue	nd)	-			
		Continue	.u)				
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						-	
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			_				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 for the latest information.

2020

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2020

COVENANT HOUSE FLORIDA, INC.										
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 assi	stance, and the selection	1			
criteria used to award the grants or assistance?										
2 Describe in Part IV the organization's pr	criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.									
Part II Grants and Other Assistance to	Domestic Organiz	zations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part I	V, line 21, for any			
recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.						
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	e line 1 table	1	<u> </u>	1	>			
3 Enter total number of other organization	-									

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III

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
BOOD GLOWING AND MEDICAL GUDDLING	923	0	010 205	TOO!T	FOOD, CLOTHING, AND MEDICAL SUPPLIES
FOOD, CLOTHING, AND MEDICAL SUPPLIES	923	0.	910,385.	COST	SUPPLIES
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
IN PURSUIT OF ITS TAX-EXEMPT MISSIC	ON OF AME	LIORATING	THE CONDIT	ION OF THE	
POOR AND NEEDY, COVENANT HOUSE MAY	MAKE SPE	CIFIC GRAN	TS OF ASSI	STANCE TO	
INDIVIDUALS IN THE FORM OF FOOD AND	O/OR CLOT	HING. NON	CASH ASSIS	TANCE IS	
PROVIDED DIRECTLY TO YOUTH ON AN AS	S NEED BA	SIS. THESE	ITEMS ARE	INTENDED	
FOR THE PURPOSE OF MEETING OUR MISS	SION GOAL	S AND ARE	PROVIDED T	O ALL YOUTH	
IN OUR PROGRAMS WHO COULD USE SUCH	ITEMS. T	HE PROGRAM	STAFF IS	RESPONSIBLE	

FOR IDENTIFYING YOUTH NEEDS AND DETERMINING WHAT NON CASH ASSISTANCE WE

HAVE AVAILABLE AT THAT TIME THAT CAN BE USED BY THE YOUTH.

SCHEDULE J (Form 990)

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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

COVENANT HOUSE FLORIDA, INC.

Employer identification number 59-2323607

			Yes	No		
1 a	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.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (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	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	X Compensation committee Written employment contract					
	X Independent compensation consultant X Compensation survey or study					
	Form 990 of other organizations X 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:					
а	Receive a severance payment or change-of-control payment?	4a		X		
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?					
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X		
	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:					
а	The organization?	5a		<u>X</u>		
b	Any related organization?	5b		X		
	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:					
	The organization?	6a		_ <u>X</u> _		
b	Any related organization?	6b		X		
	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	7		Х		
	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	8		_X_		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9				

 $\label{eq:LHA} \mbox{ Haperwork Reduction Act Notice, see the Instructions for Form 990.}$

Schedule J (Form 990) 2020

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(I)-(U)	reported as deferred on prior Form 990
(1) JAMES GRESS CAPITAL CAMPAIGN	(i)	166,056.	0.	0.	17,377.	5,627.	189,060.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	165,305.	0.	0.	9,232.	12,079.	186,616.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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 for instructions and the latest information.

Employer identification number

D -	COVENANT HOU	SE FLO	RIDA, INC	•	59-2323607	
Ра	rt I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts	
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications	X			DONOR ESTIMATION	
5	Clothing and household goods	X		33,563.	DONOR ESTIMATION	
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded	X	7	41,081.	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					
6	Real estate - Commercial					
7	Real estate - Other					
8	Collectibles					
9	Food inventory	X	24	3,320.	DONOR ESTIMATION	
0	Drugs and medical supplies			7,7271		
1	Taxidermy					
2	Historical artifacts					
3	Scientific specimens					
.4	Archeological artifacts					
	Other (PERSONAL SUPP)	X	46	6 968.	DONOR ESTIMATION	
6	Other (ELECTRONICS)	X	9		DONOR ESTIMATION	
.o 27	Other (SCHOOL SUPPLI)	X	7		DONOR ESTIMATION	
28	Other (Deficiency)		<u> </u>	740.	BONON EBITIMITION	
29	Number of Forms 8283 received by the organi	zation during	the tax year for e	ontributions		
.9	for which the organization completed Form 82				0	
	for which the organization completed form oz	oo, rait v, L	onee Acknowledg	ement <u>29 </u>		No.
Λ-	During the year did the expenientian receive h		un anu neanartu ran	arted in Dort Llines 1 through		No
υa	During the year, did the organization receive b					
	must hold for at least three years from the dat					v
	exempt purposes for the entire holding period	٠			30a	X
b	,	l' l t	andrea de consti	af amilian and a surf of the	siana?	v
1	Does the organization have a gift acceptance	•	•	•	tions? 31	X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash		77
	contributions?				32a	X
b	If "Yes," describe in Part II.					
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is che	cked,	
	describe in Part II.					

032141 11-23-20

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

Schedule M (Form 990) 2020

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

DESCRIPTION OF ORGANIZATION MISSION:

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FORM 990, PART

I,

LINE 1,

COVENANT HOUSE FLORIDA, INC.

Employer identification number 59-2323607

SEVICES, CRISIS INTERVENTION AND OTHER SERVICES. FORM 990, PART III, LINE 1: IN 33 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, AND DROP-IN PROGRAMS. OUR DEDICATED STAFF ACROSS THE UNITED OUTREACH, STATES, GUATEMALA, HONDURAS, MEXICO, NICARAGUA, AND CANADA EMPLOY A TRAUMA-INFORMED PRACTICE MODEL THAT HELPS YOUNG PEOPLE STRENGTHS-BASED, 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 MORE. OUR

STAFF MEET THEM WHERE THEY ARE AND ACCOMPANY THEM, THROUGH OUR

HIGH-QUALITY CONTINUUM OF SERVICES, ON THEIR JOURNEY TO WHOLENESS AND

INDEPENDENCE.

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

Schedule O (Form 990 or 990-EZ) 2020

Employer identification number Name of the organization 59-2323607 COVENANT HOUSE FLORIDA, INC. DURING FY21, THE WORLDWIDE COVID-19 PANDEMIC IMPACTED THE NUMBER OF YOUTH COVENANT HOUSE REACHED, AS AFFILIATES ENSURED SOCIAL DISTANCING, SET ASIDE ISOLATION ROOMS FOR SYMPTOMATIC YOUTH, PAUSED OUR IN-PERSON PREVENTION PROGRAMS, AND, DURING LOCKDOWNS, SUSPENDED OR MODIFIED STREET OUTREACH. THE PANDEMIC IMPACTED ALL OF OUR OPERATIONS, INCLUDING FOOD PRODUCTION (INCREASED 75%); THE CREATION OF ONLINE OPPORTUNITIES FOR MENTAL HEALTH CARE, EDUCATION, AND JOB READINESS TRAINING; DEVELOPMENT OF APPROPRIATE INTAKE PROTOCOLS; IMPLEMENTATION OF NEW CLEANING AND SANITIZING PROTOCOLS, AND OTHER MEASURES, ALL OF WHICH DROVE UP OPERATING COSTS. NEVERTHELESS, IN FY21 COVENANT HOUSE AFFILIATES PROVIDED A TOTAL OF NEARLY 690,000 NIGHTS OF HOUSING AND SAFETY FOR, ON AVERAGE, 1,883 YOUTH EACH NIGHT. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: MEDICAL SERVICES: THIS PROGRAM PROVIDES AN ON-SITE HEALTH PROGRAM WHICH RECOGNIZES AND RESPONDS TO THE ACTUAL AND POTENTIAL HEALTH AND MEDICAL PROBLEMS OF THE HOMELESS YOUTH RESIDING AT ITS CRISIS SHELTER. THE NURSES, SUPPORTED BY A VOLUNTEER MEDICAL DIRECTOR, WORK CLOSELY WITH CHF CASE MANAGEMENT AND CLINICAL STAFF TO HELP IMPROVE AND ENSURE THE HEALTH, WELFARE AND SAFETY OF EACH YOUTH AND THEIR BABIES/CHILDREN. DURING FY2021 MEDICAL SERVICES AT ON-SITE HEALTH CLINIC (FORT LAUDERDALE) PROVIDED 1,347 VISITS. EXPENSES \$ 201,576. INCLUDING GRANTS OF \$ 513. REVENUE \$ 0.

COVENANT HOUSE FLORIDA, INC.	59-2323607				
OUTREACH:					
TRAINED OUTREACH COUNSELORS TRAVEL BY FOOT AND VAN TO AREA	S WHERE				
STREET KIDS CONGREGATE OFFERING: AN INTRODUCTION TO COVENA	NT HOUSE				
FLORIDA THROUGH INFORMAL DIALOGUE THAT AFFIRMS EACH YOUTH,					
NON-PERISHABLE FOOD, CLEAN CLOTHING, HYGIENE SUPPLIES, FIR	ST AID, AND				
COUNSELING ABOUT ISSUES THAT AFFECT THE YOUTH'S CURRENT SI	TUATION,				
REFERRALS TO SAFE SHELTER, MEDICAL CARE, OR OTHER SERVICES	. IF				
REQUESTED BY THE YOUTH, THE TEAM WILL PROVIDE TRANSPORTATI	ON TO THE				
CRISIS SHELTER.					
DURING FY2021, OUTREACH MADE 187 UNDUPLICATED CONTACTS WIT	H TROUBLED				
YOUTH (154 IN ORLANDO AND 33 IN FT. LAUDERDALE)					
EXPENSES \$ 122,870. INCLUDING GRANTS OF \$ 500. REVENUE					
DROP-IN SERVICES (FORMERLY COMMUNITY SERVICE CENTER)					
DROP-IN SERVICES ARE ANOTHER FORM OF OUTREACH AT COVENANT	HOUSE. YOUTH				
IN THIS PROGRAM ARE NOT RECEIVING RESIDENTIAL SERVICES, BU	T ARE				
PROVIDED ACCESS TO NUTRITIOUS MEALS, HOT SHOWERS, HYGIENE	PRODUCTS,				
LAUNDRY SERVICES, AND NEW CLOTHING AND SHOES. THEY CAN REQ	UEST AND				
RECEIVE MEDICAL AND MENTAL HEALTH SERVICES, CASE MANAGEMENT SERVICES,					
TRANSITIONAL AND PERMANENT HOUSING ASSISTANCE, AND THEY MA	Y TAKE PART				
IN THE EDUCATION AND EMPLOYMENT PROGRAM.					
DURING FY2021, COMMUNITY SERVICE CENTER PROVIDED 88 YOUTH	WITH DROP IN				
SERVICES.					

