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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 07-01, 2009, and ending 06-30, 2010	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization CH PENNSYLVANIA UNDER -21 Doing Business As COVENANT HOUSE PENNSYLVANIA Number and street (or P O box if mail is not delivered to street address) Room/suite 31 EAST ARMAT STREET City or town, state or country, and ZIP + 4 PHILADELPHIA, PA 19144
	D Employer identification no. 23-3003176
	E Telephone number (215) 951-5411
	G Gross receipts \$ 5,950,351
F Name and address of principal officer	
H(a) Is this a group return for affiliates? ☐ Yes ☒ No	
H(b) Are all affiliates included? If "No," attach a list (see instructions) ☐ Yes ☐ No	
H(c) Group exemption number	
I Tax-exempt status ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527	
J Website: WWW.COVENANTHOUSEPA.ORG	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other	
L Year of formation 1999 M State of legal domicile PA	

Part I Summary

Active Governance &	1 Briefly describe the organization's mission or most significant activities OUR MISSION IS TO SERVE SUFFERING CHILDREN OF THE STREET, AND TO PROTECT AND SAFEGUARD ALL CHILDREN. WE PROVIDE CRISIS CARE INTERVENTION FOR KIDS WHO ARE ABANDONED, ABUSED, DELINQUENT, DESTITUTE OR NEGLECTED.		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	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 69	
	6 Total number of volunteers (estimate if necessary)	6 22	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0	
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 182,947 Current Year 5,965,576
		9 Program service revenue (Part VIII, line 2g)	3,921,725 0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,989 (21,488)	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,263	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,110,661 5,950,351	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,571,448 2,247,193	
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
b Total fundraising expenses (Part IX, column (D), line 25)		195,429	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d (11f-24f))	1,596,087 1,434,711	
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	4,167,535 3,681,904	
	19 Revenue less expenses - Subtract line 18 from line 12	(56,874) 2,268,447	
	20 Total assets (Part X, line 16)	Beginning of Current Year 4,970,360 End of Year 7,515,054	
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	2,961,840 3,238,087	
	22 Net assets or fund balances - Subtract line 21 from line 20	2,008,520 4,276,967	

Part II Signature Block

Sign Here	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.	
	Signature of officer FRED JOHNSON JR, CHIEF FINANCIAL OFFICER Type or print name and title	Date 5/13/11
Paid Preparer's Use Only	Preparer's signature	Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4	Preparer's identifying number (see instructions) EIN Phone no

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

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

EEA

Form 990 (2009)

9915

Part III Statement of Program Service Accomplishments

- 1** Briefly describe the organization's mission
 OUR MISSION IS TO SERVE SUFFERING CHILDREN OF THE STREET, AND TO PROTECT AND SAFEGUARD ALL CHILDREN. WE PROVIDE CRISIS CARE INTERVENTION FOR KIDS WHO ARE ABANDONED, ABUSED, DELINQUENT, DESTITUTE OR NEGLECTED.
- 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 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 2,062,555 including grants of \$ _____) (Revenue \$ _____)
 SHELTER AND CRISIS CARE - OUR CRISIS CENTER IS A 51-BED RESIDENCE LOCATED IN THE GERMANTOWN SECTION OF PHILADELPHIA. THE CRISIS CENTER IS FOR YOUTH 21 AND UNDER WHO ARE IN NEED OF EMERGENCY SHELTER. ANY YOUTH, THE FIRST TIME THEY COME INTO SHELTER THEY ARE WELCOMED WITHOUT QUESTION. THIS PROCESS IS CALLED "OPEN INTAKE". THE CRISIS CENTER PROVIDES SHELTER, FOOD, HEALTH, EDUCATIONAL, VOCATIONAL, CASE MANAGEMENT, COUNSELING, PASTORAL MINISTRY, LEGAL ADVICE AND REFERRAL TO SUBSTANCE USE AND MENTAL HEALTH SERVICES. THE CRISIS CENTER IS OPEN 24 HOURS PER DAY, SEVEN DAYS PER WEEK.

