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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
COVENANT HOUSE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5 PENN PLAZA

City or town, state or country, and ZIP + 4
NEW YORK, NY 10001

D Employer identification number
13-2725416

E Telephone number
(212) 727-4141

G Gross receipts $ 88,896,860

F Name and address of Principal Officer

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ www covenanthouse org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1972

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
covenant house shelters, protects and advocates on behalf of homeless, trafficked and sexually exploited youth

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of employees (Part V, line 2a)	5	218
6	Total number of volunteers (estimate if necessary)	6	22
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	30,751,325	56,000,091
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	59,445,799	-1,840,060
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,333,212	2,110,758
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	92,530,336	56,270,789
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,764,468	3,351,862
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,527,030	8,148,192
16a	Professional fundraising fees (Part IX, column (A), line 11e)	455,216	446,106
b	(Total fundraising expenses, Part IX, column (D), line 25 16,298,947)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	31,044,362	51,131,793
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	44,791,076	63,077,953
19	Revenue less expenses Subtract line 18 from line 12	47,739,260	-6,807,164

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	122,058,907	102,510,569
21	Total liabilities (Part X, line 26)	27,140,140	28,332,814
22	Net assets or fund balances Subtract line 21 from line 20	94,918,767	74,177,755

Part II Signature Block

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

Please Sign Here

****** | 2010-03-30
Signature of officer | Date

Daniel McCarthy Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Dan Romano | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ GRANT THORNTON LLP
666 THIRD AVENUE
NEW YORK, NY 100174011

EIN ▶

Phone no ▶ (212) 542-9609

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

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

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

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 20,512,630 including grants of $ 2,548,035) (Revenue $)

Shelter and Crisis Care Youth in crisis need help immediately That is why Covenant House's 21 crisis centers are open 24 hours a day, 7 days a week, 365 days a year The Covenant House mission is that any youth up to 21 years of age can easily find his or her way to the crisis shelter's door, and that he or she is never, ever told to "come back later " The street takes more from these young people than their money, their health, or even their dignity It gradually takes away their ability to trust, either themselves or others That is why Covenant House's open door policy is so critical Specially-trained staff address a young person's immediate needs - shelter, clean clothes, a shower, hot food, and a warm bed Then, the counselors work with the youth to develop the best plan for the future During fiscal year 2009, Covenant House Crisis Centers provided shelter to 14,584 youth and children On average, kids stay in the crisis shelters from one to three weeks depending on their circumstances They receive individual and group counseling, vocational and educational training, and help toward securing employment and housing, as well as health care, legal services, pastoral counseling and advocacy Total Cost $20,512,630

4b (Code) (Expenses $ 4,607,678 including grants of $ 17,381) (Revenue $)

Rights of Passage Covenant House's Rights of Passage (ROP) is a unique program for older youth (18-21) who have no place to go and who need support to achieve adult independence The program, which is in place in Covenant Houses across the United States and at our two Canadian affiliates, answers a pressing need many older kids at Covenant House feel as they endeavor to become contributing members of society During fiscal year 2009, 1,987 youth were served by ROP Youth live at ROP for up to 18 months, working, improving their education and job skills, and - most important - preparing to be truly independent in a place of their own In ROP, young people receive plenty of guidance, encouragement, and expert advice They are expected to work hard, fulfill their part of the covenant, pull their own weight and participate in community service activities Rights of Passage provides the youth with the opportunity to set goals for themselves and work hard to achieve them The youth in ROP often have educational deficiencies and few have had any career training Youth are provided with opportunities to augment their education while the vocational program guides residents toward career path jobs, teaching them interviewing skills, easing their transition into the workplace, and following up with employers to lend a hand In Life Skills, they learn how to budget, find an apartment, cook, clean, manage their time - the tools they need to make the important transition to independent living Total Cost $4,607,678

4c (Code) (Expenses $ 4,165,467 including grants of $) (Revenue $)

Public Education Though Covenant House is primarily known as a provider of social services for homeless and runaway young people, the agency places great importance on its role as a spokesperson for not only the youth its serves, but for all young people at risk In addition to advocacy efforts undertaken by each of Covenant House's sites, Covenant House periodically publishes and widely disseminates books which tell the stories of the young people who come to Covenant House for help The objective of these publications is to counteract the often negative stereotypes many people have of homeless youth and sensitize the public to the needs and aspirations of this very vulnerable segment of society Covenant House publications provide advice to parents on how to relate to a child they believe may be thinking of running away, and options for young people whose problems at home may cause them to consider this alternative This public education effort also takes the form of occasional special events, such as the November Candlelight Vigil sponsored by each Covenant House in the United States and Canada The purpose of these Vigils is to draw media coverage and public attention to the plight of homeless and at risk youth and suggest ways in which these young people can be helped Covenant House sites also hold seminars on subjects of concern to social service professionals and young people themselves, such as the Youth Conventions which Covenant House sponsors Total Cost $4,165,467

