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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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 $ 76,303,075

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

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**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	20
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	187
6	Total number of volunteers (estimate if necessary)	**6**	20
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)	53,659,955	56,997,922
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	717,762	491,572
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,312,948	3,257,643
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	56,690,665	60,747,137
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	33,807,208	33,840,780
	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)	8,077,126	8,442,835
	16a Professional fundraising fees (Part IX, column (A), line 11e)	494,677	297,013
	b Total fundraising expenses (Part IX, column (D), line 25) ▶10,450,688		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	19,762,063	20,718,738
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	62,141,074	63,299,366
	19 Revenue less expenses Subtract line 18 from line 12	-5,450,409	-2,552,229

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	93,560,658	95,174,908
	21 Total liabilities (Part X, line 26)	21,264,040	32,301,388
	22 Net assets or fund balances Subtract line 21 from line 20	72,296,618	62,873,520

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

****** 2013-03-13
Signature of officer — Date

Daniel Mccarthy Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: GRANT THORNTON LLP, 666 THIRD AVENUE, NEW YORK, NY 100174057 | EIN ▶ | 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 21,728,370 including grants of $ 19,435,194) (Revenue $)

CRISIS CENTERS (SHELTER AND CRISIS CARE) Youth in crisis need help immediately That is why Covenant Houses 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 shelters 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 Houses open door policy is so critical Specially-trained staff address a young persons 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 2012, Covenant House Crisis Centers provided shelter to 9,507 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 $ 5,880,090 including grants of $ 5,457,900) (Revenue $)

RIGHTS OF PASSAGE Covenant House's Rights of Passage (ROP) is a unique program for older youth (18-21) who have no place to go and who need support to achieve adult independence The program, which is in place in Covenant Houses across the United States and at our two Canadian affiliates, answers a pressing need many older kids at Covenant House feel as they endeavor to become contributing members of society During fiscal year 2012, 1,838 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 $ 6,728,133 including grants of $ 932,645) (Revenue $)

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

(Code) (Expenses $ 3,509,874 including grants of $ 3,301,404) (Revenue $)
mother/child

(Code) (Expenses $ 3,325,124 including grants of $ 2,936,509) (Revenue $)
community service centers

(Code) (Expenses $ 1,146,440 including grants of $ 1,036,376) (Revenue $)
outreach

(Code) (Expenses $ 1,266,049 including grants of $) (Revenue $)
hineline

(Code) (Expenses $ 862,333 including grants of $ 740,752) (Revenue $)
medical

4d Other program services (Describe in Schedule O)
(Expenses $ 10,109,820 including grants of $ 8,015,041) (Revenue $)

4e **Total program service expenses** ▶ $ 44,446,413

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 instructions)?	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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 temporarily restricted endowments, permanent endowments, 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		No
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part 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, Part 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*	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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

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 questions 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 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**	Yes	
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	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*	**35b**		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**	59		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	2		
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**	187			
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 or securities 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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate 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	20		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20		
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	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		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	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 made 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 made 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								1,809,691	13,600	171,359

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 20

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
QUADRIGA ART INC POBOX 479 WILTON, NH 03086	PRINTING SERVICES	5,022,550
KAEL DIRECT LLC 4915 ST ELMO AVENUE BETHESDA, MA 20814	PRINTING SERVICES	2,383,450
AKA PRINTING MAILING 44 JOSEPH MILLS DRIVE FREDERICKSBURG, VA 22408	PRINTING SERVICES	2,033,116
POSTAL PRESORT INC 820 W 2ND STREET N WICHITA, KS 67203	PRINTING SERVICES	746,109
ADVERTISING DISTRIBUTORS 200 TRADE ZONE DRIVE RONKONKOMA, NY 11779	PRINTING SERVICES	685,291

