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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

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

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 $ 87,488,375

F Name and address of principal officer
Kevin Ryan
5 Penn Plaza 3rd floor
new york, NY 10001

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) ☐ 501(c) ( ) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www covenanthouse org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1972

M State of legal domicile NY

Part I Summary

Activities & Governance

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 net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	161
6	Total number of volunteers (estimate if necessary)	6	13
7a	Total 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

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	51,264,317	53,659,955
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	750,285	717,762
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,238,222	2,312,948
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	54,252,824	56,690,665
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	32,535,356	33,807,208
	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)	8,134,282	8,077,126
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	394,442	494,677
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶15,350,778		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	23,363,985	19,762,063
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	64,428,065	62,141,074
	19	Revenue less expenses Subtract line 18 from line 12	-10,175,241	-5,450,409

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	94,099,538	93,560,658
	21	Total liabilities (Part X, line 26)	20,494,451	21,264,040
	22	Net assets or fund balances Subtract line 21 from line 20	73,605,087	72,296,618

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.

Sign Here

****** | 2012-04-30
Signature of officer | Date

Daniel McCarthy Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶ GRANT THORNTON LLP				Firm's EIN ▶
Firm's address ▶ 666 THIRD AVENUE NEW YORK, NY 100174011				Phone no ▶ (212) 599-0100

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . ☑

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 unconditional 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 organizati

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 $ 24,290,997 including grants of $ 21,972,304) (Revenue $ 0)

CRISIS CENTERS (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 2011, Covenant House Crisis Centers provided shelter to 9,789 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

4b (Code) (Expenses $ 3,911,326 including grants of $ 3,489,129) (Revenue $ 0)

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 2011, 1,700 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

4c (Code) (Expenses $ 3,468,463 including grants of $ 2,970,105) (Revenue $ 0)

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 2011, 13,483 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

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 8,792,586 including grants of $ 5,375,670) (Revenue $ 0)

4e **Total program service expenses**▶$ 40,463,372

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
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*	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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school 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 United States?	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 United States? *If "Yes," complete Schedule F, Parts I and IV*	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 U S ? *If "Yes," complete Schedule F, Parts II and IV*	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 U S ? *If "Yes," complete Schedule F, Parts III and IV*	16	Yes	
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	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 lines 24b–24d and complete Schedule K. If "No," go to line 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	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		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, 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		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *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 sections 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)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
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		No
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		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	55			
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	161			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			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 instructions for 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 line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit 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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds 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				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year **1a** 30			
b	Enter the number of voting members included in line 1a, above, who are independent **1b** 30			
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 governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant 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	
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**		No

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**	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?	**10b**	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	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**	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	
	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**		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 ▶ AL , AK , AZ , AR , CA , CT , DC , FL , GA , HI , IL , IN , KS , KY , LA , ME , MD , MA , MI , MN , MS , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , 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**

Check if Schedule O contains a response to any question in this Part VII . . . . ☑

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

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

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

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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,947,071	13,269	174,558

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 ▶13

		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	Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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
Quadriga Art Inc PO Box 479 WILTON, NH 03086	printing services	4,785,741
AKA Printing Mailing 44 Joseph Mills Drive FREDERICKSBURG, VA 22408	printing services	1,454,781
Postal Presort Inc 820 W 2nd Street N WICHITA, KS 67203	printing services	829,402
RST Marketing Inc 1272 Corporate Park Road FOREST, VA 24551	printing services	709,930
Advertising Distributors 80 Orville Dr Suite 102 BOHEMIA, NY 11716	printing services	703,337

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 ▶16

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	132,780				
	b	Membership dues 1b					
	c	Fundraising events 1c	1,075,402				
	d	Related organizations . . . 1d					
	e	Government grants (contributions) 1e	299,570				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	52,152,203				
	g	Noncash contributions included in lines 1a-1f $	400,515				
	h	**Total.** Add lines 1a-1f . . . . ▶		53,659,955			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		0			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		410,817			410,817
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . ▶		566,255			566,255
			(i) Real / (ii) Personal				
	6a	Gross Rents	(i) 1,399,198				
	b	Less rental expenses					
	c	Rental income or (loss)	(i) 1,399,198				
	d	Net rental income or (loss) . . . . ▶		1,399,198			1,399,198
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	(i) 30,385,490 / (ii) 96,308				
	b	Less cost or other basis and sales expenses	(i) 30,009,134 / (ii) 165,719				
	c	Gain or (loss)	(i) 376,356 / (ii) -69,411				
	d	Net gain or (loss) . . . . ▶		306,945			306,945
	8a	Gross income from fundraising events (not including $ 1,075,402 of contributions reported on line 1c) See Part IV, line 18 . . . a	963,705				
	b	Less direct expenses . . . b	622,857				
	c	Net income or (loss) from fundraising events . . ▶		340,848			340,848
	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 . . . ▶		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	MISCELLANEOUS	900099	6,647			6,647
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . ▶		6,647			
	12	**Total revenue.** See Instructions . . . ▶		56,690,665	0	0	3,030,710