(Code) (Expenses $ 3,863,932 including grants of $) (Revenue $)
Community Service Centers

(Code) (Expenses $ 2,825,388 including grants of $) (Revenue $)
Nineline

(Code) (Expenses $ 2,649,211 including grants of $) (Revenue $)
Mother/Child

(Code) (Expenses $ 1,697,089 including grants of $) (Revenue $)
Outreach

(Code) (Expenses $ 1,686,546 including grants of $) (Revenue $)
Medical Services

4d Other program services (Describe in Schedule O)
(Expenses $ 12,722,166 including grants of $ 786,446) (Revenue $)

4e Total program service expenses $ 42,007,941 *Must equal Part IX, Line 25, column (B).*

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
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 questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	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**		No
37	Did the organization conduct more than 5 percent 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**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	45		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
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	218		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in 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			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
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 to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** ***(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)***

Section A. Governing Body and Management

				Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.				
1a	Enter the number of voting members of the governing body	1a	16		
b	Enter the number of voting members that are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	the governing body?		8a	Yes	
b	each committee with authority to act on behalf of the governing body?		8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed AZ, AR, CT, DC, FL, GA, HI, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, TN, TX, UT, VT, VA, WA, WV, WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ own website ☐ another's website ☑ upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

DANIEL C MCCARTHY
5 PENN PLAZA 3RD FLOOR
NEW YORK, NY 10001
(212) 727-4141

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								1,537,711	0	192,592

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 10

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
grant thornton llp 666 third avenue NEW YORK, NY 10017	external auditor	1,093,634
o2kl 10 west 18th street 6th floor NEW YORK, NY 10011	CONSULTANT- F/R	263,782
russ reid company 2 north lake avenue suite 600 PASADENA, CA 91101	consult -f/r & other	240,800
BOVIS LEND LEASE 200 PARK AVENUE 9TH FLOOR NEW YORK, NY 10166	building CONTRACTOR	2,117,008
heidrick and struggles 245 park avenue suite 4300 NEW YORK, NY 10167	exec recruitment	228,333

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 9

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a 246,084				
	b	Membership dues 1b				
	c	Fundraising events 1c 774,750				
	d	Related organizations 1d 181,450				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 54,797,807				
	g	Noncash contributions included in lines 1a-1f $ 270,068				
	h	**Total (Add lines 1a-1f)**	56,000,091			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** $ 0				
	3	Investment income (including dividends, interest other similar amounts)	321,175			321,175
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents 1,486,458				
	b	Less rental expenses				
	c	Rental income or (loss) 1,486,458				
	d	Net rental income or (loss)	1,486,458	1,486,458		
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 30,271,699 / 15,550				
	b	Less cost or other basis and sales expenses 32,444,686 / 3,798				
	c	Gain or (loss) -2,172,987 / 11,752				
	d	Net gain or (loss)	-2,161,235			-2,161,235
Other Revenue	8a	Gross income from fundraising events (not including $ 89,500 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a 774,750				
	b	Less direct expenses b 177,587				
	c	Net income or (loss) from fundraising events	-88,087			-88,087
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory	0			
		Miscellaneous Revenue / Business Code				
	11a	LISTED RENTAL INCOME 900,099	704,862			704,862
	b	MISCELLANEOUS 900,099	7,525			7,525
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** $ 712,387				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	56,270,789	1,486,458		-1,215,760