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 26

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 123,132				
	b	Membership dues 1b				
	c	Fundraising events 1c 829,335				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e 381,298				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 55,664,157				
	g	Noncash contributions included in lines 1a-1f $ 318,171				
	h	**Total.** Add lines 1a-1f . . . . . ▶	56,997,922			
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) . . . . . ▶	553,082			553,082
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	609,008			609,008
		(i) Real / (ii) Personal				
	6a	Gross rents 1,500,708				
	b	Less rental expenses				
	c	Rental income or (loss) 1,500,708				
	d	Net rental income or (loss) . . . . . ▶	1,500,708			1,500,708
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 14,793,436 / 157,147				
	b	Less cost or other basis and sales expenses 14,795,386 / 216,707				
	c	Gain or (loss) -1,950 / -59,560				
	d	Net gain or (loss) . . . . . ▶	-61,510			-61,510
	8a	Gross income from fundraising events (not including $ 829,335 of contributions reported on line 1c) See Part IV, line 18 . . . a 1,679,363				
	b	Less direct expenses . . . b 543,845				
	c	Net income or (loss) from fundraising events . . ▶	1,135,518			1,135,518
	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	12,409			12,409
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	12,409			
	12	**Total revenue.** See Instructions . . . ▶	60,747,137			3,749,215

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)

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

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 United States See Part IV, line 21	30,887,037	30,887,037		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	2,953,743	2,953,743		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	845,082	272,431	442,178	130,473
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	6,225,674	2,479,186	2,539,868	1,206,620
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	389,999	164,073	155,454	70,472
9	Other employee benefits	321,019	128,284	129,571	63,164
10	Payroll taxes	661,061	277,366	264,010	119,685
11	Fees for services (non-employees)				
a	Management	170,150	114,326	35,332	20,492
b	Legal	37,663	26,080	11,583	
c	Accounting	217,557		217,557	
d	Lobbying	176,177	176,177		
e	Professional fundraising *See Part IV, line 17*	297,013			297,013
f	Investment management fees	44,774		44,774	
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	263,792	99,216	128,024	36,552
14	Information technology	69,581	29,892	34,010	5,679
15	Royalties	0			
16	Occupancy	1,550,808	487,682	615,226	447,900
17	Travel	183,832	132,559	21,399	29,874
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	44,265	30,607	6,687	6,971
20	Interest	117,150	1,066	115,018	1,066
21	Payments to affiliates	92,976		92,976	
22	Depreciation, depletion, and amortization	2,077,767	1,245,659	198,386	633,722
23	Insurance	75,547		75,547	
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	5,923,287	2,498,021	18,064	3,407,202
b	POSTAGE	5,699,565	2,104,163	94,762	3,500,640
c	OTHER PURCHASED SERVICES	2,899,440	181,374	2,679,150	38,916
d	BANK CHARGES AND FEES	256,425		256,425	
e					
f	All other expenses	817,982	157,471	226,264	434,247
25	**Total functional expenses.** Add lines 1 through 24f	63,299,366	44,446,413	8,402,265	10,450,688
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	1,953,956	1,733,348		220,608

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		107,306	1	370,621
	2	Savings and temporary cash investments		14,203,738	2	12,607,274
	3	Pledges and grants receivable, net		2,973,432	3	7,571,085
	4	Accounts receivable, net		198,509	4	252,228
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		2,881,995	7	2,633,316
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		298,640	9	365,213
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 55,367,224			
	b	Less accumulated depreciation	10b 19,502,672	37,579,181	10c	35,864,552
	11	Investments—publicly traded securities		25,077,372	11	29,614,326
	12	Investments—other securities See Part IV, line 11		5,595,229	12	1,350,824
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		4,645,256	15	4,545,469
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		93,560,658	16	95,174,908
Liabilities	17	Accounts payable and accrued expenses		3,191,674	17	3,055,084
	18	Grants payable		0	18	0
	19	Deferred revenue		2,466,895	19	2,553,988
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		5,698,874	24	11,498,874
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		9,906,597	25	15,193,442
	26	**Total liabilities.** Add lines 17 through 25		21,264,040	26	32,301,388
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		62,626,817	27	53,503,269
	28	Temporarily restricted net assets		3,353,309	28	3,025,989
	29	Permanently restricted net assets		6,316,492	29	6,344,262
		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		72,296,618	33	62,873,520
	34	Total liabilities and net assets/fund balances		93,560,658	34	95,174,908

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	60,747,137
2	Total expenses (must equal Part IX, column (A), line 25)	2	63,299,366
3	Revenue less expenses Subtract line 2 from line 1	3	-2,552,229
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	72,296,618
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-6,870,869
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	62,873,520

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

2011

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 **section 170(b)(1)(A)(i).**

