#### EXTENDED TO NOVEMBER 15, 2023

### **Return of Organization Exempt From Income Tax**

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Go to www.irs.gov/Form990 for instructions and the latest information.

ΑF	or the	e 2022 calendar year, or tax year beginning	and	ending		
B c	heck if	C Name of organization			D Employer identifi	cation number
	Addre					
	Name chang	e Doing business as			**-***06	59
	Initial return Final return	Number and street (or P.O. box if mail is not delive 2916 W. TC JESTER BLVD.		Room/suite 200	E Telephone number 713-480-	
	termir ated		P or foreign postal code		G Gross receipts \$	385,079.
	Amen		<b>J</b> 1		H(a) Is this a group re	
	Application pendi	F Name and address of principal officer: NAND	EN EICHBERGER		for subordinates	s? Yes X No
		SAME AS C ABOVE	()		H(b) Are all subordinates i	
		empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	1	list. See instructions
	Vebsi		voiation Other	1. 1/	H(c) Group exemption	
		organization	ociation Other	L Year	of formation: 2013	M State of legal domicile; TX
Га	rt I	Summary	· · · · · · · · · · · · · · · · · · ·	CCUEDII	TE O	
Governance	1	Briefly describe the organization's mission or most si	ignificant activities: SEE	осперо	TE O	
ərn	2	Check this box if the organization disconti	nued its operations or dispo	sed of more	than 25% of its net a	ssets.
νοί		Number of voting members of the governing body (P	. , , , , , , , , , , , , , , , , , , ,		3	7
& G	4	Number of independent voting members of the gove	rning body (Part VI, line 1b)			7
es		Total number of individuals employed in calendar year				3
Activities		Total number of volunteers (estimate if necessary) $\dots$				20
Act	7 a	Total unrelated business revenue from Part VIII, colu	mn (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 99	90-T, Part I, line 11	<u></u>		0.
ne					Prior Year	Current Year
					367,957.	384,819.
/en					0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, a			191.	260.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			0.	0.
		Total revenue - add lines 8 through 11 (must equal P			368,148.	385,079.
		Grants and similar amounts paid (Part IX, column (A)			0.	0.
		Benefits paid to or for members (Part IX, column (A),				
Expenses		Salaries, other compensation, employee benefits (Pa			219,122.	226,928.
ens		Professional fundraising fees (Part IX, column (A), line	40 5	<u> </u>	0.	0.
Exp		Total fundraising expenses (Part IX, column (D), line 2			111,330.	127 204
		Other expenses (Part IX, column (A), lines 11a-11d, 1			330,452.	
		Total expenses. Add lines 13-17 (must equal Part IX,			37,696.	
_s		Revenue less expenses. Subtract line 18 from line 12	<u> </u>		ginning of Current Year	End of Year
Net Assets or Fund Balances		T. I. (D. I.V.); 40)		De	303,900.	331,429.
Ysse Bak	20	T-1-1 (1-1-1)(1-1 /D1-)/ (11 00)			21,320.	28,002.
vet / und	21	Net assets or fund balances. Subtract line 21 from lin			282,580.	303,427.
	ırt II	Signature Block	le 20		202,300.	303,427.
		Ilties of perjury, I declare that I have examined this return, in	cluding accompanying schedule	s and statem	ents, and to the best of m	v knowledge and belief it is
		at, and complete. Declaration of preparer (other than officer)				y mionioago ana sonoi, mio
,		,				
Sigr	n	Signature of officer			Date	
Her		KAREEN EICHBERGER, DIRECTO	R OF OPERATION	S		
	•	Type or print name and title				
		Print/Type preparer's name P	reparer's signature	10	Date Check	PTIN
Paid	ı	JOHN S. WILES, CPA	p 01 0 0 19 10 10 10		if self-employ	P01222673
	arer	Firm's name LAPORTE, APAC				*-***8864
	Only	Firm's address 111 VETERANS MEMOR	IAL BLVD., #60	0		
	•	METAIRIE, LA 70005			Phone no. 50	4-835-5522
May	the II	RS discuss this return with the preparer shown above			1	X Ves No