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	3,351,862	3,351,862		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,789,879	654,249	823,345	312,285
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	4,714,952	2,201,650		1,604,020
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	436,253	189,556	123,523	123,174
9 Other employee benefits	645,740	295,354	181,850	168,536
10 Payroll taxes	561,368	239,791	159,768	161,809
11 Fees for services (non-employees)				
a Management	289,985	260,489	16,384	13,112
b Legal	9,952	1,642	7,452	858
c Accounting	229,160		229,160	
d Lobbying	69,000	69,000		
e Professional fundraising *See Part IV, line 17*	446,106			446,106
f Investment management fees	158,345		158,345	
g Other	0			
12 Advertising and promotion	0			
13 Office expenses	293,560	137,611	70,010	85,939
14 Information technology	230,607	27,291	141,165	62,151
15 Royalties	0			
16 Occupancy	1,497,428	500,986	473,069	523,373
17 Travel	148,013	122,575	7,876	17,562
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	43,793	31,357	4,000	8,436
20 Interest	66,792	331	66,081	380
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,816,422	1,299,585	258,524	258,313
23 Insurance	91,173	23	91,150	
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a SUPPORT TO AFFILIATES	29,357,159	29,187,874	169,285	
b PRINTING, POSTAGE, MAILING	13,986,060	3,142,352	111,703	10,732,005
c OTHER PURCHASED SERVICES	1,806,929	154,993	262,842	1,389,094
d BANK CHARGES AND FEES	354,649	11,514	343,135	
e MISCELLANEOUS	305,475	23,751	9,573	272,151
f All other expenses	377,291	104,105	153,543	119,643
25 **Total functional expenses.** Add lines 1 through 24f	63,077,953	42,007,941	4,771,065	16,298,947
26 **Joint Costs.** Check ☑ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	3043453	1,601,174		1,442,279

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	351,866	1	185,553
	2	Savings and temporary cash investments	16,520,610	2	4,459,659
	3	Pledges and grants receivable, net	1,310,711	3	1,512,730
	4	Accounts receivable, net	341,705	4	269,148
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net	7,527,069	7	7,583,672
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	841,061	9	337,961
	10a	Land, buildings, and equipment cost basis — 10a: 57,316,731			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 16,432,580	42,357,306	10c	40,884,151
	11	Investments—publicly traded securities	30,961,299	11	27,745,303
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	18,615,278	12	15,260,393
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	3,232,002	15	4,271,999
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	122,058,907	16	102,510,569
Liabilities	17	Accounts payable and accrued expenses	3,604,953	17	2,593,528
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties	6,678,567	23	6,812,069
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	16,856,620	25	18,927,217
	26	**Total liabilities.** *Add lines 17 through 25*	27,140,140	26	28,332,814
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	84,965,991	27	65,216,772
	28	Temporarily restricted net assets	3,867,708	28	2,986,213
	29	Permanently restricted net assets	6,085,068	29	5,974,770
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	94,918,767	33	74,177,755
	34	Total liabilities and net assets/fund balances	122,058,907	34	102,510,569

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
COVENANT HOUSE

Employer identification number
13-2725416

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	30,744,380	33,961,831	34,351,389	30,751,325	56,000,091	185,809,016
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3	30,744,380	33,961,831	34,351,389	30,751,325	56,000,091	185,809,016
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						9,510,418
6 **Public Support** subtract line 5 from line 4						176,298,598

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	30,744,380	1,003,042	34,351,389	30,751,325	56,000,091	185,809,016
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	751,228	1,003,042	1,044,743	1,530,608	321,175	4,650,796
9 Net income from unrelated business activities, whether or not the business is regularly carried on	16,487	16,276				32,763
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	475,315	418,728	595,877	593,309	616,775	2,700,004
11 **Total Support** (Add lines 7 through 10)						193,192,579

12 Gross receipts from related activities, etc (See instructions) **12**

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

Computation of Public Support Percentage

14	Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	**14**	**91.255 %**
15	Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	**15**	**89.151 %**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test
2004 669,596 2005 669,596 2006 669,596 2007 707,785 2008 704,862 Description Net (loss) from fundraising events 2004 (194,281) 2005 (250,868) 2006 (77,631) 2007 (114,476) 2008 (88,087)

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SCHEDULE C
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
COVENANT HOUSE	13-2725416

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $ _____

3 Volunteer hours _____

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

1 Enter the amount of any excise tax incurred by the organization under section 4955 $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $ _____

3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $ _____

2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities $ _____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☑ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	69,000	69,000
c	Total lobbying expenditures (add lines 1a and 1b)	69,000	69,000
d	Other exempt purpose expenditures	41,938,941	42,146,807
e	Total exempt purpose expenditures (add lines 1c and 1d)	42,007,941	42,215,807
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—	1,000,000	1,000,000

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☑ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c	Total lobbying expenditures	78,000	147,000	171,000	69,000	465,000
d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e	Grassroots ceiling amount (150% of line d, column (e))					1,500,000
f	Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines c through i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i	Other activities If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible lobbying and political expenditures ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	
a	Current Year	2a $
b	Carryover from last year	2b $
c	Total	2c $
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 $
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 $
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 $