4b (Code _____) (Expenses \$ 181,825 including grants of \$ _____) (Revenue \$ _____)
 STREET OUTREACH - OUR OUTREACH TEAM PROVIDES STREET OUTREACH SERVICES (FOOD, DRINK, BLANKETS, HATS, GLOVES AND SCARVES, COUNSELING AND REFERRALS) TO YOUTH WHO ARE ON THE STREET OR UNABLE TO COME INTO SHELTER. THEY WORK TO DEVELOP TRUSTING RELATIONSHIPS WITH YOUTH IN AN EFFORT TO ENCOURAGE THEM TO UTILIZE THE SERVICES AT THE CRISIS CENTER.

DUE TO THE NATURE OF LIVING ON THE STREET AND THE DANGEROUS SITUATIONS THAT COME WITH THAT SITUATION, IT IS NOT ALWAYS SAFE FOR YOUTH TO INTERACT WITH THE OUTREACH STAFF AND ALL EFFORTS ARE MADE TO KEEP BOTH THE STAFF AND YOUTH SAFE. THE OUTREACH TEAM COLLABORATES WITH OTHER AGENCIES AND ORGANIZATIONS TO HELP MEET THE YOUTHS' IMMEDIATE NEEDS WHILE ON THE STREET. THEY CAN TRANSPORT YOUTH TO COVENANT HOUSE AS WELL AS OTHER AGENCIES.

4c (Code _____) (Expenses \$ 208,317 including grants of \$ _____) (Revenue \$ _____)
 COMMUNITY SERVICE CENTER - WITHIN THE CENTER A BASIC EDUCATIONAL ASSESSMENT IS PROVIDED TO EACH YOUTH WHO REQUESTS SERVICES. THIS ASSESSMENT HELPS TO DETERMINE IF YOUTH ARE ABLE TO WORK, RECEIVE VOCATIONAL TRAINING, PURSUE HIGH SCHOOL OR GED CLASSES, OR ATTEND COLLEGE. ONCE THE ASSESSMENT IS COMPLETE, STAFF AND YOUTH WORK TOGETHER TO IDENTIFY APPROPRIATE SERVICE REFERRALS FOR THE YOUTH. THE STAFF WORK CLOSELY WITH EACH YOUTH TO COMPLETE ANY REFERRAL FORMS AND TO FOLLOW UP WITH AGENCIES. CHPA IS WELL CONNECTED AND COLLABORATES WITH VARIOUS EDUCATIONAL AND VOCATIONAL PROGRAMS THROUGHOUT THE PHILADELPHIA AREA.

4d Other program services (Describe in Schedule O)

(Expenses \$ 470,595 including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **2,923,292**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
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		
6	Did the organization maintain any donor advised funds or any similar funds or 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes No X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X
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	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
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	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
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	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
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	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

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	0
1b	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	
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	69
b	If at least one is reported on line 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 (see instructions).	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
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	X
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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
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	X
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	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
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 For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	16	
b Enter the number of voting members that are independent	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	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
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?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11a Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
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	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," 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	X

Section C. Disclosure

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

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

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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► CORDELLA HILL (215) 951-5411

31 EAST ARMAT STREET PHILADELPHIA, PA 19144

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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CORDELLA HILL EXECUTIVE DIRECTOR	40.00			X				103,150	0	11,214
FRED JOHNSON JR CHIEF FINANCIAL OFFICER	30.00			X				70,989	0	5,185
KEVIN RYAN PRESIDENT	40.00			X					267,100	10,883
JOSEPH C SWIFT CHAIRPERSON	1.00			X						
LEO CARLIN VICE CHAIRPERSON	1.00			X						
LARRY MCALEE TREASURER	1.00			X						
W FRANK MCGRANE DIRECTOR	1.00			X						
JAMES T AMATO DIRECTOR	1.00			X						
PATRICK J BATTEL DIRECTOR	1.00			X						
MATTHEW A TAYLOR ESQ DIRECTOR	1.00			X						
JAMES R BELANGER DIRECTOR	1.00			X						
LINDA MCGUIGAN DIRECTOR	1.00			X						
MICHAEL G TRACHTMAN ESQ DIRECTOR	1.00			X						
DANIEL I MURPHY ESQ DIRECTOR	1.00			X						
TERENCE P DELANEY CPA DIRECTOR	1.00			X						
REVEREND RICHARD J ROCK CM DIRECTOR	1.00			X						