Pa	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:  LOVING HOUSTON IS ADVANCING COMMUNITY TRANSFORMATION IN GREATER
	HOUSTON BY HELPING CHURCHES SERVE LOCAL SCHOOLS.
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
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	LOVING HOUSTON HOSTED 3 HOW TO START A CHURCH SCHOOL PARTNERSHIP (CSP)
	WORKSHOPS, 11 CSP DISTRICT LEADER'S GATHERINGS, 1 PASTOR APPRECIATION
	EVENT, AND 4 PRAYER GATHERINGS IN 2022. THE ORGANIZATION CONTRACTED
	WITH 6 DISTRICT COORDINATORS THAT HELPED LOVING HOUSTON START 33 NEW
	CSPS IN 2022 BRINGING THE ORGANIZATION TO A TOTAL OF 457 LOVING HOUSTON
	CSPS AT THE END OF 2022. DURING THE 2021-2022 SCHOOL YEAR, THERE WAS AN
	INCREASE OF VOLUNTEERS DUE TO MORE DISTRICT COORDINATOR COACHING AND
	STRATEGIC ENGAGEMENTS POST COVID-19 WITH 6,431 VOLUNTEERS FROM CHURCHES
	WHICH IS AN INCREASE OF 1,514 VOLUNTEERS FROM 2021 AND 57,300 HOURS
	WHICH IS AN INCREASE OF 22,367 HOURS AT LOCAL SCHOOLS. THESE VOLUNTEER
	HOURS ARE VALUED AT \$1.72 MILLION.
	·
4b	(Code:) (Expenses \$
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	(Code:
	<del></del>
	Other program convices (Describe on Schodule O.)
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 289,511.
_ <del></del>	Form <b>990</b> (2022)
	F0III <b>330</b> (2022)

#### 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? See instructions	2	X	<u> </u>
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	4		Х
_	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 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, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<del></del>
0	Schedule D, Part III	8		Х
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	9		х
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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
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		
	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	25a		Х
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	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//			
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del>  •</del> •		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<del>                                     </del>		
J-7	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
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		<del></del> -
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u></u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a   9			
	Enter the number of Forms W-2G included on 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	Х	
			000	(0000)

#### 1022) LOVING HOUSTON, INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х		
	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)?	4a		X		
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).			37		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			х		
	any contributions that were not tax deductible as charitable contributions?	6a				
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ch				
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	6b				
7	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		
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75				
·	to file Form 8282?	7c		х		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8				
9 Sponsoring organizations maintaining donor advised funds.						
a Did the sponsoring organization make any taxable distributions under section 4966?						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	_				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	_				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
40-	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	40-				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
u	Note: See the instructions for additional information the organization must report on Schedule O.	104				
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans					
С	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes," complete Form 6069.					

232005 12-13-22

Form **990** (2022)

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			
	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 7			
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 direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed TX			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KAREEN EICHBERGER - 713-480-7436			
	2916 W. TC JESTER BLVD., 200, HOUSTON, TX 77018			

Form **990** (2022)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	organization compensated (C)		(D)	(E)	(F)				
Name and title	Average	Average Position (do not check more		ition more than one		one	Reportable	Reportable	Estimated	
	hours per	irs per box			box, unless person is both an officer and a director/trustee)			compensation	compensation	amount of
	week	$\vdash$				)/ ii us	100)	from	from related	other
	(list any hours for	or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	3e or 0	stee			ısatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	,	and related
	below	Individual trustee o	Institutional trustee	l le	Key employee	est co loyee	Jer.	,		organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Forn			
(1) MARILYN LEE	40.00								_	
EXECUTIVE DIRECTOR				Х				84,500.	0.	8,600.
(2) KAREEN EICHBERGER	20.00								_	_
DIRECTOR OF OPERATIONS				Х				36,500.	0.	0.
(3) KEVIN ALVAREZ	2.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(4) JENNY MCGOWN	2.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(5) LAWRENCE SCOTT	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) TERRI WANG	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) KELLY HANDEL	2.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(8) HARRY HOLMES	2.00									
BOARD MEMBER AND TREASURER		Х		Х				0.	0.	0.
(9) ROBERT ZIMMERMAN	2.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
		1								
		1								
		<u> </u>								
		1								
		<u> </u>								
		1								
		1		l	l	1	l			

Form 990 (2022)