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	31,175,914	31,175,914		
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	2,631,294	2,631,294		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,943,558	1,045,527	661,248	236,783
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	5,133,674	1,426,829	2,180,291	1,526,554
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	312,000	95,672	133,154	83,174
9	Other employee benefits	22,242	6,820	9,492	5,930
10	Payroll taxes	665,652	239,238	299,512	126,902
a	Fees for services (non-employees) Management	334,066	186,546	81,025	66,495
b	Legal	12,458	306	12,116	36
c	Accounting	242,947		242,947	
d	Lobbying	37,420	37,420		
e	Professional fundraising services *See Part IV, line 17* . .	494,677			494,677
f	Investment management fees	146,536		146,536	
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	282,609	94,986	108,514	79,109
14	Information technology	70,036	10,284	43,146	16,606
15	Royalties . .	0			
16	Occupancy	1,505,889	439,656	535,158	531,075
17	Travel	186,193	131,127	23,886	31,180
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	20,290	11,374	5,555	3,361
20	Interest	74,434	1,119	71,841	1,474
21	Payments to affiliates	475,343		475,343	
22	Depreciation, depletion, and amortization	2,000,035	1,315,025	220,604	464,406
23	Insurance	78,755		78,755	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PRINTING	5,746,687	688,163	2,873	5,055,651
b	POSTAGE	5,306,716	542,759	84,058	4,679,899
c	OTHER PURCHASED SERVICES	2,455,791	211,454	524,378	1,719,959
d	BANK CHARGES AND FEES	253,336		252,088	1,248
e	MAILINGS	156,192	64,171	27,499	64,522
f	All other expenses	376,330	107,688	106,905	161,737
25	**Total functional expenses.** Add lines 1 through 24f	62,141,074	40,463,372	6,326,924	15,350,778
26	**Joint costs.** Check here ▶ ☑ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1,517,672	1,297,470	0	220,202

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			328,946	1	107,306
	2	Savings and temporary cash investments			3,592,354	2	14,203,738
	3	Pledges and grants receivable, net			4,341,399	3	2,973,432
	4	Accounts receivable, net			203,159	4	198,509
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net			5,544,274	7	2,881,995
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			165,755	9	298,640
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a	55,354,395			
	b	Less accumulated depreciation	10b	17,775,214	39,472,381	10c	37,579,181
	11	Investments—publicly traded securities			26,829,982	11	25,077,372
	12	Investments—other securities See Part IV, line 11			9,650,323	12	5,595,229
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			3,970,965	15	4,645,256
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			94,099,538	16	93,560,658
Liabilities	17	Accounts payable and accrued expenses			2,828,403	17	3,191,674
	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			5,498,874	24	5,698,874
	25	Other liabilities Complete Part X of Schedule D			12,167,174	25	12,373,492
	26	**Total liabilities.** Add lines 17 through 25			20,494,451	26	21,264,040
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			64,103,861	27	62,626,817
	28	Temporarily restricted net assets			3,383,814	28	3,353,309
	29	Permanently restricted net assets			6,117,412	29	6,316,492
		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			73,605,087	33	72,296,618
	34	Total liabilities and net assets/fund balances			94,099,538	34	93,560,658

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	56,690,665
2	Total expenses (must equal Part IX, column (A), line 25)	2	62,141,074
3	Revenue less expenses Subtract line 2 from line 1	3	-5,450,409
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	73,605,087
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,141,940
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	72,296,618

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
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 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated 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		No
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		

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SCHEDULE A
(Form 990 or 990EZ)

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

2010

Open to Public Inspection

Name of the organization
COVENANT HOUSE

Employer identification number
13-2725416

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 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).**