COVENANT HOUSE FLORIDA, INC.	59-2323607
EXPENSES \$ 43,648. INCLUDING GRANTS OF \$ 1,055. REVENUE	E \$ 0.
PUBLIC EDUCATION:	
THIS PROGRAM INFORMS AND EDUCATES THE PUBLIC ON HOW TO IDE	NTIFY
POTENTIAL "RUNAWAY" AND "THROWAWAY" ADOLESCENTS; PUBLIC AND	D PRIVATE
RESOURCES ARE AVAILABLE TO HELP SUCH ADOLESCENTS BEFORE TH	EY LEAVE HOME
AND PUBLIC SUPPORT SERVICES ARE ALSO AVAILABLE TO THESE FA	MILIES TO
IMPROVE THEIR HOME ENVIRONMENT.	
DURING FY2021, PUBLIC EDUCATION PRESENTED TO 24 YOUTH (0 I	N FT.
LAUDERDALE & 24 IN ORLANDO)	
EXPENSES \$ 5,325. INCLUDING GRANTS OF \$ 79. REVENUE \$	0.
FORM 990, PART VI, SECTION A, LINE 3:	
THE ORGANIZATION HIRED STEVEN J. HENRIQUEZ CPA, LLC AS A M.	ANAGEMENT COMPANY
WHICH PERFORMS THE FOLLOWING SERVICES:	
- SUPERVISING PERSONNEL,	
- AID IN THE PROCESS OF PREPARING THE BUDGET,	
- OVERSEE DAY TO DAY ACCOUNTING ACTIVITIES OF THE ORGANIZA	TION
DURING FY2021, TOTAL MANAGEMENT FEE PAID TO STEVEN J. HENR	IQUEZ CPA, LLC
WAS \$63,600.	
STEVEN HENRIQUEZ, OUTSOURCED CFO, WAS COMPENSATED \$10,536	BY STEVEN J.
HENRIQUEZ CPA, LLC IN FY2021 FOR THE MANAGEMENT SERVICE PRO	OVIDED TO THE
ORGANIZATION.	

Name of the organization COVENANT HOUSE FLORIDA, INC. Employer identification number 59-2323607

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

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

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

COVENANT HOUSE FLORIDA'S (CHF) PARENT ORGANIZATION, COVENANT HOUSE

INTERNATIONAL HAS THE RIGHT TO ELECT OR APPOINT OFFICERS OF CHF'S BOARD OF

DIRECTORS.

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

THE FOLLOWING DECISIONS FOR THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY

CHC PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL - AMENDMENT OR REPEAL

OF THE BY-LAWS, INCREASE OR DECREASE IN THE NUMBER OF BOARD OF DIRECTORS

AND APPOINT/REMOVE MEMBERS OF THE BOARD AND THE OFFICERS.

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

THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY
THE PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL, THE CFO AND THE
COVENANT HOUSE FLORIDA BOARD FINANCE COMMITTEE FOR COMPLETION AND ACCURACY
PRIOR TO FILING. THE FINAL FORM 990 IS ELECTRONICALLY PROVIDED TO ALL
MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

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

032212 11-20-20

Name of the organization

Employer identification number

59-2323607 COVENANT HOUSE FLORIDA, INC. WITH COVENANT HOUSE INTERNATIONAL OR ANY OTHER ORGANIZATION BUSINESS/ AGENCY AFFILIATED WITH COVENANT HOUSE INTERNATIONAL. IF A CONFLICT IS DETERMINED TO EXIST, IT MUST BE REPORTED AND ADDRESSED TO THE SATISFACTION OF THE ORGANIZATION. ANY OTHER PERSON HAVING A CONFLICT, AND ATTENDING SAID MEETING, SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD OR COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATIONS OR DECISIONS REGARDING THE MATTER UNDER CONSIDERATION. ANY INTERESTED DIRECTOR SHALL ALSO ABSTAIN DURING SUCH VOTE. THE MINUTES OF THE MEETING OF THE BOARD OR COMMITTEE SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT DURING THE FINAL DISCUSSION OR VOTE AND DID NOT VOTE. A SUMMARY OF THE ANNUAL CONFLICTS OF INTEREST AND COPIES OF THE CONFLICTS OF INTEREST REPORTS FROM THE DIRECTORS, EXECUTIVE DIRECTOR, AND OFFICERS OF THE ORGANIZATION ARE ALSO SENT TO THE PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL. THE PARENT, COVENANT HOUSE INTERNATIONAL ALSO ENSURES THE ANNUAL CONFLICTS OF INTEREST REPORTS ARE

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

THE CHIEF 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 CHIEF 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 CH FL BOARD OF

DIRECTORS.

ACCOMPLISHED FOR EACH AFFILIATE AND THAT THE REQUIRED INFORMATION IS SENT

TO THEM.

Name of the organization COVENANT HOUSE FLORIDA, INC.

Employer identification number 59-2323607

RECORDS OF EXECUTIVE COMMITTEE'S COMPENSATION DECISIONS ARE MAINTAINED IN

THE COVENANT HOUSE INTERNATIONAL (PARENT) HUMAN RESOURCES DEPARTMENT

RECORD. THIS PROCESS WAS LAST UNDERTAKEN IN FISCAL YEAR 2020.

HUMAN RESOURCES CONDUCTS SALARY SURVEYS IN THE COMMUNITY OF COMPARABLE

ORGANIZATIONS TO DETERMINE COMPENSATION RANGES FOR THE COMPENSTATION OF

OTHER OFFICERS. THE SURVEY WAS LAST PERFORMED IN 2020. IN ADDITION TO THE

SURVEY, THE BOARD FINANCE COMMITTEE REVIEWS THE PAY SCALE ON AN ANNUAL

BASIS. RECORDS OF THE COMPENSATION DECISIONS ARE MAINTAINED IN THE FINANCE

COMMITTEE MINUTES.

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 AS WELL AS POSTING IT ON ITS WEBSITE. THE
FORM 990 IS ALSO UPLOADED BY THE ORGANIZATION ONTO WWW.GUIDESTAR.ORG. THE
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
ARE ALL AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT 733 BREAKERS
AVENUE, FORT LAUDERDALE, FL 33304.

FORM 990, PART X, LINE 25:

ON APRIL 14, 2020, THE ORGANIZATION RECEIVED REFUNDABLE ADVANCE

PROCEEDS IN THE AMOUNT OF \$1,013,070 UNDER THE PAYCHECK PROTECTION

PROGRAM (THE "PPP"). THE PPP, ESTABLISHED AS PART OF THE CORONAVIRUS

AID, RELIEF AND ECONOMIC SECURITY ACT (THE "CARES ACT"), PROVIDES

REFUNDABLE ADVANCES TO QUALIFYING ENTITIES FOR AMOUNTS UP TO 2.5 TIMES

THE 2019 AVERAGE MONTHLY PAYROLL EXPENSES OF THE QUALIFYING ENTITY. THE

PPP REFUNDABLE ADVANCE BEARS AN INTEREST RATE OF 1% PER ANNUM. ALL OR

A PORTION OF THE PPP REFUNDABLE ADVANCE PRINCIPAL AND ACCRUED INTEREST

2 11-20-20

Name of the organization

Employer identification number

59-2323607 COVENANT HOUSE FLORIDA, INC. IS FORGIVABLE AS LONG AS THE BORROWER USES THE REFUNDABLE ADVANCE PROCEEDS FOR ELIGIBLE PURPOSES, AS DESCRIBED IN THE CARES ACT, OVER A PERIOD OF EITHER EIGHT OR TWENTY-FOUR WEEKS (THE "COVERED PERIOD"). THE AMOUNT OF REFUNDABLE ADVANCE FORGIVENESS COULD BE REDUCED IF THE BORROWER TERMINATES EMPLOYEES OR REDUCES SALARIES BELOW A CERTAIN THRESHOLD DURING THE COVERED PERIOD AND DOES NOT QUALIFY FOR CERTAIN SAFE HARBORS. THE UNFORGIVEN PORTION OF THE PPP REFUNDABLE ADVANCE, IF ANY, IS PAYABLE WITHIN FIVE YEARS FROM THE DATE OF THE REFUNDABLE ADVANCE. REFUNDABLE ADVANCE PAYMENTS OF PRINCIPAL AND INTEREST ARE DEFERRED UNTIL THE AMOUNT OF REFUNDABLE ADVANCE FORGIVENESS IS DETERMINED BY THE UNITED STATES SMALL BUSINESS ADMINISTRATION ("SBA"). IF THE ORGANIZATION DOES NOT APPLY FOR FORGIVENESS, PAYMENTS BEGIN APPROXIMATELY 16 MONTHS AFTER THE REFUNDABLE ADVANCE DATE. ON APRIL 24, 2021, THE ORGANIZATION WAS NOTIFIED THAT THE ENTIRE

ON APRIL 24, 2021, THE ORGANIZATION WAS NOTIFIED THAT THE ENTIRE

AFOREMENTIONED REFUNDABLE ADVANCE WAS FORGIVEN AND THE PREVIOUSLY

RECORDED LIABILITY WAS RECOGNIZED AS REVENUE WITHIN THE 2021 STATEMENT

OF ACTIVITIES.