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual director	Individual trustee	Individual officer	Key employee	Highest compensated employee	Former officer	Former director			
MARY BETH H GRAY ESQ DIRECTOR	1.00				X						
MICHAEL S SMITH DIRECTOR	1.00				X						
JAMES WHITE DIRECTOR	1.00				X						
1b Total									174,139	267,100	27,282

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

	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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	2,115,657			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,849,919			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		5,965,576			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties					
	6a	Gross Rents	(i) Real	(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less cost or other basis and sales expenses		(21,488)			
	c	Gain or (loss)		(21,488)			
	d	Net gain or (loss)		(21,488)			(21,488)
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	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					
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS REVENUE	900099		6,263			6,263
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			6,263			
12	Total revenue. See instructions			5,950,351	0	0	(15,225)

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				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	183,004	59,331	123,673	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,600,246	1,248,635	272,092	79,519
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	38,658	28,220	8,505	1,933
9	Other employee benefits	257,965	210,461	38,052	9,452
10	Payroll taxes	167,320	129,672	30,694	6,954
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	30,375		30,375	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	39,063	34,813	4,250	
12	Advertising and promotion				
13	Office expenses	35,129	32,124	3,005	
14	Information technology				
15	Royalties				
16	Occupancy	168,434	168,029	405	
17	Travel	24,130	19,134	4,433	563
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	38,309	38,309		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	172,612	165,168	6,946	498
23	Insurance	20,379	1,245	19,134	
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	MISCELLANEOUS	506,323	416,330	2,842	87,151
b	OTHER PURCHASED SERVICES	42,794	39,088	3,316	390
c	DUES, LICENSES & PERMITS	2,126	566	1,160	400
d	SUBSCRIPTIONS & PUBLICAT	1,108		934	174
e	SPECIFIC ASSISTANCE TO YOUTH	249,839	249,839		
f	All other expenses	104,090	82,328	13,367	8,395
25	Total functional expenses. Add lines 1 through 24f . .	3,681,904	2,923,292	563,183	195,429
26	Joint Costs. Check here ☐ 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				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
A s s e t s	1 Cash - non-interest-bearing	257,142	1	407,150	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	756,062	3	2,884,553	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	6,830	9	19,487	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 6,251,215			
	b Less accumulated depreciation	10b 2,135,535	3,887,662	10c 4,115,680	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	62,664	15	88,184	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,970,360	16	7,515,054		
L i a b i l i t i e s	17 Accounts payable and accrued expenses	311,840	17	588,087	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties	2,650,000	24	2,650,000	
	25 Other liabilities. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	2,961,840	26	3,238,087	
N e t A s s e t B a l a n c e s	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	399,971	27	447,427	
	28 Temporarily restricted net assets	1,608,549	28	3,829,540	
	29 Permanently restricted net assets		29		
	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	2,008,520	33	4,276,967	
	34 Total liabilities and net assets/fund balances	4,970,360	34	7,515,054	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its methods of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Yes No X

b Were the organization's financial statements audited by an independent accountant? 2b X

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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 X

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b

EEA

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

CH PENNSYLVANIA UNDER -21

Employer identification number

23-3003176

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

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

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

(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									

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

EEA

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,839,060	3,885,920	3,999,015	4,378,686	3,668,390	19,771,071
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 lines 1 through 3	3,839,060	3,885,920	3,999,015	4,378,686	3,668,390	19,771,071
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						19,771,071