	990 (2022) LOVING HC									**_*	**0	659	Pa	age <b>8</b>
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	<b>(A)</b> Name and title	(B) Average hours per week	box	not c	Posi heck i ss per id a di	ition more rson i	than	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	e Esti on amo		(F) stimate nount 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/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	MISC/ from t		om the anizat d relat	e ion ed
	Subtotal								121,000.		0.		8,6	
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								121,000.		0.			0.
2	Total number of individuals (including but no compensation from the organization									0,000 of reportab	-		<del>-                                    </del>	0
3	Did the organization list any <b>former</b> officer,	director, trust	ee, k	кеу е	empl	loye	e, or	· hiç	ghest compensated emp	oloyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportab	le co	omp	ensa	ation	n and	d ot	•	the organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue comper	nsat	ion 1	rom	any	unr/	elat	ted organization or indiv	dual for services	;	4		X
Sec	rendered to the organization? If "Yes," comp tion B. Independent Contractors	piete Scriedui	e J I	Or Si	ucn į	bers	SON .		······			5		
1	Complete this table for your five highest cor the organization. Report compensation for t										npens	ation	rom	
	(A) Name and business	address	NC	ONI	3				(B) Description of s	ervices	С	(C Compe		n
2	Total number of independent contractors (in	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organiz	zation				(	0					Form	990 c	2022)

16411113 755639 10935

Pa	T V	Ш				a in their Dark VIII			
			Check if Schedule O contains	s a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
इ इ	1	<u> </u>	Federated campaigns	1a					300110113 3 12 3 14
ran			Membership dues						
<u>2</u> E			Fundraising events						
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations						
nis,			Government grants (contributions		10,000.				
Sir			All other contributions, gifts, grants, a		20,000				
her		•	similar amounts not included above		374,819.				
햧		~	Noncash contributions included in lines 1a-1		37170131				
on P		_	Total. Add lines 1a-1f			384,819.			
<u> </u>		<u>'''</u>	Total. Add lines 1a-11		Business Code	301,013.			
6	•	_			Business Code				
ķ	2								
Ser		b							
Mer.		C	-						
gra Re		d	-						
Program Service Revenue		e •	All other program service revenue						
			Total. Add lines 2a-2f						
_	3	y	Investment income (including divi						
	3		other similar amounts)	,	′	260.			260.
	4		Income from investment of tax-ex						
	5		Royalties						
	Ĭ			(i) Real	(ii) Personal				
	6	а	Gross rents 6a		( )				
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
				) Securities	(ii) Other				
	-	-	assets other than inventory 7a						
		b	Less: cost or other basis						
e			and sales expenses <b>7b</b>						
Revenue		С	Gain or (loss) 7c						
Re			Net gain or (loss)						
ЭĒ			Gross income from fundraising events						
₹			including \$	of					
			contributions reported on line 1c)	. See					
			Part IV, line 18	8a					
		b	Less: direct expenses						
		С	Net income or (loss) from fundrais	sing events					
	9	а	Gross income from gaming activity	ties. See					
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming	activities					
	10	а	Gross sales of inventory, less retu	ırns					
			and allowances	10a					
		b	Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of	inventory					
छ					Business Code				
Miscellaneous Revenue	11	а							
llan		b							
Rev		С							
Ξ̈́			All other revenue						
		е	Total. Add lines 11a-11d			205 050	^		262
	12		<b>Total revenue.</b> See instructions			385,079.	0.	0.	260.