ON JANUARY 31, 2021 THE ORGANIZATION RECEIVED AN ADDITIONAL PPP

REFUNDABLE ADVANCE IN THE AMOUNT OF \$1,013,069. THE REFUNDABLE ADVANCE

BEARS AN INTEREST RATE OF 1% PER ANNUM AND THE TERMS ARE SIMILAR TO THE

INITIAL REFUNDABLE ADVANCE RECEIVED DURING THE YEAR ENDED JUNE 30,

2020. THE ORGANIZATION USED ALL PROCEEDS RECEIVED IN ACCORDANCE WITH

REGULATIONS ESTABLISHED BY THE PPP AND RECEIVED NOTIFICATION ON

NOVEMBER 29, 2021 THAT THE ENTIRE AFOREMENTIONED REFUNDABLE ADVANCE WAS

FORGIVEN. THE ENTIRE AMOUNT RECEIVED UNDER THE PPP IS REPORTED AS A

REFUNDABLE ADVANCE IN THE STATEMENT OF FINANCIAL POSITION AT JUNE 30,

51

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

COVENANT HOUS	SE FLORIDA, INC.					59-23236		umber
Part I Identification of Disregarded Entities. Com	plete if the organization answered "	Yes" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea		s Direct c	(f) ontrolling ntity	g
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	nizations. Complete if the organiza	tion answered "Yes" on Form 990	D, Part IV, line 34,	pecause it had one	or moi	re related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) rect controlling entity	cont	g) 512(b)(13) trolled tity?
COVENANT HOUSE - 13-2725416				501(c)(3))	+		Yes	No
5 PENN PLAZA								
NEW YORK, NY 10001	HUMANITARIAN	NEW YORK	501(C)3	LINE 7	N/A			X
COVENANT HOUSE ALASKA - 13-3419755								
755 A STREET								
ANCHORAGE, AK 99501	HUMANITARIAN	ALASKA	501(C)3	LINE 7	COVE	NANT HOUSE		Х
COVENANT HOUSE CALIFORNIA - 13-3391210								
1325 NORTH WESTERN AVENUE								
HOLLYWOOD, CA 90027	HUMANITARIAN	CALIFORNIA	501(C)3	LINE 7	COVE	NANT HOUSE		X
COVENANT HOUSE GEORGIA - 13-3523561								
1559 JOHNSON ROAD NW			1		1		1	1

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

HUMANITARIAN

Schedule R (Form 990) 2020

COVENANT HOUSE

ATLANTA, GA 30318

GEORGIA

501(C)3

LINE 7

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(b)	(c)	(d)	(e)	(f)	(g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		512(b)(13) rolled
of related organization		foreign country)	section	status (if section	entity	organi	zation?
				501(c)(3))		Yes	No
COVENANT HOUSE ILLINOIS - 81-2061485							
2934 W. LAKE STREET							
CHICAGO, IL 60612	HUMANITARIAN	ILLINOIS	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE MICHIGAN - 38-3351777							
2959 MARTIN LUTHER KING JR BLVD							
DETROIT, MI 48208	HUMANITARIAN	MICHIGAN	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE MISSOURI - 43-1821599							
2727 NORTH KINGSHIGHWAY BLVD							
ST. LOUIS, MO 63113	HUMANITARIAN	MISSOURI	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE NEW JERSEY - 13-3537710							
330 WASHINGTON STREET							
NEWARK, NJ 07102	HUMANITARIAN	NEW JERSEY	501(C)3	LINE 7	COVENANT HOUSE		Х
COVENANT HOUSE NEW ORLEANS - 58-1669937							
611 NORTH RAMPART STREET							
NEW ORLEANS, LA 70112	HUMANITARIAN	LOUISIANA	501(C)3	LINE 7	COVENANT HOUSE		Х
COVENANT HOUSE PENNSYLVANIA - 23-3003176							
31 EAST ARMAT STREET							
PHILADELPHIA, PA 19144	HUMANITARIAN	PENNSYLVANIA	501(C)3	LINE 7	COVENANT HOUSE		Х
COVENANT HOUSE TEXAS - 76-0050882							
1111 LOVETT BLVD							
HOUSTON, TX 77006	HUMANITARIAN	TEXAS	501(C)3	LINE 7	COVENANT HOUSE		Х
COVENANT HOUSE WASHINGTON - 13-3537709							
2001 MISSISSIPPI AVENUE SE							
WASHINGTON, DC 20020	HUMANITARIAN	DISTRICT OF COLUMBIA	501(C)3	LINE 7	COVENANT HOUSE		х
COVENANT HOUSE WESTERN AVENUE - 95-4395845							
1325 N WESTERN AVENUE							
HOLLYWOOD, CA 90027	HOLDING CO	CALIFORNIA	501(C)3	LINE 12A, I	COVENANT HOUSE		Х
COVENANT INTERNATIONAL FOUNDATION -				,			
13-3124706, 5 PENN PLAZA, NEW YORK, NY							
10001	HOLDING CO	DELAWARE	501(C)3	LINE 7	COVENANT HOUSE		х
TESTAMENTUM - 23-7326634							
5 PENN PLAZA	7						
NEW YORK, NY 10001	HOLDING CO	NEW YORK	501(C)3	LINE 10	COVENANT HOUSE		Х
UNDER 21 COVENANT HOUSE NEW YORK -						1	† <u></u>
13-3076376, 550 10TH AVENUE, NEW YORK, NY	7						
10018		NEW YORK	501(C)3	LINE 7	COVENANT HOUSE		Х

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(b)	(c)	(d)	(e)	(f)	Section 5	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	conti	rolled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	<u> </u>	zation?
COVENANT HOUSE CONNECTICUT - 13-3330953				301(0)(3))		Yes	No
C/O COVENANT HOUSE 5 PENN PLAZA	1						
NEW YORK, NY 10001	- HUMANITARIAN	CONNECTICUT	501(C)3	LINE 7	COVENANT HOUSE		Х
COVENANT HOUSE CHICAGO - 13-3386635		COMMENTED	301(0/3	,	COVERNIAL HOUSE		21
C/O COVENANT HOUSE, 5 PENN PLAZA	1						
NEW YORK, NY 10001	- HUMANITARIAN	ILLINOIS	501(C)3	PF	COVENANT HOUSE		Х
268 WEST 44TH CORPORATION - 13-2874450			301(0/3		COVERNIAL HOUSE		21
C/O COVENANT HOUSE, 5 PENN PLAZA	1						
NEW YORK, NY 10001	HOLDING CO	NEW YORK	501(C)2		COVENANT HOUSE		Х
RIGHTS OF PASSAGE INC - 13-3549405	liozpine ee	lan Iolii	501(0)2		COVERNIAL HOUSE		21
C/O COVENANT HOUSE 5 PENN PLAZA	1						
NEW YORK, NY 10001	- HUMANITARIAN	DELAWARE	501(C)3	LINE 7	COVENANT HOUSE		Х
UNDER 21 BOSTON INC - 04-2790593			002(0)0	,	0012111211 110022		21
460 WEST 41ST STREET	7						
NEW YORK, NY 10036	- HUMANITARIAN	MASSACHUSETTS	501(C)3	LINE 12A, I	COVENANT HOUSE		Х
COVENANT HOUSE TORONTO					COVENANT		
20 GERRARD STREET EAST	1				INTERNATIONAL		
TORONTO, CANADA, CANADA M5B 2P3	- HUMANITARIAN	CANADA			FOUNDATION		Х
COVENANT HOUSE VANCOUVER					COVENANT		1
575 DRAKE STREET					INTERNATIONAL		
VANCOUVER, CANADA, CANADA V6B 4K8	HUMANITARIAN	CANADA			FOUNDATION		х
ASOCIACION LA ALIANZA GUATEMALA					COVENANT		
13 AVENIDA 00-37 ZONA 2 COLONIA LA ESCUADRIL	7				INTERNATIONAL		
MIXCO, GUATEMALA, GUATEMALA	HUMANITARIAN	GUATEMALA			FOUNDATION		Х
CASA ALIANZA DE HONDURAS					COVENANT		
CORNER OF ARDA CERVANTES Y MORELOS	7				INTERNATIONAL		
TEGUCIGALPA, HONDURAS, HONDURAS	HUMANITARIAN	HONDURAS			FOUNDATION		Х
CASA ALIANZA NICARAGUA					COVENANT		
EDIFFICIO CONRAD N HILTON COSTADO ESTE DEL M	7				INTERNATIONAL		
MANAGUA, NICARAGUA, NICARAGUA	HUMANITARIAN	NICARAGUA			FOUNDATION		Х
FUNDACION CASA ALIANZA MEXICO IAP					COVENANT		
PLAZA DE LAS FUENTES 116 COL					INTERNATIONAL		
MEXICO DF, MEXICO, MEXICO	HUMANITARIAN	MEXICO			FOUNDATION		Х
CASA ALIANZA INTERNACIONAL					COVENANT		
C/O COVENANT HOUSE, 5 PENN PLAZA					INTERNATIONAL		
NEW YORK, NY 10001	HUMANITARIAN	COSTA RICA			FOUNDATION		Х