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3,839,060	3,885,920	3,999,015	4,378,686	3,668,390	19,771,071
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						19,771,071
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	100.00	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	100.00	%
16a 33 1/3% support test - 2009. 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% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			☐
17a 10%-facts-and-circumstances test - 2009. 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 - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 sec 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests - 2008. 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 ▶ ☐

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

CH PENNSYLVANIA UNDER -21

Employer identification number

23-3003176

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

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	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 tax year ▶ _____

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

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

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

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

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

9 In Part 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a ☐ Public exhibition
 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 Escrow and Custodial Arrangements. Complete if 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 the arrangement 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ☐ _____ %
 b Permanent endowment ☐ _____ %
 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)	
(ii) related organizations	3a(ii)	
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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other	STMD1E	6,251,215	2,135,535	4,115,680
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				4,115,680

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total (Column (b) must equal Form 990, Part X, col (B) line 12)		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Column (b) must 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
DUE FROM AFFILIATE	88,184
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	88,184

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

1 (a) Description of liability	(b) Amount
Federal income taxes	
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. FIN 48 Footnote 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	5,950,351
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,681,904
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,268,447
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	2,268,447

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	5,950,351
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,950,351
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,950,351

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

1	Total expenses and losses per audited financial statements	1	3,681,904
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,681,904
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,681,904

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 IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Footnote for uncertain tax position under FIN 48 (Part X)

THE ORGANIZATION IS A PRIVATE NOT-FOR-PROFIT AGENCY AND, ACCORDINGLY, IS EXEMPT FROM

FEDERAL TAXES UNDER THE INTERNAL REVENUE CODE SECTION 501(C)(3). THE ORGANIZATION IS ALSO

EXEMPT FROM STATE AND LOCAL TAXES UNDER APPLICABLE STATUTES. THE ORGANIZATION RECOGNIZES

OR DERECOGNIZES A TAX POSITION BASED UPON A "MORE THAN LIKELY THAN NOT" THRESHOLD. THIS

APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION DOES

NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY MATERIAL UNCERTAIN TAX POSITIONS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

CH PENNSYLVANIA UNDER -21

Employer identification number

23-3003176

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the 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, with respect to the filing organization or a related organization:

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

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

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

- | | | |
|--|-----------|---|
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |
- 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 | X |
| b Any related organization? | 6b | X |
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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.

01. Listed persons compensation information (Part I, line 4)

FORM 990, SCHEDULE J, PART I, LINE 4A

FORMER PRESIDENT OF COVENANT HOUSE INTERNATIONAL, SISTER PATRICIA CRUISE, SEPARATED FROM SERVICE IN AUGUST OF 2008. IN CALENDAR YEAR 2009, SISTER CRUISE RECEIVED A SEVERANCE PAYMENT OF \$36,538 (AS PART OF HER OVERALL SEVERANCE PACKAGE OF \$95,000)

SINCE SISTER CRUISE'S COMPENSATION DID NOT EXCEED \$100,000, SHE IS NOT REQUIRED TO BE LISTED IN THE FORM 990 ON PART VII OR SCHEDULE J

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

CH PENNSYLVANIA UNDER -21

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

23-3003176

01. Member election for additional members (Part VI, line 7a)

THE PROCESS FOR RECRUITING AND APPOINTING MEMBERS TO THE COVENANT HOUSE PENNSYLVANIA BOARD

IS AS FOLLOWS:

1. THE CHPA EXECUTIVE DIRECTOR RECRUITS POTENTIAL NEW MEMBERS THROUGH AN EXTENSIVE
INTERVIEW PROCESS.

2. HIS/HER RECOMMENDATIONS ARE PRESENTED TO THE CHPA GOVERNANCE NOMINATING COMMITTEE
ALONG WITH THEIR BACKGROUND HISTORY.