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

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	30,751,325	56,000,091	51,264,317	53,659,955	56,997,922	248,673,610
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	30,751,325	56,000,091	51,264,317	53,659,955	56,997,922	248,673,610
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						248,673,610

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	30,751,325	56,000,091	51,264,317	53,659,955	56,997,922	248,673,610
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,474,366	2,512,495	2,543,441	2,376,270	2,601,288	13,507,860
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	600,130	97,025	471,764	970,352	1,691,772	3,831,043
11 **Total support** (Add lines 7 through 10)						266,012,513

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 2011 (line 6 column (f) divided by line 11 column (f))	**14**	93 482 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	**15**	92 057 %

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2011

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, line 35c (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 on behalf of or in opposition to candidates for public office 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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)	176,177	176,177
c Total lobbying expenditures (add lines 1a and 1b)	176,177	176,177
d Other exempt purpose expenditures	63,123,189	63,123,189
e Total exempt purpose expenditures (add lines 1c and 1d)	63,299,366	63,299,366
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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) 2008	(b) 2009	(c) 2010	(d) 2011	(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	69,000	102,000	37,420	176,177	384,597
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
form 990, schedule C, Part II-A, Line a		all lobbying expenditures are attributable to the filing organization

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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	5,672,871	4,986,809	4,964,305	6,255,845	
b Contributions	114,429		22,504	14,592	
c Investment earnings or losses	-311,868	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	5,475,432	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 ▶
- b Permanent endowment ▶ 93 200 %
- c Term endowment ▶ 6 800 %

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,464,505		5,464,505
b Buildings		42,409,338	14,066,366	28,342,972
c Leasehold improvements		3,758,480	2,040,253	1,718,227
d Equipment		3,262,453	3,142,392	120,061
e Other		472,449	253,662	218,787
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				35,864,552

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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) 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	1,568,901
ANNUITIES PAYABLE	5,015,572
PENSION BENEFITS LIABILITY	8,236,878
OTHER	372,091
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	15,193,442

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	60,747,137
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	63,299,366
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,552,229
4	Net unrealized gains (losses) on investments	4	-1,264,845
5	Donated services and use of facilities	5	105,000
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-5,711,024
9	Total adjustments (net) Add lines 4 - 8	9	-6,870,869
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-9,423,098

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	60,316,053
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-1,264,845		
b	Donated services and use of facilities	2b	562,211		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	316,324		
e	Add lines **2a** through **2d**			2e	-386,310
3	Subtract line **2e** from line **1**			3	60,702,363
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	44,774		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	44,774
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	60,747,137

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

1	Total expenses and losses per audited financial statements			1	63,711,803
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	457,211		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	457,211
3	Subtract line **2e** from line **1**			3	63,254,592
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	44,774		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	44,774
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	63,299,366

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 2009, 2010 and 2011 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 $60,619 change in value of split-interest agreements $255,705 ---------- Total $316,324 ==========
reconciliation of change in net assets	Part XI, line 8	change in value of beneficial interests in trusts $60,619 change in value of split-interest agreements $255,705 Pension related activities ($4,667,244) Contributed use of building to Covenant house Florida ($1,360,104) ---------- Total ($5,711,024) ==========

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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

2011

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	182	Program Services	SHELTER FOR HOMELESS	1,968,743
North America	1	88	Program Services	SHELTER FOR HOMELESS	985,000
Central America and the Caribbean			Investments		1,350,824
3a Sub-total	4	270			4,304,567
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	4	270			4,304,567

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 of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Program Support	985,000	wire			
		Cent America/Caribbean	Program Support	657,743	wire			
		Cent America/Caribbean	Program Support	700,000	wire			
		Cent America/Caribbean	Program Support	611,000	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 . . . . . ▶

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

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)*	☐ Yes	☑ No
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)*	☐ Yes	☑ No
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)*	☐ Yes	☑ No
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)*	☐ Yes	☑ No
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)*	☐ Yes	☑ No
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).*	☐ Yes	☑ No

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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