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
COVENANT HOUSE

Employer identification number
13-2725416

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIV

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	41,320,429				
b	Contributions					
c	Investment earnings or losses	-9,433,113				
d	Grants or scholarships					
e	Other expenditures for facilities and programs	2,579,437				
f	Administrative expenses					
g	End of year balance	29,307,879				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 83 %
- b Permanent endowment ▶ 17 %
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		5,464,505		5,464,505
b Buildings		44,592,900	12,774,487	31,818,413
c Leasehold improvements		3,758,480	912,709	2,845,771
d Equipment		3,215,219	2,511,326	703,893
e Other	30,795	254,832	234,058	51,569
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				40,884,151

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other HEDGE FUND OF FUNDS- LP	15,260,393	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	15,260,393	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
BENEFICIAL INTEREST IN TRUSTS	2,861,335
CUSTOMER LISTS	556,106
DUE FROM AFFILIATES	852,608
SECURITY DEPOSITS	1,950
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATES	133,656
ANNUITIES PAYABLE	5,756,884
PENSION BENEFITS LIABILITY	10,203,263
DEFERRED RENT	2,545,407
MISCELLANEOUS	288,007
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	18,927,217

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	56,270,789
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	63,077,953
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-6,807,164
4	Net unrealized gains (losses) on investments	4	-8,689,428
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-5,244,420
9	Total adjustments (net) Add lines 4 - 8	9	-13,933,848
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-20,741,012

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

1	Total revenue, gains, and other support per audited financial statements			1	47,191,842
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-8,689,428		
b	Donated services and use of facilities	2b	122,613		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-353,787		
e	Add lines **2a** through **2d**			2e	-8,920,602
3	Subtract line **2e** from line **1**			3	56,112,444
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	158,345		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	158,345
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	56,270,789

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

1	Total expenses and losses per audited financial statements			1	63,042,221
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	122,613		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	122,613
3	Subtract line **2e** from line **1**			3	62,919,608
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	158,345		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	158,345
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	63,077,953

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
purpose of endowment	Part V, Line 4	THE ENDOWMENT'S PURPOSE IS TO SUPPORT THE MISSION OF COVENANT HOUSE FOR FUTURE GROWTH AND FUNDING OF EXISTING PROGRAMS, WHEN NECESSARY
FIN 48 Footnote	Part X	IN JULY 2006, THE FASB ISSUED FASB INTERPRETATION ("FIN") NO 48, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES-AN INTERPRETATION OF FASB STATEMENT 109" FIN NO 48, WHICH CLARIFIES SFAS No 109"ACCOUNTING FOR INCOME TAXES", ESTABLISHES THE CRITERION THAT AN INDIVIDUAL TAX POSITION HAS TO MEET FOR SOME OR ALL THE BENEFITS OF THAT POSITION TO BE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS ON INITIAL APPLICATION, FIN NO 48 WILL BE APPLIED TO ALL TAX POSITIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINS OPEN ONLY TAX POSITIONS THAT MEET THE "MORE-LIKELY-THAN-NOT" RECOGNITION THRESHOLD AT THE ADOPTION DATE WILL BE RECOGNIZED OR CONTINUE TO BE RECOGNIZED THE CUMULATIVE EFFECT OF APPLYING FIN NO 48 WILL BE REPORTED AS AN ADJUSTMENT TO NET ASSETS AT THE BEGINNING OF THE PERIOD IN WHICH IT IS ADOPTED AS A RESULT OF A RECENTLY ISSUED FASB STAFF POSITION ("FSP") FIN 48-3, FIN NO 48 IS EFFECTIVE FOR FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008 AS A NON-PUBLIC ENTITY, COVENANT HOUSE HAS ELECTED TO DEFER THE ADOPTION OF FIN 48 AND IS CURRENTLY ASSESSING THE IMPACT, IF ANY, FIN 48 WILL HAVE ON ITS FINANCIAL STATEMENTS COVENANT HOUSE HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS, TO IDENTIFY AND REPORT UNRELATED INCOME, DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS, AND TO ASSESS OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS ACCORDINGLY, A LOSS CONTINGENCY IS RECOGNIZED WHEN IT IS PROBABLE THAT A LIABILITY HAS BEEN INCURRED AS OF THE DATE OF THE FINANCIAL STATEMENTS AND THE AMOUNT OF THE LOSS CAN REASONABLY BE ESTIMATED
Reconciliation of Change in Net Assets	Part XI, Line 8	UNREALIZED LOSS OF THE CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS AT $353,787 DISCONTINUED OPERATIONS-GUATEMALA SITE AT $1,613,968 PENSION RELATED EXPENSES OTHER THAN NET PERIODIC PENSION COST AT $3,276,665
reconciliation of revenue	Part XII, Line 2d	UNREALIZED LOSS OF THE CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS AT $353,787