#### Part IX | Statement of Functional Expenses

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

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	112 200	07 222	6,797.	10 250
	trustees, and key employees	113,289.	87,233.	0,797.	19,259
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	77,000.	59,290.	4,620.	13,090
7	Other salaries and wages	77,000.	39,290.	4,020.	13,090
8	Pension plan accruals and contributions (include	9,810.	7 551		2 256
	section 401(k) and 403(b) employer contributions)	12,000.	7,554. 9,240.		2,256 2,760
9	Other employee benefits	14,829.	11,567.	2,224.	1,038
)	Payroll taxes	14,029.	11,507.	2,224.	1,030
1	Fees for services (nonemployees):				
		19,191.		19,191.	
	Accounting	17,1710		17,1710	
	Lobbying Professional fundraising convices Cos Part IV line 17				
_	ř –				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	3,894.	2,876.		1,018
	column (A), amount, list line 11g expenses on Sch 0.)	1,685.	1,432.		253
2	Advertising and promotion	996.	767.	149.	80
3	Office expenses	990.	707•	149.	00
4	Information technology				
5	Royalties				
3	Occupancy	4,431.	3,412.	665.	354
7	Travel	4,451.	3,412.	003.	334
В	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
)	Interest				
1	Payments to affiliates  Depreciation, depletion, and amortization				
2	· · · · · · · · · · · · · · · · · · ·	1,515.	1,167.	227.	121
3	Insurance Other expenses. Itemize expenses not covered	1,313.	1,107.	2210	121
4	above. (List miscellaneous 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 0.)				
а	PROFESSIONAL DEVELOPMEN	101,390.	101,390.		
b	TELEPHONE AND COMMUNICA	2,165.	1,819.	173.	173
c	PRINTING	1,044.	991.		53
d	BANK FEES	659.	507.	99.	53
e	A.II	334.	266.	34.	34
5	Total functional expenses. Add lines 1 through 24e	364,232.	289,511.	34,179.	40,542
<u>5</u> 6	Joint costs. Complete this line only if the organization	,	. ,	,	.,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

## Form 990 (2022) Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	45,266.	1	105,488.
	2	Savings and temporary cash investments		2	182,384.
	3	Pledges and grants receivable, net		3	43,328.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	120.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	109.	15	109.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	303,900 <b>.</b>	16	331,429.
	17	Accounts payable and accrued expenses	20,090.	17	26,772.
	18	Grants payable		18	
	19	Deferred revenue	1,230.	19	1,230.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	21,320.	26	28,002.
S		Organizations that follow FASB ASC 958, check here			
Š		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	265,676.	27	258,161.
Ä	28	Net assets with donor restrictions	16,904.	28	45,266.
Ĕ		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
ts o	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Š	32	Total net assets or fund balances	282,580.	32	303,427.
	33	Total liabilities and net assets/fund balances		33	331,429.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,0		
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,2		
3	Revenue less expenses. Subtract line 2 from line 1	3		0,8		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28	2,5	<u>80.</u>	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	30	3,4	27.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				Ш	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis 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 th	e 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 Sch	nedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
	· · · · · · · · · · · · · · · · · · ·		Form	990 (	2022)	

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

## Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

\_\_\_\_\_\_

Employer identification number \*\*-\*\*\*0659

		LOVI	NG HOUSTON	, INC				*	*-***0659
Pa	art I	Reason for Public (			omplete th	nis part.) S	ee instruction		
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, o	check only	one box.)			
1		A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(	1)(A)(i).		
2		A school described in <b>sect</b> i	•						
3		A hospital or a cooperative				(b)(1)(A)(i	ii).		
4		A medical research organiz					-	(iii). Enter	the hospital's name.
•		city, and state:	anon operated in oc	.,,		00000		,,,	and mospital o maine,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental i	ınit descrik	ned in
٠		section 170(b)(1)(A)(iv). (C		maga or armivarancy awrited	а ог орога	iou by u g	overminemare	iriit dooorik	700 III
6		A federal, state, or local gov	•	nontal unit described in	saction 17	70/6V/1V/AV	(v)		
7	X							ho gonoral	nublic described in
′	21	An organization that norma		initial part of its support i	rom a gov	emmemai	unit or from t	ne generai	public described in
		section 170(b)(1)(A)(vi). (C		(4)(A)(vi) (Camaniata Day	<b>.</b> 11 \				
8	H	A community trust describe							
9		An agricultural research org	-			-		-	-
		or university or a non-land-g	grant college of agric	culture (see instructions).	. Enter the	name, city	y, and state of	the colleg	e or
		university:							
10		An organization that norma							
		activities related to its exen		· ·					-
		income and unrelated busing		(less section 511 tax) fr	om busine	sses acqu	iired by the or	ganization	after June 30, 1975.
		See <b>section 509(a)(2).</b> (Cor							
11	$\vdash$	An organization organized a	•	•	-				
12		An organization organized a	•	•	•			•	
		more publicly supported or	-						Check the box on
		lines 12a through 12d that	describes the type o	of supporting organization	n and com	plete lines	s 12e, 12f, and	d 12g.	
a	ı		anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	giving giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or truste	es of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
k	<b>.</b> L		anization supervised	d or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	iving
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
C	;		grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ctions A,	D, and E.		
c	i 🗀		<b>y integrated.</b> A supp	orting organization oper	ated in co	nnection v	vith its suppo	ted organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and	d an attent	iveness
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.		
e	, [	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.			
1	Ente	er the number of supported o	organizations						
	<b>P</b> rov	vide the following information	about the supporte	ed organization(s).					
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	•	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tot	al								