2011

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	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
SANKY COMMUNICATIONS INC 599 ELEVENTH AVE 6TH FL NEW YORK, NY 10036	CONSULTING		No		120,000	
THOMAS GAFFNY 71 CLOFF ROAD WELLESLEY, MA 02481	CONSULTING		No		80,000	
WILSON ASSOCIATES INC 6 BUTLER HILL ROAD SOMERS, NY 10589	CONSULTING		No		71,500	
BIG DUCK STUDIO 20 JAY STREET STE 524 BROOKLYN, NY 11201	CONSULTING		No		15,000	
ORINOCO INCORPORATED 2400 BRACON ST UNIT 213 CHESTNUT HILL, MA 02467	CONSULTING		No		10,513	
Total . . . . . ▶					297,013	

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 gala (event type)	(b) Event #2 lifeline (event type)	(c) Other Events 9 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	1,202,510	421,795	884,393	2,508,698
	2 Less Charitable contributions	577,510	113,695	138,130	829,335
	3 Gross income (line 1 minus line 2)	625,000	308,100	746,263	1,679,363
Direct Expenses	4 Cash prizes		3,460		3,460
	5 Non-cash prizes		23,015		23,015
	6 Rent/facility costs	45,689	177,887	119,438	343,014
	7 Food and beverages	100,241			100,241
	8 Entertainment	71,402	2,713		74,115
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(543,845)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				1,135,518

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

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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

2011

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(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)	796,000				Program Support
(2) COVENANT HOUSE CALIFORNIA1325 N WESTERN AVENUE HOLLYWOOD,CA 90027	13-3391210	501(c)(3)	2,753,369				Program Support
(3) COVENANT HOUSE FLORIDA733 BREAKERS AVENUE FORT LAUDERDALE,FL 33304	59-2323607	501(c)(3)	2,724,000				Program Support
(4) COVENANT HOUSE GEORGIA2488 LAKEWOOD AVE SW ATLANTA,GA 30315	13-3523561	501(c)(3)	919,155				Program Support
(5) COVENANT HOUSE MICHIGAN2959 MARTIN LUTHER KING JR BLVD DETROIT,MI 48208	38-3351777	501(c)(3)	1,422,000				Program Support
(6) COVENANT HOUSE MISSOURI2727 NORTH KINGSHIGHWAY BLVD ST LOUIS,MO 63113	43-1821599	501(c)(3)	901,000				Program Support
(7) COVENANT HOUSE NEW JERSEY330 WASHINGTON STREET NEWARK,NJ 07102	13-3537710	501(c)(3)	3,457,500				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)	2,699,000				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)	8,847,849				Program Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 12

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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)

Additional Data

Return to Form

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
COVENANT HOUSE ALASKA609 F STREET ANCHORAGE,AK 99501	13-3419755	501(c)(3)	796,000				Program Support
COVENANT HOUSE CALIFORNIA1325 N WESTERN AVENUE HOLLYWOOD,CA 90027	13-3391210	501(c)(3)	2,753,369				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
COVENANT HOUSE FLORIDA733 BREAKERS AVENUE FORT LAUDERDALE, FL 33304	59-2323607	501(c)(3)	2,724,000				Program Support
COVENANT HOUSE GEORGIA2488 LAKEWOOD AVE SW ATLANTA,GA 30315	13-3523561	501(c)(3)	919,155				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
COVENANT HOUSE MICHIGAN2959 MARTIN LUTHER KING JR BLVD DETROIT,MI 48208	38-3351777	501(c)(3)	1,422,000				Program Support
COVENANT HOUSE MISSOURI2727 NORTH KINGSHIGHWAY BLVD ST LOUIS,MO 63113	43-1821599	501(c)(3)	901,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
COVENANT HOUSE NEW JERSEY330 WASHINGTON STREET NEWARK,NJ 07102	13-3537710	501(c)(3)	3,457,500				Program Support
COVENANT HOUSE NEW ORLEANS611 NORTH RAMPART STREET NEW ORLEANS,LA 70112	58-1669937	501(c)(3)	2,225,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
COVENANT HOUSE PENNSYLVANIA31 EAST ARMAT STREET PHILADELPHIA,PA 19144	23-3003176	501(c)(3)	2,699,000				Program Support
COVENANT HOUSE TEXAS1111 LOVETT BLVD HOUSTON,TX 77006	76-0050882	501(c)(3)	1,815,000				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
COVENANT HOUSE WASHINGTON2001 MISSISSIPPI AVENUE SE WASHINGTON,DC 20020	13-3537709	501(c)(3)	2,326,000				Program Support
UNDER 21 COVENANT HOUSE NEW YORK460 WEST 41ST STREET NEW YORK,NY 10036	13-3076376	501(c)(3)	8,847,849				Program Support