3. IF THE GOVERNANCE NOMINATING COMMITTEE APPROVES THE RECOMMENDATIONS, A PRESENTATION
IS MADE TO THE FULL BOARD OF DIRECTORS.

4. UPON FULL BOARD APPROVAL, THE RECOMMENDATIONS ARE PRESENTED TO COVENANT HOUSE
INTERNATIONAL BOARD OF DIRECTORS WHO HAS FINAL AUTHORITY TO APPOINT ALL CHPA BOARD
MEMBERS.

02. Form 990 governing body review (Part VI, line 11)

THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD WHO THEN RECOMMENDS TO THE
FULL BOARD THE ACCEPTANCE OF THE RETURN FOR THE RELATED YEAR. UPON ACCEPTANCE OF THE
RETURN IT IS THEN FILED ACCORDINGLY.

03. Conflict of interest policy compliance (Part VI, line 12c)

EACH YEAR, A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS SENT TO ALL BOARD MEMBERS AND
SENIOR STAFF WHO ARE REQUIRED TO DISCLOSE ANY RELATIONSHIPS THAT WOULD BE A CONSIDERED A
CONFLICT OF INTEREST. THE DISCLOSURE FORMS ARE SIGNED AND KEPT ON FILE. LIKEWISE, SHOULD
THERE BE ANY CONFLICT OF INTEREST ON ANYONES PART THE BOARD OF DIRECTORS ARE MADE AWARE OF
THE CONFLICT. THE INDIVIDUAL, WILL RECUSE HIM/HERSELF FOR THE PURPOSES OF VOTING, ETC.

Name of the organization

Employer identification number

CH PENNSYLVANIA UNDER -21

23-3003176

04. CEO, executive director, top management comp (Part VI, line 15a)

ALL SALARIES AND RELATED COMPENSATION ARE DETERMINED BASED ON BUDGETARY CONSTRAINTS.

HOWEVER, PERIODICALLY A SALARY REVIEW IS CONDUCTED TO ENSURE CONSISTENCY WITH SIMILAR ORGANIZATIONS. SALARY ADJUSTMENTS ARE APPROVED BY THE BOARD OF DIRECTORS IN CONJUNCTION WITH THE ANNUAL OPERATING BUDGET.

05. Other officer or key employee compensation (Part VI, line 15b)

ALL SALARIES AND RELATED COMPENSATION ARE DETERMINED BASED ON BUDGETARY CONSTRAINTS.

HOWEVER, PERIODICALLY A SALARY REVIEW IS CONDUCTED TO ENSURE CONSISTENCY WITH SIMILAR ORGANIZATIONS. SALARY ADJUSTMENTS ARE APPROVED BY THE BOARD OF DIRECTORS IN CONJUNCTION WITH THE ANNUAL OPERATING BUDGET.

06. Governing documents, etc, available to public (Part VI, line 19)

ALL GOVERNING DOCUMENTS INCLUDING ANNUAL AUDITS, TAX RETURNS AND ANNUAL REPORTS ARE MADE AVAILABLE TO THE PUBLIC VIA THE ORGANIZATIONS WEBSITE AND/OR UPON A WRITTEN REQUEST.

07. General explanation attachment

FORM 990, PART I LINE 1 (CONTINUED)

COVENANT HOUSE PENNSYLVANIA IS THE LARGEST PRIVATE CHILD WELFARE AGENCY IN THE DELAWARE VALLEY. OUR MISSION IS TO SERVE SUFFERING CHILDREN OF THE STREET, AND TO PROTECT AND SAFEGUARD ALL CHILDREN. WE PROVIDE CRISIS CARE INTERVENTION FOR KIDS WHO ARE ABANDONED, ABUSED, DELINQUENT, DESTITUTE OR NEGLECTED.

OUR FIVE CORE PRINCIPLES ARE:

Name of the organization

Employer identification number

CH PENNSYLVANIA UNDER -21

23-3003176

IMMEDIACY: OUR YOUNG PEOPLE ARE WELCOMED WITHOUT QUESTION OR COST. OUR FOREMOST GOAL IS TO

PROVIDE QUALITY SERVICES TO YOUTH IN NEED IN AN

IMMEDIATE FASHION.