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 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? Yes	No	**(v)** Did you notify the organization in col (i) of your support? Yes	No	**(vi)** Is the organization in col (i) organized in the U S ? Yes	No	**(vii)** Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	34,351,389	30,751,325	56,000,091	51,264,317	53,659,955	226,027,077
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	34,351,389	30,751,325	56,000,091	51,264,317	53,659,955	226,027,077
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)						2,870,600
6 **Public Support.** Subtract line 5 from line 4						223,156,477

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	34,351,389	30,751,325	56,000,091	51,264,317	53,659,955	226,027,077
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,608,386	3,474,366	2,512,495	2,543,441	2,376,270	13,514,958
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)	730,541	600,130	97,025	471,764	970,352	2,869,812
11 **Total support** (Add lines 7 through 10)						242,411,847

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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) | 14 | 92 057 %

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 | 15 | 90 196 %

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16 Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18 Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** 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—2009.** 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.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
PRISCILLA MARCONI BOARD CHAIR	10	X		X				0	0	0
L EDWARD SHAW BOARD VICE CHAIR	10	X		X				0	0	0
JOHN F BYREN DIRECTOR	10	X						0	0	0
JAMES P BURKE DIRECTOR	10	X						0	0	0
BARBARA P BUSH DIRECTOR	10	X						0	0	0
ANDREW P BUSTILLO DIRECTOR	10	X						0	0	0
BRIAN M CASHMAN DIRECTOR	10	X						0	0	0
PAUL A DANFORTH DIRECTOR	10	X						0	0	0
ARNOLD E DITRI DIRECTOR	10	X						0	0	0
ANN L EVANS DIRECTOR	10	X						0	0	0
SUZANNE M HALPIN DIRECTOR	10	X						0	0	0
MARK J HENNESSY DIRECTOR	10	X						0	0	0
HAROLD P HOGSTROM DIRECTOR	10	X						0	0	0
CAPATHIA Y JENKINS DIRECTOR	10	X						0	0	0
TRACY S JONES WALKER DIRECTOR	10	X						0	0	0
DREW A KATZ DIRECTOR	10	X						0	0	0
JANET M KEATING DIRECTOR	10	X						0	0	0
SR PAULETTE LoMANACO DIRECTOR	10	X						0	0	0
THOMAS M MCGEE DIRECTOR	10	X						0	0	0
WILLIAM McLAUGHLIN DIRECTOR	10	X						0	0	0
BRIAN T McNICHOLL DIRECTOR	10	X						0	0	0
ANNE M MILGRAM DIRECTOR	10	X						0	0	0
KARLA MOSLEY DIRECTOR	10	X						0	0	0
LIZ MURRAY DIRECTOR	10	X						0	0	0
JOHN C PESCATORE DIRECTOR	10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JENNIFER SCULLY DIRECTOR	1 0	X						0	0	0
BR RAYMOND SOBOCINSKI DIRECTOR	1 0	X						0	0	0
JULIA A UPTON RSM DIRECTOR	1 0	X						0	0	0
THOMAS D WOODS DIRECTOR	1 0	X						0	0	0
STRAUSS ZELNICK DIRECTOR	1 0	X						0	0	0
KEVIN RYAN PRESIDENT	35 0			X				301,387	0	20,464
JAMES M WHITE SECRETARY	35 0			X				209,217	0	26,003
DANIEL McCARTHY TREASURER	35 0			X				221,598	0	12,798
THOMAS J POTENZA ASSISTANT SECRETARY	35 0			X				154,634	0	15,054
DIANE MILAN-SCOTT EVP OF ADMINISTRATION	35 0					X		216,128	0	5,179
BRUCE HENRY EXEC DIR OF CH INSTITUTE	35 0					X		187,930	0	17,407
JOAN SMYTH SVP OF DIRECT MARKETING	35 0					X		160,734	0	22,506
THOMAS KENNEDY SVP PROGRAM AND ADVOCACY	35 0					X		154,634	0	15,197
JO REYES VP OF FINANCE	30 0					X		145,364	13,269	16,364
ROBERT CARDANY FORMER CFO/SVP	1 0						X	195,445	0	23,586

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code)	(Expenses $	3,418,887	including grants of $	3,235,160)	(Revenue $	0)
mother/child						
(Code)	(Expenses $	2,395,710	including grants of $	369,119)	(Revenue $	0)
public education						
(Code)	(Expenses $	1,189,170	including grants of $	1,096,094)	(Revenue $	0)
outreach						
(Code)	(Expenses $	997,061	including grants of $	0)	(Revenue $	0)
nineline						
(Code)	(Expenses $	791,758	including grants of $	675,297)	(Revenue $	0)
medical						

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

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

- 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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- 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 Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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 Complete if the organization is exempt under section 501(c)(3).