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	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?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
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 Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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)	298,167	0	0	8,575	11,871	318,613	0
	(ii)	0	0	0	0	0	0	0
(2) DANIEL McCARTHY	(i)	240,392	0	0	12,776	11,783	264,951	0
	(ii)	0	0	0	0	0	0	0
(3) JAMES M WHITE	(i)	196,975	0	10,000	15,977	11,737	234,689	0
	(ii)	13,600	0	0	0	0	13,600	0
(4) THOMAS J POTENZA	(i)	144,753	0	0	10,472	8,396	163,621	0
	(ii)	0	0	0	0	0	0	0
(5) DIANE MILAN-SCOTT	(i)	217,266	0	10,000	11,775	718	239,759	0
	(ii)	0	0	0	0	0	0	0
(6) BRUCE HENRY	(i)	200,316	0	0	16,639	681	217,636	0
	(ii)	0	0	0	0	0	0	0
(7) JOAN SMYTH	(i)	163,886	0	0	12,397	11,675	187,958	0
	(ii)	0	0	0	0	0	0	0
(8) JOHN DUCOFF	(i)	164,265	0	0	0	11,614	175,879	0
	(ii)	0	0	0	0	0	0	0
(9) THOMAS KENNEDY	(i)	163,671	0	0	13,650	623	177,944	0
	(ii)	0	0	0	0	0	0	0

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

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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

2011

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	71	318,171	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, Morgan Stanley 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

2011

Open to Public Inspection

Name of the organization
COVENANT HOUSE

Employer identification number
13-2725416

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, line 4d	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 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 2012, 14,232 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 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 2012 Covenant House Outreach staff worked with 36,020 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 2012, Covenant House shelter programs provided services to 996 young mothers and their 1,057 babies NINELINE Nearly 8,200 times last year, homeless youth, runaways and others in crisis across America reached the Covenant House Nineline, that's nearly 23 crisis calls a day during Nineline's hours of operation (4-8 p m) Nineline help is free to anyone who dials 1-800-999-9999 Each of those calls is answered by a Nineline staff member or volunteer who is trained to respond to topics such as homelessness, child abuse, suicide, human trafficking, depression, or mental illness and is ready to offer support, assistance, conference calls, and referrals Nineline receives calls related to those topics and many others About 52 calls a month come from parents, guardians, or relatives looking for their children or young family members Youth call from schools, the street, bus stops, train stations, malls, home, and friends' houses Whoever they are and from wherever they call, Nineline offers help - a conference call with a local social service agency, directions to the nearest shelter, arrangements to get transportation home, or someone who can listen to a problem they're afraid to tell anyone they know The Nineline database contains over 30,000 agencies nationwide, SO THE STAFF CAN LOCATE HELP FOR YOUTH ANYWHERE AND THEY DO EVERYDAY MEDICAL SERVICES In fiscal year 2012, 11,543 Covenant House youth received full health assessments, physical exams and medical treatment The youth are served by doctors, nurses, physician assistants and other health professionals who are either Covenant House staff or staff from local teaching hospitals with whom Covenant House has cooperative agreements All are experts in the special medical needs of adolescents and young adults In addition to services related to physical health, youth are also provided with psychiatric services A small but significant number of the 18 to 21 year old residents in our Crisis Centers are coping with serious mental health problems that require a range of psychiatric services and referral agencies that provide housing for the mentally ill services and referral agencies that provide housing for the mentally ill
Policiies	Form 990 review process	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 Conflict of interest policy monitoring & enforcement Form 990, Part VI, Section B, 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 Process for determing compensation Form 990, Part VI, Section B, Line 15 THE PRESIDENT/CEO'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE WORKING IN CONJUNCTION WITH COMPARABILITY DATA SUCH AS SALARY SURVEYS WITH SIMILARly SIZED NON-PROFITS PERIODICALLY THE ORGANIZATION HIRES AN INDEPENDENT CONSULTANT TO REVIEW COMPARABLE SALARIES FOR THE PRESIDENT/CEO, OTHER OFFICERS AND KEY EMPLOYEES GENERALLY THE BOARD EVALUATES THE PRESIDENT'S COMPENSATION ANNUALLY THE DETERMINATION IS BASED ON THE PERFORMANCE EVALUATION THAT FACTORS INTO ACCOUNT EFFECTIVENESS, PERFORMANCE, AND ACHIEVEMENT OF GOALS
public disclosure of documents	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
Part XI, Line 5	Reconciliation of net assets	Net unrealized gain/(loss) on investments $(1,264,845) change in value of beneficial interests in trusts 60,619 change in value of split-interest agreements 255,705 Pension related activities (4,667,244) contributed services 105,000 Contributed use of building to Covenant House Florida (1,360,104) ---------- Total $(6,870,869) ==========
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JAMES M WHITE TITLE SECRETARY/EVP STRAT PLANNING HOURS 2