SANCTUARY: COVENANT HOUSE PROVIDES A SAFE HAVEN FROM THE HARDSHIPS OF THE STREETS AND

EMPHASIZES THE INHERENT WORTH OF THE YOUNG PEOPLE WE SERVE.

FORM 990, PART I LINE 1 (CONTINUED)

STRUCTURE: STREET LIFE IS VERY UNSTRUCTURED. OFTEN OUR KIDS GO WHEREVER

THEIR DAY TAKES THEM. OUR PROGRAM IS STRUCTURED IN ORDER TO HELP OUR YOUNG PEOPLE FIND

DIRECTION AND SUPPORTS THEM TO ACHIEVE THEIR GOALS.

VALUE COMMUNICATION: COVENANT HOUSE ATTEMPTS TO COMMUNICATE VALUES WHICH ARE LIFE ENHANCING

AND NOT DESTRUCTIVE. WE ENTER INTO A RELATIONSHIP WITH OUR YOUTH BASED ON HONESTY, LOVE,

TRUST AND RESPECT.

CHOICE: OUR GOAL IS TO EMPOWER THE YOUNG PEOPLE WE SERVE. THE FIRST STEP IS TO SHOW THEM

THAT THEY ENTER THIS RELATIONSHIP FREELY. THEY MUST CHOOSE TO CHANGE AND COVENANT HOUSE

HELPS MAKE THEM MAKE INFORMED DECISIONS ABOUT THEIR FUTURE.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CH PENNSYLVANIA UNDER -21

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number

23-3003176

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

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(a) 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
COVENANT HOUSE 12-2725416	HUMAN SERVICES	NY	501 (C) 3	PUBLIC SUPPORT	N/A
5 PENN PLAZA, 10001					
COVENANT HOUSE ALASKA 13-3419755	HUMAN SERVICES	AK	501 (C) 3	PUBLIC SUPPORT	COVENANT HOUSE
609 F STREET, 99501					
COVENANT HOUSE CALIFORNIA 13-3391210	HUMAN SERVICES	CA	501 (C) 3	PUBLIC SUPPORT	COVENANT HOUSE
1325 N WESTERN AVENUE, 90027					
COVENANT HOUSE FLORIDA 59-2323607	HUMAN SERVICES	FL	501 (C) 3	PUBLIC SUPPORT	COVENANT HOUSE
733 BREAKERS AVENUE, 33304					
COVENANT HOUSE GEORGIA 13-3523561	HUMAN SERVICES	GA	501 (C) 3	PUBLIC SUPPORT	COVENANT HOUSE
2488 LAKEWOOD AVENUE, S.W., 30315					
COVENANT HOUSE MISSOURI 43-1821599	HUMAN SERVICES	MO	501 (C) 3	PUBLIC SUPPORT	COVENANT HOUSE
2727 KINGS HIGHWAY BLVD, 63113					
COVENANT HOUSE NEW JERSEY 13-3537710	HUMAN SERVICES	NJ	501 (C) 3	PUBLIC SUPPORT	COVENANT HOUSE
330 WASHINGTON STREET, 07102					

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

EEA

Schedule R (Form 990) 2009

Part V Transactions with Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

	Yes	No
a Receipt of (i) interest (iii) royalties or (iv) rent from a controlled entity		1a X
b Gift, grant, or capital contribution to other organization(s)		1b X
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)		1d X
e Loans or loan guarantees by other organization(s)	X	1e X
f Sale of assets to other organization(s)		1f X
g Purchase of assets from other organization(s)		1g X
h Exchange of assets		1h X
i Lease of facilities, equipment, or other assets to other organization(s)		1i X
j Lease of facilities, equipment, or other assets from other organization(s)		1j X
k Performance of services or membership or fundraising solicitations for other organization(s)		1k X
l Performance of services or membership or fundraising solicitations by other organization(s)		1l X
m Sharing of facilities, equipment, mailing lists, or other assets		1m X
n Sharing of paid employees		1n X
o Reimbursement paid to other organization for expenses		1o X
p Reimbursement paid by other organization for expenses		1p X
q Other transfer of cash or property to other organization(s)		1q X
r Other transfer of cash or property from other organization(s)		1r X