#### 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	ction A. Public Support		es complete i art	,			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(2) 2010	(2) 2010	(5) 2020	(4) 2021	(0, 2022	(1) 10141
•	membership fees received. (Do not						
	include any "unusual grants.")	272,664.	311,022.	258,324.	367,957.	384,819.	1,594,786.
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	272,664.	311,022.	258,324.	367,957.	384,819.	1,594,786.
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)						354,495.
	Public support. Subtract line 5 from line 4.						1,240,291.
	ction B. Total Support				•		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019 311,022.	(c) 2020 258, 324.	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	272,664.	311,022.	258,324.	367,957.	384,819.	1,594,786.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	42.	128.	94.	191.	260.	715.
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.)	147.	285.	375.			807.
11	<b>Total support.</b> Add lines 7 through 10						1,596,308.
12	Gross receipts from related activities,	•	,			12	
13	•	· ·	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stor						L
	ction C. Computation of Publ					l l	77 70
	Public support percentage for 2022 (I					14	77.70 % 73.59 %
	Public support percentage from 2021					15	
16a	33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the c						
4-	and <b>stop here.</b> The organization qual						
17a	17a 10% -facts-and-circumstances test - 2022. 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 fact			=		_	
	meets the facts-and-circumstances to	-			-	47	
b	10% -facts-and-circumstances tes	•				•	10% or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18							
						Scriedule A (	Form 990) 2022

#### 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.)

Se	ction A. Public Support	ciow, piedoc cerri	piete i uit ii.)				
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(, _0.0	(=, == 10	(5, 2525	(2, 202 )	(5, 2022	(.,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ü	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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
k	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						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(3.) = 3.13	(5) 25 15	(0, 2020	(0,) = 0 = 1	(0, 2022	(1)
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, 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						
	Net income from unrelated business						
	activities not included on 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	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2022 (	ine 8, column (f), o	divided by line 13,	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	: III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage	!			
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	ation	
k	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	nization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check t	his box and see in	structions	

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
- Ou		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
46.		
10b		

Par	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion 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			
	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 <b>Part VI</b> 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			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
sect	ion D. All Type III Supporting Organizations			
			Yes	No
	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea <b>(see instruction</b> )	<u> </u>		
' 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</i> line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	nstructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? 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 on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? 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		
h	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.

232025 12-09-22

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	1	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 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			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	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-functional	ally integrate	ed Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990) 2022

Sche	rt V Type III Non-Functionally Integrated 509		anizations /		^-^^0059 Page 7
	ion D - Distributions	(a)(o) Supporting Orga	amzations (continu	uea) 	Current Year
1	Amounts paid to supported organizations to accomplish exe	mnt nurnoses		1	Odirent real
	Amounts paid to supported organizations to accomplish exemples and to perform activity that directly furthers exemple the control of the cont			<del>-                                    </del>	
_	organizations, in excess of income from activity	or purposes or supported		2	
3		on of authorited arganization		3	
4	Administrative expenses paid to accomplish exempt purpose	es of supported organization	15	4	
	Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required - pro	ovido dotoilo in Dart VII)		5	
<u>5</u>	Other distributions (describe in <b>Part VI</b> ). See instructions.	DVIDE DELAIIS III PAIL VI)		6	
	Total annual distributions. Add lines 1 through 6.			7	
<u>7</u> 8	<u> </u>	ha arganization is responsive	<u> </u>	<del>  '  </del>	
0	Distributions to attentive supported organizations to which the organizations to attentive supported organizations to which the organizations the organizations the organizations the organizations the organization of the	ne organization is responsive	<del>,</del>	。	
9	Distributable amount for 2022 from Section C, line 6			8	
	•			10	
10	Line 8 amount divided by line 9 amount	/i)	/ii\	10	/:::\
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				