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 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 Complete if the organization is exempt under section 501(c) except section 501(c)(3).

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 funds contributed to other organizations for section 527 exempt funtion activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

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

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were 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 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 **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

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)	37,420	37,420
c Total lobbying expenditures (add lines 1a and 1b)	37,420	37,420
d Other exempt purpose expenditures	62,103,654	62,103,654
e Total exempt purpose expenditures (add lines 1c and 1d)	62,141,074	62,141,074
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

	(a)	**(b)**
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(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	171,000	69,000	102,000	37,420	379,420
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

		(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 1c through 1i)?			
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 similar 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 **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			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 **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

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 (see instructions)	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

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

2010

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 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 importantly land area
☐ Protection of natural habitat
☐ Preservation of a 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, 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 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 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 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	4,986,809	4,964,305	6,255,845		
b	Contributions		22,504	14,592		
c	Investment earnings or losses	686,062	457,368	-1,306,132		
d	Grants or scholarships					
e	Other expenditures for facilities and programs		457,368			
f	Administrative expenses					
g	End of year balance	5,672,871	4,986,809	4,964,305		

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 88 000 %

c Term endowment ▶ 12 000 %

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)** Accumulated depreciation	**(d)** Book value
1a Land	173,795	5,464,505		5,638,300
b Buildings		42,345,577	12,893,085	29,452,492
c Leasehold improvements		3,758,480	1,664,405	2,094,075
d Equipment		3,249,281	2,924,246	325,035
e Other	3,628	359,129	293,478	69,279
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				37,579,181

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other (A) FUND OF FUNDS	5,595,229	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	5,595,229	

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
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
DUE TO AFFILIATES	526,077
ANNUITIES PAYABLE	5,216,166
PENSION BENEFITS LIABILITY	3,865,871
DEFERRED RENT	2,466,895
MISCELLANEOUS	298,483
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	12,373,492

2. Fin 48 (ASC 740) 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 (ASC740)

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	56,690,665
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	62,141,074
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-5,450,409
4	Net unrealized gains (losses) on investments	4	4,684,948
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-543,008
9	Total adjustments (net) Add lines 4 - 8	9	4,141,940
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,308,469

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	60,776,863
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	4,684,948		
b	Donated services and use of facilities	2b	90,794		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	757,045		
e	Add lines **2a** through **2d**			2e	5,532,787
3	Subtract line **2e** from line **1**			3	55,244,076
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	146,536		
b	Other (Describe in Part XIV)	4b	1,300,053		
c	Add lines **4a** and **4b**			4c	1,446,589
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	56,690,665

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

1	Total expenses and losses per audited financial statements			1	62,085,332
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	90,794		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	90,794
3	Subtract line **2e** from line **1**			3	61,994,538
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	146,536		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	146,536
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	62,141,074

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, 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

Identifier	Return Reference	Explanation
purpose of endowment	Part V, Line 4	Covenant House's endowment is intended to fund the organization's program service activities and to secure future growth The permanent endowment's principal is held for investment and only the earnings are disbursed to fund activities upon appropriation by Covenant House's board of directors
FIN 48 Footnote	Part X	Covenant House follows guidance that established criterion that an individual tax position must meet for some or all of the benefits of that position to be recognized in an entity's financial statements This standard provides that the tax effects from an uncertain tax position can be recognized in the financial statements only if the position is "more-likely-than-not" to be sustained if the position were to be challenged by a taxing authority The assessment of the tax position is based solely on the technical merits of the position, without regard to the likelihood that the tax position may be challenged Covenant House is exempt from income tax under code section 501(c)(3), though it is subject to tax on income unrelated to its exempt purposes, unless that income is otherwise excluded under the code The tax years ending 2008, 2009 and 2010 are still open to audit for both federal and state purposes This standard has not had an impact on Covenant house's financial statements
reconciliation of revenue	Part XII, Line 2d	change in value of beneficial interests in trusts $530,631 change of value of split-interest agreements $226,414 ----------- Total $757,045 =========== Part XII, Line 4b Pension related activities $1,300,053
reconciliation of change in net assets	Part XI, line 8	change in value of beneficial interests in trusts $530,631 change of value of split-interest agreements $226,414 Pension related activities $(1,300,053) ----------- Total $(543,008) ===========