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
COVENANT HOUSE

Employer identification number
13-2725416

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Central America and the Caribbean	3	212	Program Services	SHELTER FOR HOMELESS	2,293,414
North America	3	404	Program Services	SHELTER FOR HOMELESS	1,058,448
Totals . . . . . ▶	6	616			3,351,862

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Cent America/Caribbean	PROGRAM SUPPORT	2,293,414	WIRE TRANS	0	NONE	NONE
		North America	PROGRAM SUPPORT	1,058,448	WIRE TRANS	0	NONE	NONE

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 6

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	ReturnReference	Explanation
PT 1 LINE 2	MANAGEMENT MONITORS THE USE OF FUNDS THROUGH SUBMITTED ANNUAL BUDGETS,	REFORECASTS, INTERNAL AND EXTERNAL AUDITS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 13-2725416
Name: COVENANT HOUSE

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Cent America/Caribbean	PROGRAM SUPPORT	2,293,414	WIRE TRANS	0	NONE	NONE
		North America	PROGRAM SUPPORT	1,058,448	WIRE TRANS	0	NONE	NONE

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
COVENANT HOUSE

Employer identification number
13-2725416

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Email solicitations
- **c** ☑ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Sanky communications inc	consulting		No	0	322,516	-322,516
Tom Gaffny Consulting	consulting		No	0	100,000	-100,000
Norman Lotz	consulting		No	0	13,500	-13,500
The sharpe group	consulting		No	0	10,000	-10,000
Total			▶			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

AK,AZ,AR,CT,DC,FL,GA,HI,IL,IN,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,TN,TX,UT,VT,VA,WA,WV,WI

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 gala (event type)	(b) Event #2 (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	864,250			864,250
	2 Less Charitable contributions	774,750			774,750
	3 Gross revenue (line 1 minus line 2)	89,500			89,500
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs	25,335			25,335
	7 Other direct expenses	152,252			152,252
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				177,587
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-88,087

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

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

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____		
c	If "Yes," enter name and address		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ $ _____		
	Description of services provided ▶ _____		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

Additional Data

Software ID:
Software Version:
EIN: 13-2725416
Name: COVENANT HOUSE

Form 990 Schedule G - Licensed States

Licensed States

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
COVENANT HOUSE

Employer identification number
13-2725416

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Sister Patricia A Cruise SC	(i)	137,771		70,380	26,752	4,246	239,149	130,319
	(ii)	0	0	0			0	
James M White	(i)	222,916		10,000	15,408	11,562	259,886	120,023
	(ii)	0	0	0			0	
Robert R Cardany	(i)	187,072			16,905	6,206	210,183	95,332
	(ii)	0	0	0			0	
Thomas J Potenza	(i)	140,171			7,686	6,120	153,977	72,239
	(ii)	0	0	0			0	
Patricia Connors	(i)	98,931		110,652	14,547	5,682	229,812	81,637
	(ii)	0	0	0			0	
Thomas Kennedy	(i)	157,441			14,199	703	172,343	80,264
	(ii)	0	0	0			0	
Jo Reyes	(i)	136,698	10,000		8,374	6,045	161,117	69,525
	(ii)	0	0	0			0	
Joan Smyth	(i)	137,357			10,902	16,767	165,026	74,366
	(ii)	0	0	0			0	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Severance Payments	Part I, Line 4a	Sister patricia cruise, president/ceo, recieved in calendar year 2008 a severance payment of $58,462 as part of her total severance package of $95,000 Also, based on Covenant House's severance policies, Patricia Connors, SVP of HR, with 30 years of service with Covenant House, recieved in calendar year 2008 a severance payment of $61,539 as part of her total severance package of $184,000

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
COVENANT HOUSE

Employer identification number
13-2725416

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	58	270,068	Fair Market Value
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe _____)				
26	Other (describe _____)				
27	Other (describe _____)				
28	Other (describe _____)				