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

EEA

Schedule R (Form 990) 2009

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
COVENANT HOUSE NEW ORLEANS, 58-1669937 811 NORTH RAMPART STREET, 70112	HUMAN SERVICES	LA	501 (C) 3	PUBLIC SUPPORT	COVENANT HOUSE
COVENANT HOUSE TEXAS, 76-0050882 1111 LOVETT BLVD, 77006	HUMAN SERVICES	TX	501 (C) 3	PUBLIC SUPPORT	COVENANT HOUSE
COVENANT HOUSE TORONTO, 20 GERARD STREET,	HUMAN SERVICES	CA	N/A	PUBLIC SUPPORT	COVENANT HOUSE
COVENANT HOUSE VANCOUVER, 875 DRAKE STREET,	HUMAN SERVICES	CA	N/A	PUBLIC SUPPORT	COVENANT HOUSE
COVENANT HOUSE WASHINGTON, 13-3537709 2001 MISSISSIPPI AVENUE, 20020	HUMAN SERVICES	DC	501 (C) 3	PUBLIC SUPPORT	COVENANT HOUSE
COVENANT HOUSE WESTERN AVENUE, 95-4395845 1325 N WESTERN AVENUE, 90027	HOLDING COMPANY	CA	501 (C) 3	TYPE I SUPPORT	COVENANT HOUSE
COVENANT INTERNATIONAL FOUNDAT, 13-3124706 5 PENN PLAZA, 10001	HOLDING COMPANY	NY	501 (C) 3	PUBLIC SUPPORT	COVENANT HOUSE
ASOCIACION LA ALIANZA (GUATEMA, 13 AVENIDA 00-37, ZONE 2,	HUMAN SERVICES	GT	N/A	N/A	N/A
CASA ALIANZA DE HONDURAS, COMER OF ARDA CERVANTES,	HUMAN SERVICE	HO	N/A	PUBLIC SUPPORT	COVENANT HOUSE
CASA ALIANZA NICARAGUA, EDIFICIO CONRAD N HILTON COST,	HUMAN SERVICE	NU	N/A	PUBLIC SUPPORT	COVENANT HOUSE
FUNDACION CASA ALIANZA MEXICO, PASEO DE LAS REFORMA 111 COLON,	HUMAN SERVICES	MX	N/A	PUBLIC SUPPORT	COVENANT HOUSE
TESTAMENTUM, 23-7326634 5 PENN PLAZA, 10001	HUMAN SERVICES	NY	501 (C) 3	PUBLIC SUPPORT	COVENANT HOUSE
UNDER 21/COVENANT HOUSE NY, 13-3076376 460 WEST 41ST STREET, 10036	HUMAN SERVICES	NY	501 (C) 3	PUBLIC SUPPORT	COVENANT HOUSE

EEA

Schedule R-1 (Form 990) 2009

990

Overflow Statement

2009
Page 1

Name(s) as shown on return

FEIN

CH PENNSYLVANIA UNDER -21

23-3003176

OTHER EXPENSES LINE 24F, PART IX STATEMENT OF FUNCTIONAL EXP

Description	Amount
TELEPHONE	\$ 54,306
EQUIPMENT	22,274
POSTAGE AND PRINTING	5,678
STAFF RECRUITMENT	70
Total:	<u>\$ 82,328</u>

OTHER EXPENSES LINE 24, PART IX STATEMENT OF FUNCTIONAL EXP

Description	Amount
TELEPHONE	\$ 2,069
MINOR EQUIPMENT PURCHASES	4,348
POSTAGE AND PRINTING	4,631
BANK CHARGES AND FEES	2,319
Total:	<u>\$ 13,367</u>