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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 V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, 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 for region/investments in region
	Central America and the Caribbean	3	156	Program Services	SHELTER FOR HOMELESS	1,631,294
	North America	1	97	Program Services	SHELTER FOR HOMELESS	1,000,000
	Central America and the Caribbean	0	0	Investments		5,595,229
3a	Sub-total	4	253			8,226,523
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	4	253			8,226,523

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 Part V 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	program support	1,000,000	wire			
		Cent America/Caribbean	program support	331,294	wire			
		Cent America/Caribbean	program support	700,000	wire			
		Cent America/Caribbean	program support	600,000	wire			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 4

3 Enter total number of other organizations or entities . . . . ▶ 0

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 Part V 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 Foreign Forms

		Yes	No
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐	☑
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐	☑
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐	☑
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐	☑
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐	☑
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐	☑

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
PART I, LINE 2		All amounts paid by Covenant House outside the United States are to affiliated organizations that reside in foreign countries These transactions are disclosed on this Form 990, Schedule R Covenant House management monitors the use of these funds by requiring each subsidiary to submit an annual budget, reforecasts, internal and external audits

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

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** ☑ Internet and e-mail 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 services? ☑ 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	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 599 ELEVENTH AVE 6TH FL NEW YORK, NY 10036	consulting		No	0	254,427	-254,427
Tom Gaffny Consulting 71 CLIFF ROAD WELLESLEY, MA 02481	consulting		No	0	90,000	-90,000
Donordigitalcom llc 2550 NINTH STREET SUITE 103 BERKELEY, CA 94710	consulting		No	0	54,000	-54,000
YEEBOO CONSULTING 16175 LOYALIST PARKWAY-RR2 ONTARIO, CA	consulting		No	0	40,000	-40,000
WILSON ASSOCIATES INC 6 BUTLER HILL ROAD somers, NY 10589	consulting		No	0	39,000	-39,000
MBS ASSOCIATES 2125 ALBANY POST ROAD MONTROSE, NY 10548	consulting		No	0	17,250	-17,250
Total . . . . ▶				0	494,677	-494,677

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

AL, AK, AR, CA, CO, CT, DE, DC, FL, GA, HI, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, 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 ANNUAL EVENT (event type)	(b) Event #2 LIFELINE DINNER (event type)	(c) Other Events 5 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1	Gross receipts	1,262,036	394,965	382,106	2,039,107
	2	Less Charitable contributions	855,036	23,565	196,801	1,075,402
	3	Gross income (line 1 minus line 2)	407,000	371,400	185,305	963,705
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes		19,860		19,860
	6	Rent/facility costs	55,354	194,507	162,535	412,396
	7	Food and beverages	106,809	5,067	361	112,237
	8	Entertainment	68,437	9,000		77,437
	9	Other direct expenses		890	37	927
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				622,857
	11	Net income summary Combine lines 3 and 10 in column (d) ▶				340,848

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) ▶				

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? ☐ Yes ☐ No

b If "No," Explain

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

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers? . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity 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? . . . . ☐ Yes ☐ No

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? . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
Schedule G, part IV		The fundraisers disclosed on schedule G did not solicit funds on behalf of covenant house Services rendered were more consulting in nature, including advice on establishing website, developing a consistent message, maintaining reputation, grant research, grant writing and proposal presentation Accordingly, covenant house is reporting $0 in gross receipts from these services in column (IV) of schedule G, Part I