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

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

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
COVENANT HOUSE

Employer identification number
13-2725416

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990 PART III line 4d	** Community Service Centers The goals of the Community Service Centers are twofold first, the Centers provide follow-up and aftercare for graduates from the crisis shelters and Rights of Passage Program who may need support and continuing contact with Covenant House staff now that they are on their own Second, the Centers offer preventive services targeted toward youth at risk before they leave home Covenant House staff work in the communities from which our residents have traditionally come, in order to intervene before there is a family breakdown During fiscal year 2009, 16,523 youth were served at Covenant House Community Service Centers Among the array of services utilized by the youth were counseling, educational and vocational services, tutoring, and parenting skills training Total Cost $3,863,932 ** NINELINE Nearly 40,595 times last year, runaways and other kids in crisis across America reached the Covenant House Nineline, that's nearly 130 crisis calls a day Nineline help is free to anyone who dials 1-800-999-9999 Each of those calls is answered by a trained Nineline staff member or volunteer ready to offer support, assistance, and referrals The Nineline receives all kinds of calls About 75 calls a day come from parents who don't know where their children are Kids call from schools, street corners, malls, home and friends' houses Whoever they are and wherever they call from, Nineline offers help - a conference call with a local social service agency, directions to the nearest shelter, arrangements to get a bus home, or someone who can listen to a problem they're afraid to tell to someone they know The Nineline database contains over 32,000 agencies nationwide, so the staff can locate help for kids anywhere And they do every day Total Cost $2,825,388 ** MOTHER/CHILD Being a mother is a monumental task when you are still a teenager yourself and are overwhelmed by the responsibility Often, the teenage mothers who come to Covenant House have been thrown out of their own homes and find themselves on the streets, with no job, no money and nowhere to turn Worse yet, they often have no idea how to be a good parent The Covenant House staff and volunteers are the role models who teach the young mothers how to care for their children They provide them with a safe, stable place to stay where they can plan for their future as well as learn vital parenting skills During fiscal year 2009, Covenant House shelter programs provided services to 1,108 young mothers and their 1,093 babies Total Cost $2,649,211 ** OUTREACH The various Covenant House Outreach programs utilize several different methods to locate and serve street youth In some cities, Covenant House Outreach Vans cruise the street each night until the early hours of the morning In others, teams of Outreach counselors and volunteers conduct outreach on foot or bicycle The priority is to locate and serve the youth on the street While the approaches may vary, some elements are common to all All outreach workers are equipped with sandwiches, hot chocolate or other beverages, information, first aid kits, and most importantly, hope Outreach workers typically contact a kid more than once, over many nights, working to earn their confidence and trust It may be weeks or months before a young person does more than take a sandwich and disappear back into the night The key is that they know who the outreach workers are, and know they are out there if the young people need them During fiscal year 2009 Covenant House Outreach staff worked with 36,154 youth on the street Total Cost $1,697,089 ** MEDICAL SERVICES In fiscal year 2009, 10,175 Covenant House youth received full health assessments, physical exams and medical treatment The youth are served by doctors, nurses, physician assistants and other health professionals who are either Covenant House staff or staff from local teaching hospitals with whom Covenant House has cooperative agreements All are experts in the special medical needs of adolescents and young adults In addition to services related to physical health, youth are also provided with psychiatric services A small but significant number of the 18 to 21 year old residents in our Crisis Centers are coping with serious mental health problems that require a range of psychiatric services and referral agencies that provide housing for the mentally ill Total Cost $1,686,546 Website Covenant House's website can be reached at http //www covenanthouse org The site contains extensive materials prepared especially for young people at risk, as well as advice for parents and others professionally involved in the care of young people The site also contains information about Covenant House sites, programs and related activities including its work as a child advocate, and employment opportunities with the agency The website accepts donations via credit card CONCLUSION The hallmark of Covenant House is its policy of 'Open Intake' whereby no child or teenager is turned away on the first visit, but rather is accepted on a 'no questions asked' basis Only serious misconduct or refusal to make use of offered services limits repeat visits In the mid '90s the agency adopted a Vision Statement to guide its expansion of services as it looked toward the year 2000 The statement reads in part Covenant House will continue to fulfill its mission by providing shelter and services to children and youth who are homeless or at great risk In the spirit of open intake, services will be offered to all youth who seek help, with a priority of concern and commitment to those for whom no other service is available We will make every effort to reunite kids with their families We will collaborate with community agencies and associations and actively participate in community efforts to improve the conditions of families and children We will advocate with and on behalf of youth to raise awareness in the community about their suffering