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conti	g) 512(b)(13) trolled ization?
				501(c)(3))		Yes	No
CH PENNSYLVANIA UNDER-21 HOLDINGS, INC							
82-1519205, 31 EAST ARMAT STREET,					COVENANT HOUSE		
PHILADELPHIA, PA 19144	HOLDING CO	PENNSYLVANIA	501(C)3	LINE 12A, I	PENNSYLVANIA		Х
YOUTH VISION SOLUTIONS - 27-1855040							
2959 MARTIN LUTHER KING JR BLVD					COVENANT HOUSE		
DETROIT, MI 48208	SCHOOL MGMT	MICHIGAN	501(C)3	LINE 7	MICHIGAN		X
CH HOUSING DEVELOPMENT FUND CORPORATION -							
83-4124396, C/O COVENANT HOUSE, 5 PENN	PROVIDE TRANSITIONAL						
PLAZA, NEW YORK, NY 10001	HOUSING	NEW YORK	501(C)3	LINE 12A, I	COVENANT HOUSE		Х
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	_						
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	-						
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	_						
							
						1	

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	manag	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes I	lo
COVENANT HOUSE ILLINOIS											
QALICB LLC - 85-3857238, 2934											
W. LAKE STREET, CHICAGO, NY	DEVELOP		COVENANT HOUSE								
60612	PROPERTY	IL	ILLINOIS	RELATED	0.	0.		x	N/A	2	.00
CHGA CHI LEVERAGE LENDER, LLC - 85-3539993, 1559 JOHNSON	DEVELOP		COVENANT HOUSE								
ROAD NW, ATLANTA, GA 30318	PROPERTY		GEORGIA	RELATED	0.	0.		X	N/A	2	.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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

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

Not	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	1 During the tax year, did the organization engage in any of the following transactions with one or more related organization	janizations listed in	Parts II-IV?			
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		X
	b Gift, grant, or capital contribution to related organization(s)			1b		X
	c Gift, grant, or capital contribution from related organization(s)			1c	X	
	d Loans or loan guarantees to or for related organization(s)			1d		X
е	e Loans or loan guarantees by related organization(s)			1e		X
f	f Dividends from related organization(s)			1f		X
g	g Sale of assets to related organization(s)			1g		X
	h Purchase of assets from related organization(s)			1h		X
i	i Exchange of assets with related organization(s)			1i		X
j	j Lease of facilities, equipment, or other assets to related organization(s)			1j		X
-	•					
k	k Lease of facilities, equipment, or other assets from related organization(s)			1k	Х	
1	Performance of services or membership or fundraising solicitations for related organization(s)			11		X
m	m Performance of services or membership or fundraising solicitations by related organization(s)			1m	Х	
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		X
	Sharing of paid employees with related organization(s)			10	Х	
р	p Reimbursement paid to related organization(s) for expenses			1p	Х	
a	q Reimbursement paid by related organization(s) for expenses			1q		X
•						
r	r Other transfer of cash or property to related organization(s)			1r		Х
	s Other transfer of cash or property from related organization(s)			1s		X
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, inc		-			
	(a) (b)	(c) ount involved	(d) Method of determining amount invo	lved		
1)	1)					
')	"					
2)	2)					
<u>-,_</u>						

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?	General manage partne	(k) Percentage ownership
			,	100 110					
									000) 0000

Provider: Covenant House Florida			
Program: Independent Living/Workforce Development for Youth L	Jnder 22 Experie	encing Home	lessness
Revenue	Covenant House Florida/ Others	Florida Panthers Foundation	TOTAL BUDGET
City of Hollywood CDBG		\$15,000.00	\$15,000.00
CHF Board of Directors	\$72,000.00	ψ10,000.00	\$72,000.00
Foundations: Holman \$25,000	\$25,000.00		\$25,000.00
Foundations: Pending	\$105,000.00		\$105,000.00
Public Contributions- Unrestricted(Individual Donor Giving Program)	\$81,365.00		\$81,365.00
Local Government Funding	\$7,500.00		\$7,500.00
Special Events	\$75,000.00		\$75,000.00
Total	\$365,865.00	\$15,000.00	4. 0,000.00
	TOTAL REVEN		\$380,865.00
EXPENDITURES			+ + + + + + + + + + + + + + + + + + +
Personnel:			
Chief Program Officer 20% x \$84,460.10	\$16,892.00	\$0.00	\$16,000.00
		\$0.00	
Education Career Navigator	\$41,500.00	T	\$44,004.00
Independent Living Coordinator 32% of \$47,030.10	\$47,030.10	\$15,000.00 \$0.00	\$32,030.10
Independent Living Case Manager (currently vacant)	\$31,200.00		\$31,200.00
Case Managers 1 shift per floor, 4 @ 25% = \$33,280)	\$33,280.00	\$0.00	\$33,280.00
Subtotal of Salaries		\$15,000.00	\$156,514.10
Taxes/Benefits @ 30%	\$49,387.00	\$0.00	\$49,387.00
SubTotal: Personnel	\$219,289.10	\$15,000.00	\$205,901.10
Program Operating Expenses			
Assistance to Youth			
Bus Passes for Participants 6,000 daily bus passes @ \$1.50 each	\$6,625.00	\$0.00	\$6,625.00
Attendance incentives @ \$30 week per student (8 X \$30 for 52 weeks); Student of the week @ \$25 (\$25 X 52 weeks); Student of the month \$50 (\$50 x 12 months) and Grade Improvement Incentives @\$10 each level - four (4) levels. Supplies	\$16,100.00	\$0.00	\$16,100.00
	¢1 200 00	\$0.00	¢4 200 00
Computer Internet @ \$100 per month x 12 months	\$1,200.00	\$0.00	\$1,200.00
Internet Based Software: McGraw- Hill Common Core Achieve On-Line	\$1,500.00	\$0.00	\$1,500.00
Office Supplies & Printing/Copying allocated expense @ 2.5% of total			
(\$52,500 x .025) plus 20 GED Tests @ \$128 each	\$1,319.00	\$0.00	\$1,319.00
Postage @ \$66.66 per month x 12 months	\$800.00	\$0.00	\$800.00
Travel			
Staff Travel 180 miles/month x 12 months x \$0.56	\$1,210.00	\$0.00	\$1,210.00
Facilities	ψ1,210.00	φο.σσ	Ψ1,210.00
Insurance for Program Facilities and Activities prorated at 18% of total costs (5,378 out of 29,590 sq. ft.), Insurance Annual @\$90,000 x 18%		\$0.00	\$16,200.00
Space for Program Facilities allocated @18% of total costs (5,378 out		+0.00	7.0,200.00
of 29,590 sq. ft.) Building Annual \$585,000 x 18%	\$105,300.00	\$0.00	\$105,300.00
Utilities for Program Facilities allocated @18% of total costs (5,378			
out of 29,590 sq. ft.) Utilities Annual \$120,000 x 18%	\$21,600.00	\$0.00	\$21,600.00
			Ψ= : ;σσσ:σσ
Subtotal Program Operating Expenses TOTAL BUDGET	\$171,854.00	\$0.00	\$171,854.00 \$377,755.10

Provider: Covenant House Florida			
Program: Independent Living/Workforce Development for Youth L	Jnder 22 Experie	encing Home	lessness
Revenue	Covenant House Florida/ Others	Florida Panthers Foundation	TOTAL BUDGET
City of Hollywood CDBG		\$15,000.00	\$15,000.00
CHF Board of Directors	\$72,000.00	ψ10,000.00	\$72,000.00
Foundations: Holman \$25,000	\$25,000.00		\$25,000.00
Foundations: Pending	\$105,000.00		\$105,000.00
Public Contributions- Unrestricted(Individual Donor Giving Program)	\$81,365.00		\$81,365.00
Local Government Funding	\$7,500.00		\$7,500.00
Special Events	\$75,000.00		\$75,000.00
Total	\$365,865.00	\$15,000.00	
	TOTAL REVEN	UE	\$380,865.00
EXPENDITURES			
Personnel:			
Chief Program Officer 20% x \$84,460.10	\$16,892.00	\$0.00	\$16,892.00
Education Career Navigator	\$41,500.00	\$0.00	\$44,004.00
Independent Living Coordinator	\$32,030.10	\$15,000.00	\$47,030.10
Independent Living Case Manager (currently vacant)	\$33,280.00	\$0.00	\$33,280.00
Case Managers 1 shift per floor, 4 @ 25% = \$33,280)	\$33,280.00	\$0.00	\$33,280.00
Subtotal of Salaries	. ,	\$15,000.00	\$174,486.10
Taxes/Benefits @ 30%	\$37,990.00	\$0.00	\$37,990.00
SubTotal: Personnel	· · ·	\$15,000.00	\$212,476.10
Program Operating Expenses	VIO 1,012110	ψ. ισ, σσσ. ισσ	V 2.12, 11 0110
Assistance to Youth			
	¢6 220 00	¢0.00	¢6 605 00
Bus Passes for Participants 6,000 daily bus passes @ \$1.50 each	\$6,229.00	\$0.00	\$6,625.00
Attendance incentives @ \$30 week per student (8 X \$30 for 52 weeks); Student of the week @ \$25 (\$25 X 52 weeks); Student of the month \$50 (\$50 x 12 months) and Grade Improvement Incentives @\$10 each level - four (4) levels.	\$16,100.00	\$0.00	\$16,100.00
Supplies			
Computer Internet @ \$100 per month x 12 months	\$1,200.00	\$0.00	\$1,200.00
Internet Based Software: McGraw- Hill Common Core Achieve On-Line	\$1,500.00	\$0.00	\$1,500.00
Office Supplies & Printing/Copying allocated expense @ 2.5% of total			
(\$52,500 x .025) plus 20 GED Tests @ \$128 each	\$1,319.00	\$0.00	\$1,319.00
Postage @ \$66.66 per month x 12 months	\$800.00	\$0.00	\$800.00
Travel			
Staff Travel 180 miles/month x 12 months x \$0.56	\$1,210.00	\$0.00	\$1,210.00
Facilities			
Insurance for Program Facilities and Activities prorated at 18% of total costs (5,378 out of 29,590 sq. ft.), Insurance Annual @\$90,000 x 18% Space for Program Facilities allocated @18% of total costs (5,378 out		\$0.00	\$16,200.00
of 29,590 sq. ft.) Building Annual \$585,000 x 18%	\$105,300.00	\$0.00	\$105,300.00
Utilities for Program Facilities allocated @18% of total costs (5,378 out of 29,590 sq. ft.) Utilities Annual \$120,000 x 18%	\$21,600.00	\$0.00	\$21,600.00
Subtotal Program Operating Expenses		\$0.00	\$171,854.00
TOTAL BUDGET		\$15,000.00	\$384,330.10
TOTAL DODGLI	+000, +00. 10	¥ 10,000.00	700-1,000.10