Schedule A (Form 990) 2022

d Excess from 2021 e Excess from 2022

Part V	Part IV, line 1; P	Section / art IV, Se D, lines 5	A, lines 1, 2, 3b, 3d ection D, lines 2 an 5, 6, and 8; and Pa	s, 4b, 4c, 5a d 3; Part IV,	, 6, 9a, 9b, 9c, 1 , Section E, lines	1a, 11b, and 1c, 2a, 2b,	d 11c; Part IV 3a, and 3b; F	, Section B, lines 1 a	17b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V, al information.
SCHE	DULE A	PAR	T II, LIN	E 10,	EXPLANA	CION FO	R OTHE	R INCOME:	
MISC	ELLANEC	OUS							
2018	AMOUNT	l: \$	147.						
2019	AMOUNT	T: \$	285.						
2020	AMOUNT	T: \$	375.						

## Schedule A

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

2022

\*\* Do Not File \*\*

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

Contributor's Name	Total Contributions	Excess Contributions
MARTY AND LIANE PHILLIPS	60,000.	28,074.
ROBERT AND JANICE MCNAIR FOUNDATION	250,000.	218,074.
DAVE PETERSON	57,000.	25,074.
ANDREW AND MARILYN LEE	53,477.	21,551.
MICHAEL AND KELLY HANDEL	57,500.	25,574.
PHILLIPS FAMILY FOUNDATION	50,000.	18,074.
HENDERSON-WESSENDORF FOUNDATION	50,000.	18,074.
Total Excess Contributions to Schedule A, Part II, Line 5		354,495.

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2022

\*\*-\*\*\*0659 LOVING HOUSTON, 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 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\_\_\_\_\_\_\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

LOVING HOUSTON, INC

\*\*-\*\*\*0659

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
1	MEMORIAL DRIVE PRESBYTERIAN CHURCH  11612 MEMORIAL DRIVE  HOUSTON, TX 77024	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ANDREW AND MARILYN LEE  3627 MOSS TRAIL DRIVE  MISSOURI CITY, TX 77459	\$16,482.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MICHAEL AND KELLY HANDEL  11706 WINSHIRE CIR.  HOUSTON, TX 77024	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4  TOMMIE J. AND DENNIS BECK CHARITABLE FUND  13 MEMORIAL PT. LN.  HOUSTON, TX 77024	\$ 5,000.	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
5	ROBERT AND NANCY ZIMMERMAN  P.O. BOX 570174  HOUSTON, TX 77257	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	THE HENDERSON-WESSENDORFF FOUNDATION 611 MORTON STREET RICHMOND, TX 77469	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

LOVING HOUSTON, INC

\*\*-\*\*\*0659

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	VIVIAN L. SMITH FOUNDATION  1900 WEST LOOP SOUTH, STE 1050  HOUSTON, TX 77027	\$\$	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
8	THE ROBERT AND JANICE MCNAIR FOUNDATION  109 N. POST OAK LANE SUITE 600  HOUSTON, TX 77024	\$50,000.	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	HARRY & CINDY HOLMES  5532 SUGAR HILL DRIVE  HOUSTON, TX 77056	\$9,934.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	STRAKE FOUNDATION  712 MAIN ST., STE 3300  HOUSTON, TX 77002	\$10,000.	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
11	NATIONAL CHRISTIAN FOUNDATION  4545 POST OAK PLACE DRIVE, SUITE 201  HOUSTON, TX 77027	\$106,647 <b>.</b>	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
12	HILDEBRAND FOUNDATION  1111 TRAVIS ST  HOUSTON, TX 77002	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

\*\*-\*\*\*0659

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
		\$	
(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
		\$	
(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
		  \$	

Schedule B (Form 990) (2022) Page **4** 

Name of organization **Employer identification number** \*\*-\*\*\*0659 LOVING HOUSTON, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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