Identifier	Return Reference	Explanation
Policies	Part VI	Part VI-A, Line 10 THE ORGANIZATION PREPARES THE FORM 990 IN CONSULTATION WITH OUR INDEPENDENT AUDITOR IN ADDITION THE FORM 990 IS REVIEWED BY OUR INDEPENDENT AUDITOR AFTER COMPLETION BY THE ORGANZIATION THE FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD AND ONCE APPROVED, IT GETS DISTRIBUTED TO THE ENTIRE BOARD, BEFORE IT IS FILED WITH THE IRS Part VI-B, Line 12c THE ORGANIZATION REQUIRES ANNUAL DISCLOSURE AND AFFIRMATION OF THE CONFLICT OF INTEREST POLICY BY ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES IF A CONFLICT IS DETERMINED TO EXIST, IT MUST BE REPORTED AND ADDRESSED TO THE SATISFACTION OF THE ORGANIZATION Part VI-B, Line 15 THE PRESIDENT/CEO'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE WORKING IN CONJUNCTION WITH COMPARABILITY DATA SUCH AS SALARY SURVEYS WITH SIMILAR SIZED NON-PROFITS PERIODICALLY WE HIRE AN INDEPENDENT CONSULTANT TO REVIEW COMPARABLE SALARIES GENERALLY THE BOARD EVALUATES THE PRESIDENT'S COMPENSATION ANNUALLY THE DETERMINATION IS BASED ON THE PERFORMANCE EVALUATION THAT FACTORS INTO ACCOUNT EFFECTIVENESS, PERFORMANCE, AND ACHIEVEMENT OF GOALS Part VI-C, Line 18 COVENANT HOUSE MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE WWW COVENANTHOUSE ORG COVENANT HOUSE MAKES ITs FORM 1023 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST Part VI-C, Line 19 COVENANT HOUSE MAKES ITS GOVERNING DOCUMENTS, CONFILCT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
Financial Statements and Reporting	Part XI, Line 2c	THE ORGANIZATION DOES HAVE AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE AUDIT, AND MEETS WITH THE AUDITORS TO DISCUSS AUDIT ISSUES, IF ANY THE AUDITORS ALSO REVIEW THE AUDITED FINANCIAL STATEMENTS WITH THE AUDIT COMMITTEE THE SELECTION OF THE INDEPENDENT ACCOUNTANT/AUDITOR IS APPROVED BY THE AUDIT COMMITTEE THE AUDIT COMMITTEE MEETS ABOUT FOUR TIMES A YEAR

Identifier	Return Reference	Explanation
Sale of Other Assets	Part VIII, Line 7	Line 7a Proceeds from sale of auto $15,550 Line 7b Net book value of auto $3,798

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
COVENANT HOUSE

Employer identification number
13-2725416

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) Disproprtionate allocations? No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) General or managing partner? No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 13-2725416
Name: COVENANT HOUSE

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
COVENANT HOUSE ALASKA 609 F STREET ANCHORAGE, AK99501 13-3419755	SHELTER	AK	501(C)(3)	PUBLIC	NA
COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVENUE HOLLYWOOD, CA90027 13-3391210	SHELTER	CA	501(C)(3)	PUBLIC	NA
COVENANT HOUSE FLORIDA 733 BREAKERS AVENUE FT LAUDERDALE, FL33304 59-2323607	shelter	FL	501(c)(3)	public	N/A
covenant house Georgia 2488 lakewood avenue sw atlanta, GA30315 13-3523561	shelter	GA	501(c)(3)	public	na
COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING JR BLVD DETROIT, MI48208 38-3351777	SHELTER	MI	501(C)(3)	PUBLIC	NA
COVENANT HOUSE MISSOURI 2727 NORTH KINGSHIGHWAY BLVD ST LOUIS, MO63113 43-1821599	SHELTER	MO	501(C)(3)	PUBLIC	NA
covenant house new jersey 330 washington street newark, NJ07102 13-3537710	shelter	NJ	501(c)(3)	public	na
covenant house new orleans 611 north rampart street new orleans, LA70112 58-1669937	shelter	LA	501(c)(3)	public	na
covenant house pennsylvania 417 callowhill street philadelphia, PA19123 23-3003176	shelter	PA	501(c)(3)	public	na
covenant house texas 1111 Lovett blvd houston, TX77006 76-0050882	shelter	TX	501(c)(3)	public	N/A
covenant house toronto 20 gerrard street east toronto CA	shelter	CA	n/a		na
covenant house vancouver 575 drake street vancouver CA	shelter	CA	n/a		na
covenant house washington 2001 mississippi avenue se washington, DC133537709 13-3537709	shelter	DC	501(c)(3)	public	na
covenant house western avenue 1325 n western avenue hollywood, CA90027 95-4395845	hold company	CA	501(c)(3)	type 1 sup	na
covenant international foundation c/o 5 penn plaza new york, NY10001 13-3124706	hold company	NY	501(c)(3)	public	na
asociacion casa aliaanza (guatemala) zona 2 colonia la escuadrilla mixco GT	shelter	GT	n/a		na
casa alianza honduras corner of arda cervantes y morelos tegucigalpa HO	shelter	HO	n/a		na
casa alianza nicaragua edifficio conrad n hilton costado este del ministrio del trabajo NU	shelter	NU	n/a		na
fundacion casa alianza mexico iap paeo de las reforma 111 colonia gue mexico d f MX	shelter	MX	n/a		na
testamentum c/o 5 penn plaza new york, NY10001 23-7326634	hold company	NY	501(c)(3)	public	na
under 21covenant house new york 460 west 41st street new york, NY10036 13-3076376	shelter	NY	501(c)(3)	public	na