COVENANT HOUSE FLORIDA FY 2023 BUDGET

REVENUES	
Branding dollars	2,100,000
Government Grants	2,310,917
Bequests	100,000
Individuals	901,000
Corporations/Foundations	925,000
Special Events	951,568
TOTAL REVENUES	7,288,484
EXPENSES	
PAYROLL:	
Salaries and wages	4,125,860
Taxes and benefits	968,427
Total payroll:	5,094,287
	-, ,
Youth Assistance	885,330
Occupancy	262,360
Support services	325,668
Professional fees	152,100
Depreciation	198,000
Supplies	116,040
Vehicles and travel	78,515
Telephone	69,960
IT costs	15,000
Printing	7,330
Medical costs	1,100
Postage	6,060
Other	260,888
TOTAL EXPENSES:	7,472,638
NET INCOME:	(184,154)







OTHER SOURCES OF FUNDING SOUGHT

CHF is requesting support from this CDBG grant to provide critical skill training expressly for youth under 22 from the City of Hollywood in order that they may gain employment and successfully exit homelessness. CHF provides its services for all youth from across South Florida. However, as this request is for support to assist youth specifically from Hollywood, the agency has not sought out any other funding source to date to provide these critical services specifically to youth from the City of Hollywood experiencing homelessness.



February 1, 2023

TO WHOM IT MAY CONCERN:

Founded in 1926, the Greater Hollywood Chamber of Commerce is a 501 (c)(6) not-for-profit organization that is recognized locally as a leading business organization in serving the community of Broward County. With over 230 networking opportunities, educational seminars, and lead groups, the Chambers supports the business community through initiatives to promote a better business and social climate.

The Greater Hollywood Chamber of Commerce is proud of our working relationship with Covenant House Florida (CHF). Covenant House Florida is a private, not-for-profit community-based organization founded in 1985 that provides direct care to disadvantaged, and abused youth experiencing homelessness under age 22, their babies and children. CHF provides emergency and transitional shelter and support services to help at-risk homeless kids get off the street and on with their lives.

Covenant House Florida provides a short-term crisis intervention center responding to youth's urgent needs through open intake- immediate acceptance any time day or night, seven days a week. Counselors and volunteers meet their basic needs for wholesome food, a hot shower, clean clothing, medical attention, and a safe place to sleep. To meet these runaway and homeless youth's multiple complex needs, CHF offers comprehensive services, including: street outreach; emergency shelter care; counseling; case management; therapy; referrals; GED classes; health services at on-site clinic; substance abuse treatment and intervention; HIV/AIDS prevention and intervention; parenting education; employment assistance; transportation assistance; transitional housing; and aftercare services.

CHF transitions disadvantaged at-risk homeless youth with a safe haven, adult role models and opportunities to develop positive social and life skills, while at the same time, enhancing their opportunities to become at provide youth, and eventually productive citizens.

The Greater Hollywood Chamber of Commerce supports and endorses Covenant House Florida's grant—application to the City of Hollywood CDBG Public Services Grant for Youth Works- Youth Employment Services (YES) Program for Hollywood Youth Under 22 Experiencing Homelessness. The program will serve an estimated 50 homeless youth under age 21 with workforce development training, life and soft skills training, and employer-partner work-based learning opportunities. Hollywood youth will gain skills, experience, and confidence to enter living wage or traditional jobs for workforce success and employment in the City of Hollywood and Broward County.

It is with distinct pleasure that I recommend Covenant House Florida be funded with their request for its Youth Works- Youth Employment Services (YES) Program.

Marie Sparez CEO/Executive Director

Sincere

Greater Hollywood Chamber of Commerce



BOARD OF DIRECTORS July 1, 2022 to June 30, 2023

NAME	BUSINESS AFFILIATION	MEMBERSHIP
Scott Aaron	Cisco Systems 954-226-9202 Email: scottmaaron00@gmail.com	Member Since: March 2020
Aaron Abramoff	The Restaurant People 305-301-4914 Email: aaron@therestaurantpeople.com	Member Since: June 2020
Dr. Leonard Bass	Valencia College 407-528-2745 Email: Lbass11@valenciacollege.edu	Member Since: March 2015
Matthew Brennan	Professional Bank 386-846-4482 Email: MBrennan@probankfl.com	Member Since: July 2014
Patrick Cohen	Caprock Solutions Inc. 917-482-7079 Email: patrick.cohen@caprockinc.org	Member Since: June 2021
Shanell Deal- Salgado	IronNet Cybersecurity 305-788-2745 Email: dshanell@hotmail.com	Member Since: July 2022
Mohamed (Mo) Khalil (Board Chairman)	Mathnasium 407-375-4643 866-243-6284 ext: 100 Email: Mo.Khalil@mathnasium.com	Member Since: September 2018
Greg Lonsway	NTT 954-242-8880 Email: greg.lonsway@global.ntt	Member Since: May 2018
Christine Molloy	Accenture 719-237-1885 Email: Christinemolloy10@gmail.com	Member Since: February 2016
Josh Polsky (Board Vice Chairman)	Bernstein Polsky, P.A. 954-997-9917 Email: josh@bpinjury.com	Member Since: September 2016

Susan Selimos Accenture Member Since: May 2014

703-421-7723

Email:

susan.k.selimos@accenture.com

Scott Sherman Tricera Capital Member Since: January 2017

954-815-4316

Email: scott@toroseequities.com

Carrie Siu Butt SimpleHealth Inc Member Since: July 2022

917-273-8776

Email: csiubutt@gmail.com

Dr. Chanda Torres University of Central Florida Member Since: February 2016

407-823-3824

Email: Chanda.Torres@ucf.edu

Sheela VanHoose The Southern Group Member Since: June 2019

850-671-4401

Email:

vanhoose@thesoutherngroup.com







COMMITMENT LETTER FOR MATCH FUNDING

February 6, 2023

Subject: Certification of Match/Leveraging for Grant Application for CDBG (Community

Development Block Grant) Operating Year October 1, 2023 through September 30,

2024

Project Name: Independent Living/Workforce Development Program for Hollywood Youth Under 22 Experiencing Homelessness

To Whom It May Concern:

Covenant House Florida (applicant) certifies that it will provide match resources totaling \$15,000 from private donations (corporate foundations) for the above referenced one-year grant. This represents a dollar for dollar leveraging match to the requested \$15,000 CDBG award.

Of the \$15,000 match to be provided, it is anticipated that \$11,930 will be used for a portion of the salary of the Independent Living Coordinator and \$3,070 for a portion of the salary of the Independent Living Case Manager.

If you have any questions or need additional information, please contact me by phone at 954-568-7941 or by e-mail at shenriquez@covenanthousefl.org

Sincerely,

Steven Henriquez Chief Financial Officer



STRATEGIC PLAN 2020-2022

FROM OUR CEO

Dear Friends,



provide access and opportunity to our youth, bridging the gap from homelessness to independence. homelessness in South and Central Florida. Each day, our mission is alive as we work tirelessly to For over 35 years, Covenant House Florida has been a safe haven for youth experiencing

As a commitment to serve our youth at the highest level, Covenant House Florida embraces evolution and innovation in evaluating our programming and setting our strategic initiatives. In 2019, Covenant opportunity to elevate in the direction of financial prosperity while implementing best practices in the insight into the development of our new Strategic Plan. We believe our Strategic Plan gives us the employees, youth, community partners and the Board of Directors engaged in providing input and House Florida began the process of developing our next Strategic Plan. Stakeholders including

services to our youth. We are the leading experts in this work. Our new Strategic Plan is reflective of decades of experience in youth services and depicts the immediate future of Covenant House Florida. We are excited with the direction that we are moving in and welcome all to join us in our journey.

Sincerely,

Reneé Trincanello Chief Executive Officer

OUR MISSION

Covenant House Florida is dedicated to serving all God's children, with absolute respect and unconditional love, to guide youth experiencing homelessness, and to protect and safeguard all youth in need.