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COVENANT HOUSE

Employer identification number
13-2725416

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
(1) COVENANT HOUSE ALASKA609 F STREET ANCHORAGE,AK 99501	13-3419755	501 c(3)	820,661				Program Support
(2) COVENANT HOUSE CALIFORNIA1325 N WESTERN AVENUE HOLLYWOOD,CA 90027	13-3391210	501 c(3)	2,805,420				Program Support
(3) COVENANT HOUSE FLORIDA733 BREAKERS AVENUE FORT LAUDERDALE,FL 33304	59-2323607	501 c(3)	2,709,000				Program Support
(4) COVENANT HOUSE GEORGIA2488 LAKEWOOD AVE SW ATLANTA,GA 30315	13-3523561	501 c(3)	1,024,000				Program Support
(5) COVENANT HOUSE MICHIGAN2959 MARTIN LUTHER KING JR BLVD DETROIT,MI 48208	38-3351777	501 c(3)	1,432,000				Program Support
(6) COVENANT HOUSE MISSOURI2727 NORTH KINGSHIGHWAY BLVD ST LOUIS,MO 63113	43-1821599	501 c(3)	896,000				Program Support
(7) COVENANT HOUSE NEW JERSEY330 WASHINGTON STREET NEWARK,NJ 07102	13-3537710	501 c(3)	3,345,000				Program Support
(8) COVENANT HOUSE NEW ORLEANS611 NORTH RAMPART STREET NEW ORLEANS,LA 70112	58-1669937	501 c(3)	2,225,000				Program Support
(9) COVENANT HOUSE PENNSYLVANIA31 EAST ARMAT STREET PHILADELPHIA,PA 19144	23-3003176	501 c(3)	2,674,000				Program Support
(10) COVENANT HOUSE TEXAS1111 LOVETT BLVD HOUSTON,TX 77006	76-0050882	501 c(3)	1,815,000				Program Support
(11) COVENANT HOUSE WASHINGTON2001 MISSISSIPPI AVENUE SE WASHINGTON,DC 20020	13-3537709	501 c(3)	2,326,000				Program Support
(12) UNDER 21 COVENANT HOUSE NEW YORK460 WEST 41ST STREET NEW YORK,NY 10036	13-3076376	501 c(3)	9,578,000				Program Support

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 12

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

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

Identifier	**Return Reference**	**Explanation**
Schedule I		Covenant House provides financial support as well as management and organizational support for its affiliated organizations, it also conducts fundraising activities not only for its own programs, but for the programs of its affiliates Contributions received by the Parent are generally not specifically restricted by donors to specific affiliates Branding Dollars provided to each affiliate are monitored by Covenant House to ensure that the affiliate is using these funds to run its charitable programs Covenant House management monitors the use of these funds by requiring each subsidiary to submit an annual budget, reforecasts, internal and external audits Covenant House remits additional amounts to its affiliated subsidiaries to cover certain management and administrative expenses These expenditures are not reported on Schedule I, rather they are listed as Payments to Affiliates on Part IX, Line 21 (in column C)

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, question 23.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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 with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3) and 501(c)(4) organizations only 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**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
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? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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) Retirement and other 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 reportable compensation				
(1) KEVIN RYAN	(i)	301,387	0	0	8,575	11,889	321,851	0
	(ii)	0	0	0	0	0	0	0
(2) JAMES M WHITE	(i)	199,217	0	10,000	17,763	8,240	235,220	0
	(ii)	0	0	0	0	0	0	0
(3) DANIEL McCARTHY	(i)	221,598	0	0	645	12,153	234,396	0
	(ii)	0	0	0	0	0	0	0
(4) THOMAS J POTENZA	(i)	154,634	0	0	8,173	6,881	169,688	0
	(ii)	0	0	0	0	0	0	0
(5) ROBERT CARDANY	(i)	4,397	0	191,048	17,303	6,283	219,031	0
	(ii)	0	0	0	0	0	0	0
(6) DIANE MILAN-SCOTT	(i)	206,474	0	9,654	4,587	592	221,307	0
	(ii)	0	0	0	0	0	0	0
(7) BRUCE HENRY	(i)	187,930	0	0	16,841	566	205,337	0
	(ii)	0	0	0	0	0	0	0
(8) JOAN SMYTH	(i)	160,734	0	0	11,815	10,691	183,240	0
	(ii)	0	0	0	0	0	0	0
(9) THOMAS KENNEDY	(i)	154,634	0	0	14,497	700	169,831	0
	(ii)	0	0	0	0	0	0	0
(10) JO REYES	(i)	145,364	0	0	8,564	7,800	161,728	0
	(ii)	13,269	0	0	0	0	13,269	0
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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
Schedule J, part I, Line 4A		FORMER TREASURER/CFO, ROBERT CARDANY ENTERED INTO A SEPARATION AGREEMENT FROM COVENANT HOUSE IN JANUARY OF 2010 DURING 2010 HE RECEIVED SEVERANCE PAYMENTS TOTALLING $191,048 THIS HAS BEEN REFLECTED IN SCHEDULE J, PART II, COLUMN (B)(III) SUBSEQUENT TO CALENDAR YEAR 2010, A FINAL PAYMENT OF $66,620 WAS MADE IN CALENDAR YEAR 2011 WHICH INCLUDED SEVERANCE AND ACCRUED VACATION