Inspection

Name of the organization

LOVING HOUSTON, INC

**Employer identification number** \*\*-\*\*\*0659

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.					
		(a) Donor advised	d 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	writing that the assets he	eld in donor advised fur	nds			
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	ant funds can be used	only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for ar	y other purpose confe	rring			
_	impermissible private benefit?						
Par		•	s" on Form 990, Part IV	, line 7.			
1	Purpose(s) of conservation easements held by the organizat		I				
	Preservation of land for public use (for example, recrea	ation or education)	1	orically important land area			
	Protection of natural habitat		Preservation of a cert	ified historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contrib	ution in the form of a co				
	day of the tax year.			Held at the End of the Tax Year			
	Total number of conservation easements			2a			
b				2b			
С.	Number of conservation easements on a certified historic str			2c			
d	Number of conservation easements included in (c) acquired	· · · · · · · · · · · · · · · · · · ·					
_	historic structure listed in the National Register			2d			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or i	erminated by the organ	nization during the tax			
4	Number of states where property subject to concernation of	acoment is leasted					
4 5	Number of states where property subject to conservation ea Does the organization have a written policy regarding the pe		ion handling of				
3	violations, and enforcement of the conservation easements			Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,						
•	etan ana volanteen neare develou te memering, mepeeting,	, manaling of violations, a	ra omoromy concervati	on casements daming the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation ea	asements during the year			
		,	J	<b>G</b> ,			
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requiremen	ts of section 170(h)(4)(E	3)(i)			
	and section 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIII, describe how the organization reports conservat						
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	financial statements th	nat describes the			
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of	•	easures, or Other	Similar Assets.			
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	•					
	of art, historical treasures, or other similar assets held for pu	·		ince of public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,						
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical tre		·	provide			
	the following amounts required to be reported under FASB A			•			
a	Revenue included on Form 990, Part VIII, line 1						
	Assets included in Form 990, Part X						
∟НА	For Paperwork Reduction Act Notice, see the Instruction	15 IUI FUIM 99U.		Schedule D (Form 990) 2022			

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Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Other	Similar A	Assets(co	ntinued)	<u> </u>	
3	Using the organization's acquisition, accession	n, and other record	ls, chec	k any of the	following th	at make sig	nificant use	of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progr	ram					
b	Scholarly research	е									
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how th	ney further t	he organizat	tion's exemp	ot purpose	in Part XIII.			
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma							Yes	;	No	
Pai	t IV Escrow and Custodial Arrang								, or		
	reported an amount on Form 990, Part	t X, line 21.		_							
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for	contribution	ns or other a	ssets not in	cluded				
	on Form 990, Part X?							Yes	;	No	
b	If "Yes," explain the arrangement in Part XIII a										
								Amo	Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						?	Yes	,	No	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	on has been	provided or	n Part XIII .			<u> </u>	]	
Pai	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo							
		(a) Current year	(b) P	rior year	(c) Two year	ars back (d	Three years	s back (e) F	our years	back	
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		<u></u> %								
b	Permanent endowment	%									
С	Term endowment9	6									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held a	and administ	ered for the					
	organization by:								Yes	No	
	(i) Unrelated organizations							3a	(i)		
	(ii) Related organizations							3a	ii)		
b	If "Yes" on line 3a(ii), are the related organizate							31	<b>.</b>		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	l "Yes" on Form 990	), Part I\	/, line 11a. S	See Form 99	0, Part X, lir	ne 10.				
	Description of property	(a) Cost or o			or other		umulated	(d) B	ook valu	е	
		basis (investn	nent)	basis	(other)	depre	eciation				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, colur	nn (B), line 1	10c.)			. 1		0.	

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 LOVING HO	USTON, INC	**	-***0659 Page <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Y			
(a) Description of security or category (including name of secur	ity) <b>(b)</b> Book value	(c) Method of valuation: Cost or end	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 "Y			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(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 "Y		11d. See Form 990, Part X, line 15.	T (1) D
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	) line 15 )		1
Total. (Column (b) must equal Form 990, Part X, col. (B Part X Other Liabilities.	) lifte 15.)		
Complete if the organization answered "Y	(ac" on Form 000, Dort IV, line	11a or 11f Coa Form 000 Bort V line 25	5
(a) December of link like	es on Form 990, Fart IV, line	The or Th. See Form 990, Part A, line 25	(b) Book value
· · · · · · · · · · · · · · · · · · ·			(b) Book value
(1) Federal income taxes			<del> </del>
(2)			<del> </del>
(3)			
(4)			+
(5)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2022