OUR VISION

To be the leading expert in providing innovative, trauma- informed best practice services to vulnerable youth under age 25.



CURRENT STRATEGIC ISSUES

Our Strategic Plan will focus our work in five key priority areas:

- **Build Financial Reserves**
- Develop Human Capital
- Increase Visibility and Stakeholder Communications in Fort Lauderdale
- Expand Program Services in Orlando
- Solidify Board of Directors Engagement



BUILD FINANCIAL RESERVES

As the primary residential service provider for youth experiencing homelessness in South and Central Florida, our community needs our services to be sustainable for the youth of today and tomorrow. The youth we work with come to us with two things in common- They did not choose their situation and they have tremendous value. It is critical that our programs and services are viable to provide access to opportunity and potential for youth to lift themselves up and out of current dynamic.

We will voice our presence in South and Central Florida communities, promoting the value of our youth and the

programs we offer. We will grow and diversify our revenue streams, building a portfolio of resources delivering multisourced funding. We will work collaboratively with our Board of Directors, individual donors, corporations, foundations, government and grant entities for the benefit of our community's next generation.

Over the next three years, we will improve our financial position to support the programs of today and tomorrow, and begin to plan for beyond.

DEVELOP HUMAN CAPITAL

The key to providing excellent services is hiring and retaining excellent employees. The experience and success of our youth depends in a large part on the team members who are working with them. When team members are committed to the mission, feel valued and are engaged in professional development they are able to give their best to our youth.

We will expand opportunities for employee engagement through wellness programming, professional development opportunities, and increase opportunities for recognition

and team building. We will create ways to be competitive in our salary and benefit structure. We will seek out feedback from our employees on organizational culture and identify ways to make meaningful changes.

We are committed to employing a workforce that is reflective of the youth we serve. We will expand our recruitment efforts to attract and hire a diverse workforce. All of our efforts will positively impact our ability to retain quality employees that provide quality service to our youth.

INCREASE VISIBILITY AND STAKEHOLDER COMMUNICATION

Providing a safe haven and services to youth begins with marketing our strengths. As the primary residential service provider for youth experiencing homelessness in South and Central Florida, our community needs our services to be sustainable. The community needs to recognize us as a bridge to safety, shelter, and services for the most vulnerable. The youth we serve come to us from a variety of sources: outreach, friends, family, law enforcement and church groups to name a few. It is vital that these sources are kept updated on the services we provide.

Covenant House Florida will engage the South and Central Florida communities by providing workshops and presentations that discuss the services we provide and the need in the community that we fill. We will also partner with local businesses, nonprofits, and individuals to leverage opportunities that will help our youth transition to independence. We will launch a client centered, inclusive website with multi-language capabilities and maximize our social media presence.

EXPAND PROGRAM SERVICES

Meeting the youth where they are is the cornerstone of the work we do. At Covenant House Florida we stay up to date on the latest evidence based programs and models that would best benefit our youth. That results in us elevating our programs to meet the specific needs of our youth. The needs of our youth in Central Florida have grown over the years. Expanding program services in Central Florida will fill a gap in services that young people need and help prepare them for long-term success.

We will partner with our youth to set goals that are their goals, achievable and provide a direct path to permanent housing.

We will create a diversion program providing youth and the community alternative options to traditional homeless interventions. We will reduce the number of youth that enter the system and risk becoming part of a cycle that could lead them down a dark path. Youth experiencing homelessness are at a higher risk of exposure to toxic stress and behavioral health consequences that often go unrecognized and properly addressed. We will create an on-site clinical team in Orlando that can effectively treat these youth in need with immediacy and youth competency.

SOLIDIFY BOARD OF DIRECTORS ENGAGEMENT

Strong leadership is the benchmark of a successful organization. At Covenant House Florida, leadership begins

with our Board of Directors. Their guidance ensures that our Mission will always come first and our Mission is secure in our fiscal wellbeing. Our youth and employees benefit from the

dynamic backgrounds of our Board of Directors. Their engagement with our youth and mission provides a highly skilled perspective towards stewarding our mission and providing access to sustainability.

We will increase the Board of Directors presence in the community and within the agency. We will promote the commitment that our Board of Directors freely invest their time, talent, treasure, and energy in forging a better future for our youth and ensuring the thrive ability of the organization.

COMMUNITY PARTNERSHIPS

How You Can Help

Volunteerism

- Individual direct service support and mentorship programs
- Bring out your company, church, or social group for an on-site service day at Covenant House Florida
 - Choose an advocacy, committee or board leadership role

Agency needs

- Donate personal lightly used or new items
- Host an agency needs drive at work, your organization, church or school

Events

- Attend our annual special events
- Third party events host an event in support of Covenant House Florida

Monetary Gifts

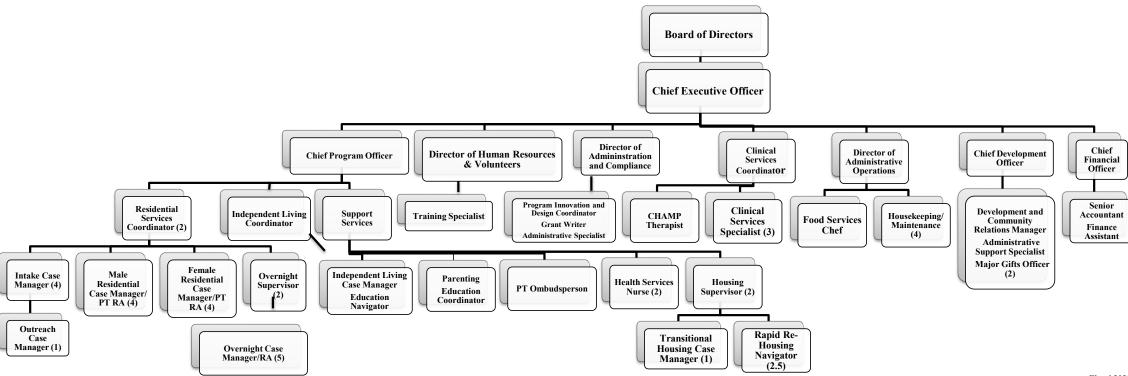
- Personal donation
- Corporate matching gift
- Corporate or foundation gift
- Retirement disbursement
 - Life insurance policy
 - Will, estate, or trust gift

To Learn More About How To Get Involved Please Contact

Rebecca D'Amico at 954-568-7914 or rdamico@covenanthousefl.org

www.covenanthousefl.org

Covenant House Florida



Fiscal 2023

COVENANT HOUSE FLORIDA JOB DESCRIPTION

Position Title: Chief Program Officer – Fort Lauderdale

Reports To: Chief Executive Officer

Purpose of Position: The Chief Program Officer is responsible to ensure that the level of services provided to youth is of the highest quality and that all programmatic operations and services are consistently delivered in a manner reflective of agency Mission, while also ensuring effective utilization of staff resources and financial assets.

Requirements: Bachelor's Degree and a minimum of 5 years experience as a senior level executive within a social services environment, or a Bachelor's Degree and a minimum of 7 years experience as a senior level executive within a human services delivery system. Extensive experience in the management of program services and staff supervision. A demonstrated record of strong interpersonal, communication, and leadership skills is required. The ability to think strategically and creatively to solve unusual problems and initiate decisions which are consistent with agency philosophy, policy and procedure.

Principal Accountabilities:

- Provide leadership, direct supervision, and oversight to the residential and supportive services
 programs including the Program Services Director, Coordinators, and Managers to ensure that all
 services to youth are provided and available in a trauma informed manner consistent with agency
 policies, procedures, Mission and Principles.
- Provide general direction of program activities ensuring CH philosophy of service delivery is maintained
- Model CH core values and principles in team development
- Direct problem solving and conflict resolution with relation to inter-personal and intra-team process
- Review responses to critical incidents and emergency procedures for Program Services
- Oversee developmental and disciplinary action
- Collaborate with other departments regarding agency activities and events
- Responsible for monitoring program services in accordance with established outcome measures and key performance indicators ensure that assigned staff complete and submit reports efficiently and timely

In accordance with Federal law and U.S. Dept. of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.

This job description in no way states or implies that these are the only duties to be performed by an employee occupying this position. Employees may be required to perform other related duties as assigned, to ensure workload/staff coverage. Employees are required to follow any other job-related instructions and to perform any other job-related duties requested by their supervisor. This job description does NOT constitute an employment agreement between the employer and employee, and is subject to change by the employer as the organizational needs and requirements of the job change.

My signature acknowledges I have read my job description, given the opportunity to ask question the responsibilities of my position.	ns and understand
Printed Name/ Signature	Date
	06/2020



INDEPENDENT LIVING COORDINATOR Job Type: Direct Care Staff

REQUIREMENTS: Bachelor's degree in human services. This position requires two years of supervisory or program management experience. Knowledge of workforce development, life skills and independent living functions. Demonstrated ability in record keeping, strong interpersonal skills, strong written, verbal communication, and listening skills, and a highly motivated self-starter. Computer literacy is required. Requires flexibility with weekly work schedule to meet needs of youth. Current Florida driver's license and good driving record. Other desired qualifications include: Strong organizational skills, and ability to adjust to rapid changes within a fast paced environment. Possess and maintain a positive, solution-oriented approach.