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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

2011

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
(1) Covenant House Holdings LLC 5 penn plaza 3rd fl new york, NY 10001 45-5493820	holding co	AK	0	0	na

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) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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 related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related 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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Schedule R (Form 990) 2011

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 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
COVENANT HOUSE ALASKA 609 F STREET ANCHORAGE, AK 99501 13-3419755	HUMANITARIAN	AK	501(c)(3)	7	NA		No
COVENANT HOUSE CALIFORNIA 1325 NORTH WESTERN AVENUE HOLLYWOOD, CA 90027 13-3391210	HUMANITARIAN	CA	501(c)(3)	7	NA		No
COVENANT HOUSE FLORIDA 733 BREAKERS AVENUE FORT LAUDERDALE, FL 33304 59-2323607	HUMANITARIAN	FL	501(c)(3)	7	na		No
COVENANT HOUSE GEORGIA 2488 LAKEWOOD AVE SW ATLANTA, GA 30315 13-3523561	HUMANITARIAN	GA	501(c)(3)	7	na		No
COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING JR BLVD DETROIT, MI 48208 38-3351777	HUMANITARIAN	MI	501(c)(3)	7	NA		No
COVENANT HOUSE MISSOURI 2727 NORTH KINGSHIGHWAY BLVD ST LOUIS, MO 63113 43-1821599	HUMANITARIAN	MO	501(c)(3)	7	NA		No
COVENANT HOUSE NEW JERSEY 330 WASHINGTON STREET NEWARK, NJ 07102 13-3537710	HUMANITARIAN	NJ	501(c)(3)	7	na		No
COVENANT HOUSE NEW ORLEANS 611 NORTH RAMPART STREET NEW ORLEANS, LA 70112 58-1669937	HUMANITARIAN	LA	501(c)(3)	7	na		No
COVENANT HOUSE PENNSYLVANIA 31 EAST ARMAT STREET PHILADELPHIA, PA 19144 23-3003176	HUMANITARIAN	PA	501(c)(3)	7	na		No
COVENANT HOUSE TEXAS 1111 LOVETT BLVD HOUSTON, TX 77006 76-0050882	HUMANITARIAN	TX	501(c)(3)	7	na		No
COVENANT HOUSE WASHINGTON 2001 MISSISSIPPI AVENUE SE WASHINGTON, DC 20020 13-3537709	HUMANITARIAN	DC	501(c)(3)	7	na		No
COVENANT HOUSE WESTERN AVENUE 1325 N WESTERN AVENUE HOLLYWOOD, CA 90027 95-4395845	HOLDING CO	CA	501(c)(3)	11	na		No
COVENANT INTL FOUNDATION 5 PENN PLAZA NEW YORK, NY 10001 13-3124706	HOLDING CO	NY	501(c)(3)	7	na		No
TESTAMENTUM 5 PENN PLAZA NEW YORK, NY 10001 23-7326634	HOLDING CO	NY	501(c)(3)	7	na		No
UNDER 21COVENANT HOUSE NY 460 WEST 41ST STREET NEW YORK, NY 10036 13-3076376	HUMANITARIAN	NY	501(c)(3)	7	na		No
covenant house toronto 20 Gerrard Street East TORONTO m5b2p3 CA	Humanitarian	CA			na		No
covenant house vancouver 575 DRAKE STREET VANCOUVER v6b4k8 CA	humanitarian	CA			na		No
casa alianza de honduras CORNER OF ARDA CERVANTES Y MORELOS TEGUCIGALPA HO	humanitarian	HO			na		No
casa alianza nicaragua EDIFFICIO CONRAD N HILTON COSTADO MANAGUA NU	holding co	NU			na		No
fundacion casa alianza mexico iap PASEO DE LAS REFORMA 111 COLONIA MEXICO D F MX	humanitarian	MX			na		No