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
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	93	400,515	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 ▶ (__________)				
26 Other ▶(__________)				
27 Other ▶(__________)				
28 Other ▶ (__________)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part 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	Yes	
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	Return Reference	Explanation
LIne 32A		Covenant House uses its securities broker, Smith Barney, to sell donated securities

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

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

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, line 4d	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 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 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 2011 Covenant House Outreach staff worked with 31,050 youth on the street 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 2011, Covenant House shelter programs provided services to 952 young mothers and their 1,020 babies NINELINE Nearly 17,427 times last year, runaways and other kids in crisis across America reached the Covenant House Nineline, that's nearly 48 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 43 calls a month 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 30,000 agencies nationwide, so the staff can locate help for kids anywhere And they do every day MEDICAL SERVICES In fiscal year 2011, 9,742 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

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, line 4d	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

Identifier	Return Reference	Explanation
Policies	Form 990, Part VI, Section B	Line 11 - The Form 990 is prepared by a nationally renowned accounting firm in conjunction with the organization's financial department A COPY OF THE DRAFT FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD AND ONCE APPROVED, IT IS DISTRIBUTED TO THE ENTIRE BOARD PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE Line 12 - 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 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 THE ORGANIZATION HIRES AN INDEPENDENT CONSULTANT TO REVIEW COMPARABLE SALARIES FOR THE PRESIDENT/CEO, OTHER OFFICERS AND KEY EMPLOYEES GENERALLY THE BOARD EVALUATES THE PRESIDENT'S COMPENSATION ANNUALLY THE DETERMINATION IS BASED ON THE PERFORMANCE EVALUATION THAT FACTORS INTO ACCOUNT EFFECTIVENESS, PERFORMANCE, AND ACHIEVEMENT OF GOALS

Identifier	Return Reference	Explanation
Disclosure	Form 990, Part VI, Section C	Line 19 - 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, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATMENTS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST and at management's discretion

Identifier	Return Reference	Explanation
Part XI, Line 5	Reconciliation of net assets	Net unrealized gain on investments $4,684,948 change in value of beneficial interests in trusts 530,631 change of value of split-interest agreements 226,414 Pension related activities (1,300,053) ------------ Total $4,141,940 ============

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JO REYES TITLE VP OF FINANCE HOURS 5

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization
COVENANT HOUSE

Employer identification number
13-2725416

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

(a) 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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

			Yes	No
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1	During the tax year, did the orgranization 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**	Yes	
b	Gift, grant, or capital contribution to other organization(s)	**1b**	Yes	
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	**(b)** Transaction type(a-r)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
Schedule R, Part V, Line 2 Transactions		Covenant House transacts business with its affiliated subsidiaries continuously throughout the year The organization has reported the contributions, loans, and rental payments between Covenant House and its subsidiaries on Schedule R There are numerous other smaller, administrative (and management) transactions between Covenant House and its subsidiaries that are not currently reported on Schedule R