Reports to: Chief Program Officer

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Responsible to oversee the facilitation of innovative supportive services classes and activities which includes Job development classes, Independent Living classes and Life Skill activities consistent with nationally recognized assessements including Skills to Succeed and or Ansell Casey Life Skills Assessment. Implementing targeted financial literacy and career planning activities to enhance youth skills.
- Plan and facilitate ongoing individual or group workshops. Ensure services are rendered to youth in a culturally and linguistically competent manner according to CHF Mission, Principles & Core Values.
- Provide direct supervision and evaluation of assigned program staff to ensure that they are meeting program performance requirements in accordance with the Covenant House Mission Statement and Philosophy.
- Ensure the quality assurance of data entry, progress notes, and reporting of all services meet agency funding, policies, procedures and licensing/grant requirements.
- Identify and contact employers with potential workforce partnerships who provide appropriate employment/internship opportunities. Serve as a liason with employers and maintaining a follow-up system. Facilitate the use of community resources that can potentially lead to independent living. Ensuring that specialized case management is provided to youth who are experiencing employement barriers such as legal histories or documented disabilities.
- Assist with physical plant maintenance and the implementation of policies and procedures for the crisis shelter. Serve as Residential Administrator on Duty (RAOD) on scheduled shifts.
- Drive company vehicles to escort youth to and from activities, hospital visits, school, and various other appointments, etc.

- Provide administrative support, administrator-on-call (AOC) and Residential Administrator on Duty (RAOD) as assigned.
- Other assigned duties in support of the smooth operation of the agency

In accordance with Federal law and U.S. Dept. of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.

This job description in no way states or implies that these are the only duties to be performed by an employee occupying this position. Employees may be required to perform other related duties as assigned, to ensure workload/staff coverage. Employees are required to follow any other job-related instructions and to perform any other job-related duties requested by their supervisor. This job description does NOT constitute an employment agreement between the employer and employee, and is subject to change by the employer as the organizational needs and requirements of the job change.

My	signature	acknowledges	I have	read	my	job	description,	given	the	opportunity	to	ask	questions	and
und	erstand the	e responsibilities	of my	oositio	n.									

Printed Name/ Signature	Date	



COVENANT HOUSE FLORIDA – FORT LAUDERDALE JOB DESCRIPTION

Independent Living Program Case Manager Job Type: Direct Care Staff

REQUIREMENTS:

- Bachelor's degree in human services.
- Minimum of two years of experience working with adolescents with a history of involving delinquency, substance abuse, domestic violence, or within the behavioral healthcare system.
- Knowledge of workforce development, life skills and independent living functions.
- Demonstrated understanding of conflict resolution skills required.
- Must have demonstrated ability to maintain order and exercise appropriate judgement in crisis situations including the physical ability to intervene in critical or emergency situations.
- Effective written, verbal, and listening skills, and a highly motivated self-starter. Computer literacy is required.
- Demonstrated understanding of and sensitivity to culturally diverse populations.
- Requires flexibility with weekly work schedule to meet needs of youth.
- Valid Florida Driver's license and good driving record.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Provide specialized case management services that guide youth in planning their independent living goals. Facilitate job development classes, independent living classes and life skill activities as designated by the Independent Living Program Coordinator. Ensure that case management services are rendered to youth in a culturally competent manner according to CHF Mission and Principles and Core Values.
- Create a welcoming and supportive atmosphere throughout life skills and common areas. Research, recommend, schedule and execute social, recreational, and educational activities and events for CHF youth. This includes scheduling and securing tickets for recreational, educational, and cultural events.
- Responsible for the overall supervision and safety of youth. Supervise youth, maintain
 order, remain alert, and exercise appropriate judgment at all times (i.e. at meal times,
 on the residential floors, in common areas, recreation activities, and during escorts).
 Assist youth in emergencies as directed by supervisor. Defuse physical and verbal

confrontation with youth served, using appropriate verbal behavioral de-escalation techniques

- Communicate pertinent information with staff and youth throughout each shift.
 Communicate mutual support, honesty, and caring for all youth and staff. Take an active part in team meetings and provide vital information about youth and referrals.
- Complete all documentation neatly and accurately (i.e. case records, incident reports, data entry). Ensure documentation is completed in a timely manner and meets standards established by state license requirements, funding sources, and agency policies, including filing and tracking data.
- Assist with onboarding and training for assigned program staff and volunteers.
- Maintain a clean and safe environment. Assist and supervise youth in general cleanliness of all common areas.
- Drive company vehicles to escort youth to and from activities, hospital visits, school, and various other appointments, etc.
- Serve in the capacity as Residential Administrator on Duty (RAOD) as needed.
- Must be able to occasionally exert up to 15-20 pounds of force to lift or carry. Must frequently move about both indoors and outdoors.

BENEFITS: Job Type: Full-time

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 $\label{thm:linear_model} \mbox{My signature acknowledges I have read my job description, given the opportunity to ask questions and understand the responsibilities of my position.}$



COVENANT HOUSE FLORIDA – Fort Lauderdale

Career Education Navigator

Covenant House Florida (CHF) is a nonprofit organization that serves at-risk homeless and trafficked youth living on the streets of Florida

PURPOSE OF POSITION: The Career Education Navigator will be responsible for assessing and developing individualized education and career plans with Covenant House Florida youth ages 18-24. This position will be responsible for service provision and oversight of educational program components, to include on-site GED/ABE (Adult Basic Education) preparation classes, Post-Secondary Education Counseling, Life Skills Classes, Workforce Development Classes and assisting youth with navigating and accessing community-based education and workforce resources.

REQUIREMENTS:

- Bachelor's Degree required, certified to administer TABE test preferred.
- Must be trained in adult education and/or special education instructional techniques with 2 years' experience teaching basic reading, writing and math skills to adults or at-risk high school students
- Understanding of GED requirements, teaching materials and testing procedures
- Demonstrated understanding of and sensitivity to culturally diverse populations
- Effective interpersonal communication skills
- Must be flexible with work schedule to meet the needs of clients served
- Two years of prior supervisory experience strongly preferred

REPORTS TO: Independent Living Coordinator

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Conduct education and career assessments and collaborate with the youth to develop individualized education and career plans that compliment youth's short and long term education and career goals.
- Provide daytime and evening classes to prepare students for the workforce, advancement of their education, and for
 independent living. Engage ongoing student participation by recognizing and rewarding positive behavior. Instruction will
 be rendered to students in a culturally competent manner according to CHF Mission, Principles, & Core Values.
- Responsible for service provision and oversight of the GED/ABE program components to include, but not limited to initial
 screening to determine educational level and special needs, individual and group teaching, creating individual learning
 plans, documentation of services provided, scheduling GED exams, and the planning and coordination of graduation
 ceremonies.
- Utilize written communication system for assessing and tracking progress of participants, including objectives related to participation/attendance and educational improvements. Complete monthly reporting of data as per agency and funder requirements.
- Establish effective work relationships with direct care and support staff to ensure that all educational activities are appropriately coordinated with case planning, plan implementation, discharge, and aftercare.
- Motivate and encourage students to achieve educational and career goals, especially those who have educational deficits or are resistant to furthering their education. Help build student's confidence in their academic and employment skills.
- Find and develop a network of resources in the community and maintain existing community partnerships. Provide referrals to assist students with individualized educational needs and goals.
- Provide support, supervision, training of educational tutors/volunteers who assist with the implementation of services within the educational program.
- Perform other tasks as assigned.

This job description in no way states or implies that these are the only duties to be performed by an employee occupying this position. Employees may be required to perform other related duties as assigned, to ensure workload/staff coverage. Employees are required to follow any other job-related instructions and to perform any other job-related duties requested by their supervisor. This job description does NOT constitute an employment agreement between the employer and employee and is subject to change by the employer as the organizational needs and requirements of the job change.						
My signature acknowledges I have read my job description, given the opportunity to ask questions and understand the responsibilities of mosition.						
Employee Name (Please Print)	Date:					
Employee Signature						

Covenant House Training Requirements

First Day of Employment:

Online CHI Abuse Prevention Training (All Staff) 1.5 hours

First two weeks of employment:

Mentorship/Pre-Service Week 1 – General Orientation, Policies & Procedures, Program Overview (All Staff)

DCF Preservice Curriculum (DCF Defined "Care Giver" Staff)

DCF Online HIPAA & Security Awareness (All Staff) 1 hour

DCF Online ADA Effective Communication for the Deaf or Hard of Hearing (All Staff) 1.5 hours

DCF Online Child Abuse & Abuse of Vulnerable Populations Reporting (All Staff) 2 hours

DCF Online Civil Rights (All Staff) 1 hour

CHI Online Cyber Security (All Staff with CHF email) 1 hour

DCF Online Psychotropic Medication Training (Direct Care Staff) 1 hour

Health Services, Universal Precautions and Medication Training (Direct Care Staff) 1 hour

Urinalysis Collection Training (Direct Care Staff) 1 hour

Chemical Dependency Evaluation Training (Direct Care Staff) 1 hour

Mentorship/Pre-Service Week 2 - Staff/Resident Responsibilities, Shadowing, In-depth Program Overview (Direct Care Staff) 40 hours

During the first three months of employment:

HR Orientation (All Staff) 4 hours

Individualized Solution Process (Direct Care Staff) 3 hours

Seeking Safety / Trauma Informed Care (Direct Care)

Suicide Prevention (Direct Care Staff) 3 hours

Basic Counseling Skills (Direct Care Staff)

3 hours

8 hours

40 hours

During the first six months of employment:

HIV/AIDS 401 Education (All Staff) 2 hours

Adult/Infant CPR & First Aid (Direct Care Staff) 3 hours

ff) 6 hours

Non-Violent Crisis Intervention & Prevention (Direct Care staff)

CSEC – Human Trafficking (Direct Care Staff) 3 hours

Seeking Safety/ Trauma Informed Care II (Direct Care Staff)