(6) (7) (8)

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements		1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d					
3	Subtract line <b>2e</b> from line <b>1</b>		3			
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	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents with E	xpenses per Return.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		<del>- 1.1</del>			
1	Total expenses and losses per audited financial statements		1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ء ا				
a	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
C	Other losses	2c				
d	, , , , , , , , , , , , , , , , , , , ,		0.			
_	Add lines 2a through 2d					
3	Subtract line 2e from line 1		3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a				
a	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)	-				
			4c			
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)					
	rt XIII Supplemental Information.		3			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V. lines 1b and	1.2b: Part V. line 4: Part X. lin	e 2: Part XI.		
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			-, · · · · · · · · · · · · · · · · · · ·		
	, , , , , , , , , , , , , , , , , , , ,					
PAI	RT X, LINE 2:					
THI	E ORGANIZATION IS A NOT-FOR-PROFIT CORPORAT	ION UND	ER INTERNAL RE	VENUE		
SEI	RVICE CODE SECTION 501(C)(3) AND, THEREFORE	, IS NO	OT SUBJECT TO I	NCOME		
	. T. G					
'I'A	KES.					
አሮር	ACCOMMING DETNOTED COMEDALLY ACCEDED IN MUE INTER CHARGE OF AMERICA					
ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA						
PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN						
TWOATHE WCCOMMITME WAN DISCHOSOME GOIDWINGE WDOOT LOSTITOMS TWEN BY WA						
ENTITY IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. THE ORGANIZATION						
TO 1.4	ENITITION THE UKGANIZATION					
BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND						
DESTRUCTION FOR THE SOLICITIES OF THE SOLICITIES AND TAKEN, AND						
MAI	NAGEMENT HAS DETERMINED THAT THERE ARE NO T	AX POST	TIONS THAT ARE			
				=		
MA	MATERIAL TO THE FINANCIAL STATEMENTS. PENALTIES AND INTEREST ASSESSED BY					

INCOME TAXING AUTHORITIES, IF ANY, WOULD BE INCLUDED IN INCOME TAX

Schedule D (Form 990) 2022	LOVING HOUSTON,	INC	**-***0659 Page 5
Schedule D (Form 990) 2022  Part XIII Supplemental Information	rmation (continued)		. age s
	· ,		
EXPENSE.			

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

LOVING HOUSTON, INC

**Employer identification number** \*\*-\*\*\*0659

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LOVING HOUSTON IS ADVANCING COMMUNITY TRANSFORMATION IN GREATER HOUSTON BY HELPING CHURCHES SERVE LOCAL SCHOOLS.

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

THE ORGANIZATION ENGAGES AN INDEPENDENT CPA FIRM TO PREPARE THE FORM 990 FOR THE ORGANIZATION. ONCE COMPLETED, A DRAFT COPY OF THE COMPLETE FORM 990, WITH ALL ATTENDANT SCHEDULES, IS PROVIDED TO ALL MEMBERS OF ITS FINANCE COMMITTEE, PRIOR TO FILING WITH THE IRS. THE COMMITTEE REVIEWS AND APPROVES THE FORM 990 AND ALL SCHEDULES.

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

TO REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY, BOARD MEMBERS ARE REQUIRED TO ANNUALLY REVIEW SAID CONFLICT OF INTEREST POLICY, NOTIFY GOVERNING BODY OF ANY CONFLICTS, AND ATTEST BY SIGNATURE OF THEIR COMPLIANCE WITH THE POLICY.

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

COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL AND KEY EMPLOYEES IS DETERMINED EACH YEAR BASED UPON CONTEMPORARY COMPENSATION MODELS, ECONOMIC TRENDS, AND PERFORMANCE OF SAID EMPLOYEES. THE EXECUTIVE COMMITTEE EVALUATES THE COMPENSATION PACKAGE ANNUALLY, REACHES A CONSENSUS, PRESENTS TO THE BOARD FOR APPROVAL.

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

THE VARIOUS GOVERNING DOCUMENTS, INCLUDING FORM 990 AND ALL SCHEDULES, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

232211 10-28-22