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
COVENANT HOUSE ALASKA 609 F STREET ANCHORAGE, AK99501 13-3419755	HUMANITARIAN	AK	501(c)(3)	7	NA		
COVENANT HOUSE CALIFORNIA 1325 NORTH WESTERN AVENUE HOLLYWOOD, CA90027 13-3391210	HUMANITARIAN	CA	501(c)(3)	7	NA		
COVENANT HOUSE FLORIDA 733 BREAKERS AVENUE FORT LAUDERDALE, FL33304 59-2323607	HUMANITARIAN	FL	501(c)(3)	7	na		
COVENANT HOUSE GEORGIA 2488 LAKEWOOD AVE SW ATLANTA, GA30315 13-3523561	HUMANITARIAN	GA	501(c)(3)	7	na		
COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING JR BLVD DETROIT, MI48208 38-3351777	HUMANITARIAN	MI	501(c)(3)	7	NA		
COVENANT HOUSE MISSOURI 2727 NORTH KINGSHIGHWAY BLVD ST LOUIS, MO63113 43-1821599	HUMANITARIAN	MO	501(c)(3)	7	NA		
COVENANT HOUSE NEW JERSEY 330 WASHINGTON STREET NEWARK, NJ07102 13-3537710	HUMANITARIAN	NJ	501(c)(3)	7	na		
COVENANT HOUSE NEW ORLEANS 611 NORTH RAMPART STREET NEW ORLEANS, LA70112 58-1669937	HUMANITARIAN	LA	501(c)(3)	7	na		
COVENANT HOUSE PENNSYLVANIA 31 EAST ARMAT STREET PHILADELPHIA, PA19144 23-3003176	HUMANITARIAN	PA	501(c)(3)	7	na		
COVENANT HOUSE TEXAS 1111 LOVETT BLVD HOUSTON, TX77006 76-0050882	HUMANITARIAN	TX	501(c)(3)	7	na		
COVENANT HOUSE WASHINGTON 2001 MISSISSIPPI AVENUE SE WASHINGTON, DC20020 13-3537709	HUMANITARIAN	DC	501(c)(3)	7	na		
COVENANT HOUSE WESTERN AVENUE 1325 N WESTERN AVENUE HOLLYWOOD, CA90027 95-4395845	HOLDING CO	CA	501(c)(3)	11	na		

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization Yes	No
COVENANT INTL FOUNDATION 5 PENN PLAZA NEW YORK, NY10001 13-3124706	HOLDING CO	NY	501(c)(3)	7	na		
TESTAMENTUM 5 PENN PLAZA NEW YORK, NY10001 23-7326634	HOLDING CO	NY	501(c)(3)	7	na		
UNDER 21COVENANT HOUSE NY 460 WEST 41ST STREET NEW YORK, NY10036 13-3076376	HUMANITARIAN	NY	501(c)(3)	7	na		
covenant house toronto 20 Gerrard Street East TORONTO m5b2p3 CA	Humanitarian	CA			na		
covenant house vancouver 575 DRAKE STREET VANCOUVER v6b4k8 CA	humanitarian	CA			na		
casa alianza de honduras CORNER OF ARDA CERVANTES Y MORELOS TEGUCIGALPA HO	humanitarian	HO			na		
casa alianza nicaragua EDIFFICIO CONRAD N HILTON COSTADO MANAGUA NU	holding co	NU			na		
fundacion casa alianza mexico iap PASEO DE LAS REFORMA 111 COLONIA MEXICO D F MX	humanitarian	MX			na		
asociacion la alianza 13 AVENIDA 00-37 ZONA 2 COLONIA Mixco GT	Humanitarian	GT			N/A		

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	COVENANT HOUSE ALASKA	b	820,661	
(2)	COVENANT HOUSE CALIFORNIA	b	2,805,420	
(3)	COVENANT HOUSE FLORIDA	b	2,709,000	
(4)	COVENANT HOUSE GEORGIA	b	1,024,000	
(5)	COVENANT HOUSE MICHIGAN	b	1,432,000	
(6)	COVENANT HOUSE MISSOURI	b	896,000	
(7)	COVENANT HOUSE NEW JERSEY	b	3,345,000	
(8)	COVENANT HOUSE NEW ORLEANS	b	2,225,000	
(9)	COVENANT HOUSE PENNSYLVANIA	b	2,674,000	
(10)	COVENANT HOUSE TEXAS	b	1,815,000	
(11)	COVENANT HOUSE WASHINGTON	b	2,326,000	
(12)	UNDER 21 COVENANT HOUSE NEW YORK	b	9,578,000	
(13)	FUNDACION CASA ALIANZA MEXICO IAP	b	1,000,000	
(14)	ASOCIACION LA ALIANZA (GUATEMALA)	b	331,294	
(15)	CASA ALIANZA DE HONDURAS	b	700,000	
(16)	CASA ALIANZA NICARAGUA	b	600,000	
(17)	covenant house florida	a, i	237,929	
(18)	covenant house new orleans	a, i	207,785	
(19)	covenant house new yorkunder 21	1, i	953,484	
(20)	covenant house new yorkunder 21	d	1,678,336	
(21)	covenant house nicaragua	d	19,488	
(22)	covenant house new orleans	d	558,874	
(23)	covenant house georgia	d	250,000	
(24)	covenant house pennsylvaniaunder 21	d	257,208	
(25)	covenant house missouri	d	118,089	