3 hours 2 hours

Substance Abuse Signs & Symptoms (Direct Care Staff) 2 hor

During the second six months of employment:

Cultural Competency & National CLAS Standards (All Staff) 3 hours

Non-Violent Crisis Intervention Refresher (Direct Care Staff)

3 hours

LGBTQA, Transgender Youth & Equal Access Rules (Direct Care Staff)

2 hours

Other trainings include, but are not limited to:

Behavioral Tips, Tools, & Solutions

ions

WRAP Training

SOAR 101

Team Meetings

Co-Occurring Psychiatric & SA

Child Passenger Safety

Bullying Active Supervision Domestic/Sexual Violence Case Management Series Supervisory Series Stress Management

All direct care staff will need 40 hours of training per year. The Training Specialist is responsible for coordinating and scheduling all trainings. If you have any scheduling conflicts, you are responsible to contact the Training Specialist and your supervisor as soon as possible. The Training Specialist, in collaboration with the Human Resources Department, is also required to maintain detailed records of all staff training in a separate training file (for each staff member). Copies of certificates for any training that you attend must be forwarded to this person. You will need to speak directly with this person to discuss/ have approved any fees associated with off-site trainings. Missing any of the above trainings will be reflected on your evaluation, and negatively affect the licensing requirements for CHF. In order to receive training credit for attending any training session, you must be on-time and sign-in on the attendance sheet.

Covenant House Required Training

Annual Trainings:

1.5 hours	CHI Online Abuse Prevention Training (All Staff)
1 hour	DCF Online HIPAA & Security Awareness (All Staff)
1.5 hours	DCF Online ADA Effective Communication for the Deaf or Hard of Hearing (All Staff)
2 hours	DCF Online Child Abuse & Abuse of Vulnerable Populations Reporting (All Staff)
3 hours	Cultural Competency & National CLAS Standards (All Staff)
3 hours	Non-Violent Crisis Intervention & Prevention Refresher (Direct Care Staff)
3 hours	Seeking Safety / Trauma Informed Care II (Direct Care Staff)
2 hours	Substance Abuse Signs & Symptoms (Direct Care Staff)

Bi-Annual Trainings:

CHI Online Cyber Security (All Staff with CHF email)	1 hour
DCF Online Civil Rights (All Staff)	1 hour
HIV/AIDS 401 Education (All Staff)	2 hours
Adult/Infant CPR & First Aid (Direct Care)	4 hours
LGBTQA, Transgender Youth & Equal Access Rules (Direct Care Staff)	2 hours
CSEC - Human Trafficking (Direct Care Staff)	3 hours

Note: CHF Direct Care Trainings are open to all staff with the approval of their area's supervisor. Contact the Training Specialist to add an employee to a training roster.

Betsy Syprien 3571 N.W. 202nd Street Miami Gardens, FL Phone # (786) 267-8967

Profile A Senior Level Professional with over 15 years of progressive supervisory and

management experience in a non-profit agency. Particularly effective in program development and direction. Highly skilled in resolving problems quickly and communicating with all levels within the organization. Expertise in supervision with

special emphasis in leadership. Strong team player.

Education (December 2001)

University of West Florida, Pensacola, Florida

Bachelor of Arts Major: Social Work Minor: Child Welfare

Work Experience

(January 2021-Present) Covenant House Florida (CHF): Chief Program Officer

- Provide leadership, direct supervision, and oversight to the residential and supportive services programs to ensure that all services to youth are provided and available in a trauma informed manner consistent with agency policies, procedures, and Mission and Principles.
- Provide general direction of program activities ensuring CH philosophy of service delivery is maintained
- Direct problem solving and conflict resolution with relation to inter-personal and intra-team process.
- Oversee developmental and disciplinary action.
- Responsible for monitoring program services in accordance with established outcome measures and key performance indicators ensure that assigned staff complete and submit reports efficiently and timely.

(July 2015-2021) Covenant House Florida (CHF): Director of Supportive Services

- Responsible for managing and controlling specialized services and projects for youth, including Health Services, Transitional/Independent Living programs, Rapid Re-housing projects, Life Skills, Job Readiness Training, Education programming, and Parenting Education & Support.
- Participated in identifying and developing new program service strategies and initiatives in order to meet the needs of CHF youth.
- Recommended appropriate program design changes and enhancements in order to meet the youth's needs.
- Provided consistent guidance and direction to promote fulfilling CH Mission Statement and to meet standards of care for the delivery of services, including licensing and funding requirements.
- Serve as an active member of the Executive Team for the agency and maintain Administrator-On-Call Responsibilities.

(April 2012 – July 2015) Covenant House Florida (CHF): Director of Residential Services

- Responsible for programming, scheduling, and evaluation of a staff of 30 in the residential services department for CHF, a human services agency providing shelter and services to high-risk youth under 21 years of age, with an annual budget of \$3.7M for the current 80 emergency beds.
- Analyze and report on the implementation of direct-care case management procedures (re: admission, case plans, plan implementation, discharges, and re-entry). Develop benchmarks for progress and monitor results.
- Manage and report on staffing patterns to ensure adequate direct-care and supervisory coverage at all times.
- Stimulate teamwork, mutual support, and professional development (including training) among staff in order to increase productivity, effectiveness, and positive staff morale.
- Monitor direct care areas of physical plant for optimal maintenance, safety, and security concerns, and provide appropriate follow up to ensure compliance with standards. Serve as a liaison between direct care and operations department for problem resolution and optimal operations.
- Ensure accurate and timely collection and documentation of client services in case records and other logs and reports in accordance with agency policies and procedures, as well as licensing/grantor requirements.
- Maintain compliance with Child Care Licensing Standards, prepare materials and coordinate preparation for annual DCF licensing visit, and facilitate this review.

(July 2008 – March 2012) Covenant House Florida: Rights of Passage Coordinator (ROP)

- Responsible to coordinate and ensure the appropriate delivery of case management services to all youth participating in the Rights of Passage programs.
- Guiding, training, supervising and evaluating performance of staff in both programs to ensure quality program service delivery is consistent with agency standards. Maintaining appropriate staffing patterns.

- Preparing and submitting reports on program activity as required by the agency funding source.
- Responsible to ensure that all program facilities are maintained in a safe, clean and orderly manner consistent with agency standards.
- Maintain effective relationships with landlords where ROPAL apartments are located. Maintain effective relationships with partnerships in the community for the Job Readiness Training program.
- Provide on-call supervisory support for ROP and participating in carrying out provisions for Residential Administrator on Duty for the shelter.

References available upon request

Steven J. Henriquez, CPA Profile

Experience:

Steven J. Henriquez is a Florida Certified Public Accountant with comprehensive experience servicing clients since 1993. Mr. Henriquez has extensively counseled and aided not-for-profit entities, public corporations, wholesale and retail distribution operations; real estate interests (commercial and residential developers, managers, contractors); transportation logistics; and telecommunications companies on such matters as:

- Bookkeeping and payroll services
- · Financial reporting and attestation
- · Individual, partnership and corporate tax planning and compliance
- Operational performance
- Financing alternatives and credit management
- · Forecasting and financial modeling
- · Structure review and reorganization
- Internal audit design and administration

Professional Designations:

Certified Public Accountant licensed in the State of Florida

Association Memberships:

- ♦ Florida Institute of Certified Public Accountants
- ♦ American Institute of Certified Public Accountants
- National Association of Black Accountants
- · QuickBooks ProAdvisor

Background:

- PricewaterhouseCoopers LLP, Miami, 1993-2003
- ♦ Mallah Furman, 2004-2007
- Steven J Henriquez CPA, LLC 2003-present

Education:

BSc in Accounting, University of Florida, Gainesville, 1993 Master of Accounting, University of Florida, Gainesville, 1993

Community Affiliations:

- Marjory Stoneman Douglas Biscayne Nature Center, Inc. Board of Directors
- The Black Archives, History & Research Foundation of South Florida, Inc. Board of Directors



Dana C. Askenas

Counseling & Management Specialist

(516)315-0136 | danaaskenas1@gmail.com | 6050 Southwest 24th Place, Apartment 209, Davie, Florida 33314

Knowledgeable, talented, and reliable professional with management background seeking collaboration with a reputable organization where my years of experience will be utilized to meet and exceed the goals of the company, resulting in a mutually-beneficial partnership. Skilled in program research, negotiations, networking, scheduling and providing exceptional customer service with strong organizational and office management skills. Proficiency in MS Office.

Education

University of SUNY New Paltz, New Paltz, New York	2006-2008
Psychology & Disaster Studies - Bachelors of Arts	
Nassau Community College, Uniondale, New York	2005-2006
Psychology - Associates Degree	
Baldwin Senior High School, Baldwin, New York	June 2003
General Studies	
Employment Experience	
 Gino's of Long Beach, Long Beach, New York 	2015-2017
Server & Floor Manager	
 Smart Circles, Inc., Deer Park, New Park 	2012-2014
Sales & Marketing Manager, Duties of HR	
 Young Adult Institute, Glen Cove, New York 	2009-2012
Case Manager & Direct Service Provider	
 Nassau Boces, Westbury, New York 	2009
Placement Counselor & Job Coach	
 Mid-Island Y JCC, Plainview, New York 	2008
Travel Camp Counselor & Peer Mediator	
Plainview, New York	

Volunteer Experience

- Assistant Supervisor & Paraprofessional for Peer Crisis Hotline
- American Red Cross
- Junior Achievement Classroom Volunteer 2018