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	asociacion cas alianza (guatemala)	q	941,684
(2)	casa alianza de honduras	q	765,000
(3)	casa alianza nicaragua	q	586,730
(4)	covenant house toronto	q	28,814
(5)	covenant house vancouver	q	92,576
(6)	fundacion casa alianza mexico IAP	q	937,058
(7)	15 out of 21 related organizations list on		
(8)	sch r part ii are all 501(c)(3) therefore		
(9)	no amount will be listed in column (c)		

Additional Data

Software ID:
Software Version:
EIN: 13-2725416
Name: COVENANT HOUSE

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Judith G Blaylock , Director	1 0	X						0	0	0
Janet M Keating , Director	1 0	X						0	0	0
Br Raymond Sobocinski , Director	1 0	X						0	0	0
Arnold E Ditri , Director	1 0	X						0	0	0
James R Kelly , Director	1 0	X						0	0	0
John Pescatore , Director	1 0	X						0	0	0
Julia A Upton , Director	1 0	X						0	0	0
L Edward Shaw , Director	1 0	X						0	0	0
Mark Loughridge , Director	1 0	X						0	0	0
Priscilla Marconi , Vice Chairman	1 0	X						0	0	0
Suzanne M Halpin , Director	1 0	X						0	0	0
Thomas D Woods , Director	1 0	X						0	0	0
Thomas M McGee , Director	1 0	X						0	0	0
Tracy S Jones Walker , director	1 0	X						0	0	0
William J Montgoris , board chairman	1 0	X						0	0	0
William D McLaughlin , director	1 0	X						0	0	0
Sister Patricia A Cruise SC , President (until Aug 2008)	35 0			X				208,151	0	30,998
James M White , Secretary	35 0			X				232,916	0	26,970
Robert R Cardany , Treasurer (until Dec 2008)	35 0			X				187,072	0	23,111
Thomas J Potenza , Assistant Secretary	35 0			X				140,171	0	13,806
Kevin Ryan , President (as of Feb 2009)	35 0			X				0	0	0
Daniel McCarthy , Treasurer (as of Dec 2008)	35 0			X				14,423	0	0
Patricia Connors , SVP Human Resources	35 0					X		209,583	0	20,229
Thomas Kennedy , SVP Program & Adv	35 0					X		157,441	0	14,902
Jo Reyes , VP of Finance	35 0					X		146,698	0	14,419
Joan Smyth , SVP, Direct Marketing	35 0					X		137,357	0	27,669
Petre Drula , Director of Data Processing	35 0					X		103,899	0	20,488

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

WE WHO RECOGNIZE GOD'S PROVIDENCE AND FIDELITY TO HIS PEOPLE ARE DEDICATED TO LIVING OUT HIS COVENANT AMONG OURSELVES AND THOSE CHILDREN WE SERVE, WITH ABSOLUTE RESPECT AND UNCONIDITIONAL LOVE. THAT COMMITMENT CALLS US TO SERVE SUFFERING CHILDREN OF THE STREET, AND TO PROTECT AND SAFEGUARD ALL CHILDREN. JUST AS CHRIST IN HIS HUMANITY IS THE VISIBLE SIGN OF GOD'S PRESENCE AMONG HIS PEOPLE, SO OUR EFFORTS TOGETHER IN THE COVENANT COMMUNITY ARE A VISIBLE SIGN THAT EFFECTS THE PRESENCE OF GOD, WORKING THROUGH THE HOLY SPIRIT AMONG OURSELVES AND OUR KIDS. Covenant House is the parent organization of eighteen affiliated organizations which operate childcare programs in six countries. Covenant House has affiliated programs in Alaska, California, Florida, Georgia, Louisiana, Michigan, Missouri, New Jersey, New York, Pennsylvania, Texas, and Washington, D.C. in the United States and in Toronto, Ontario and Vancouver British Columbia in Canada. In addition Covenant House has affiliated organizat