OTHER EXPENSES LINE 24, PART IX STATEMENT OF FUNCTIONAL EXP

Description	Amount
TELEPHONE	\$ 1,435
MINOR EQUIPMENT PURCHASES	401
POSTAGE AND PRINTING	6,559
Total:	<u>\$ 8,395</u>

Federal Supporting Statements

2009 PG01

Name(s) as shown on return

FEIN

CH PENNSYLVANIA UNDER -21

23-3003176

FORM 990, SCHEDULE D, PART VI, LINE 1E

STATEMENT #D1E

INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	COST/BASIS (INVESTMENT)	COST/BASIS (OTHER)	DEPR	BOOK VALUE
LAND, BUILDING & IMPROVEMENTS	0	4,144,652	0	4,144,652
FURNITURE & EQUIPMENT	0	664,614	0	664,614
LEASEHOLD IMPROVEMENTS	0	231,151	0	231,151
VEHICLES	0	121,763	0	121,763
ACCUMULATED DEPRECIATION	0	0	2,135,535	(2,135,535)
CONSTRUCTION IN PROGRESS	0	1,089,035	0	1,089,035
TOTAL	0	6,251,215	2,135,535	4,115,680

**Application for Extension of Time to File an
Exempt Organization Return**Department of the Treasury
Internal Revenue Service

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization NATIONAL TEAM CHENG MARTIAL ARTS	Employer identification number 20-8377681
	Number, street, and room or suite no. If a P O box, see instructions 2261-69 GARRETT ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions DREXEL HILL, PA 19026	

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ **d 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ **PAUL CHENG 2261-69 GARRETT ROAD, PA 19026**

Telephone No ▶ **610-622-5260**

FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08-15**, 20 **11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☒ calendar year 20 **10** or
- ▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Application for Extension of Time to File an
Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	CH PENNSYLVANIA UNDER -21	23-3003176
	Number, street, and room or suite no. If a P O box, see instructions	
	31 EAST ARMAT STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	PHILADELPHIA, PA 19144	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- The books are in the care of ▶ FRED JOHNSON JR CFO 31 EAST ARMAT STREET, PA 19144

Telephone No ▶ 215-951-5411

FAX No ▶ 215-951-5412

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02-15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☐ calendar year 20 ____ or
- ▶ ☒ tax year beginning 07-01, 20 09, and ending 06-30, 20 10

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

EEA

Form 8868 (Rev. 4-2009)

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)			
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization CH PENNSYLVANIA UNDER - 21		Employer identification number 23-3003176
	Number, street and room or suite no. If a P.O. box, see instructions 31 EAST ARMAT STREET		For IRS use only
	City, town or post office, state and ZIP code. For a foreign address, see instructions PHILADELPHIA, PA 19144		

Check type of return to be filed (File a separate application for each return)

☒ Form 990 ☐ Form 990-PF ☐ Form 1041-A ☐ Form 6069
☐ Form 990-BL ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 4720 ☐ Form 8870
☐ Form 990-EZ ☐ Form 990-T (trust other than above) ☐ Form 5227

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **► CORDELLA HILL EXECUTIVE DIRECT**

Telephone No **► 215-951-5411** FAX No **► 215-951-5412**

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is

for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a

list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 05-16, 2011
- 5 For calendar year _____, or other tax year beginning 07-01, 2009 and ending 06-30, 2010
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension:

**ADDITIONAL TIME IS NEEDED TO PREPARE AND COMPLETE AN
ACCURATE RETURN FOR OUR FISCAL YEAR END 6/30/2010**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter tentative tax liability, less any nonrefundable credits. See instructions.	8a	\$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any overpayment allowed as a credit and any amount paid previously with Form _____.	8b	\$
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Title

CFO

Date

8/14/11

EEA

Form 8868 (Rev. 4-2009)