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
asociacion la alianza 13 AVENIDA 00-37 ZONA 2 COLONIA Mixco GT	Humanitarian	GT			N/A		No

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	796,000	FMV
(2)	COVENANT HOUSE CALIFORNIA	b	2,810,000	FMV
(3)	COVENANT HOUSE FLORIDA	b	2,724,000	FMV
(4)	COVENANT HOUSE GEORGIA	b	955,500	FMV
(5)	COVENANT HOUSE MICHIGAN	b	1,422,000	FMV
(6)	COVENANT HOUSE MISSOURI	b	901,000	FMV
(7)	COVENANT HOUSE NEW JERSEY	b	3,457,500	FMV
(8)	COVENANT HOUSE NEW ORLEANS	b	2,225,000	FMV
(9)	COVENANT HOUSE PENNSYLVANIA	b	2,699,000	FMV
(10)	COVENANT HOUSE TEXAS	b	1,815,000	FMV
(11)	COVENANT HOUSE WASHINGTON	b	2,326,000	FMV
(12)	UNDER 21 COVENANT HOUSE NEW YORK	b	8,847,849	FMV
(13)	FUNDACION CASA ALIANZA MEXICO IAP	b	985,000	FMV
(14)	ASOCIACION LA ALIANZA (GUATEMALA)	b	657,743	FMV
(15)	CASA ALIANZA DE HONDURAS	b	700,000	FMV
(16)	CASA ALIANZA NICARAGUA	b	611,000	FMV
(17)	covenant house florida	A,I	1,699,542	FMV
(18)	covenant house new orleans	A,I	207,785	FMV
(19)	covenant house new yorkunder 21	A,I	953,485	FMV
(20)	covenant house new yorkunder 21	d	1,628,336	FMV

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
(21)	covenant house new orleans	d	479,682	FMV
(22)	covenant house georgia	d	250,000	FMV
(23)	covenant house pennsylvaniaunder 21	d	157,208	FMV
(24)	covenant house missouri	d	118,089	FMV

Additional Data

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

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

4d. Other program services

(Code mother/child	) (Expenses $	3,509,874	including grants of $	3,301,404	) (Revenue $	)
(Code community service centers	) (Expenses $	3,325,124	including grants of $	2,936,509	) (Revenue $	)

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

4d. Other program services

(Code outreach	) (Expenses $	1,146,440	including grants of $	1,036,376	) (Revenue $	)
(Code nineline	) (Expenses $	1,266,049	including grants of $		) (Revenue $	)

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

4d. Other program services

(Code) (Expenses $ 862,333 including grants of $ 740,752) (Revenue $)
medical

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
PHILIP J ANDRYC 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
JOHN F BYREN DIRECTOR	10	X						0	0	0
BRIAN M CASHMAN DIRECTOR	10	X						0	0	0
PAUL A DANFORTH 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 LoMONACO DIRECTOR	10	X						0	0	0
THOMAS M McGEE DIRECTOR	10	X						0	0	0
WILLIAM D 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
BRO RAYMOND SOBOCINSKI 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
L Edward Shaw Jr DIRECTOR	1 0	X						0	0	0
JULIA A UPTON 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				298,167	0	20,446
DANIEL McCARTHY TREASURER/SVP/CFO	35 0			X				240,392	0	24,559
JAMES M WHITE SECRETARY/EVP STRAT PLANNING	33 0			X				206,975	13,600	27,714
THOMAS J POTENZA ASST SECRETARY/SVP ADMIN & HR	35 0			X				144,753	0	18,868
DIANE MILAN-SCOTT EVP OF ADMINISTRATION	35 0					X		227,266	0	12,493
BRUCE HENRY EXEC DIR CH INSTITUTE & CPO	35 0					X		200,316	0	17,320
JOAN SMYTH SVP OF DIRECT MARKETING	35 0					X		163,886	0	24,072
JOHN DUCOFF SVP STRATEGIC PLANNING/GC	35 0					X		164,265	0	11,614
THOMAS KENNEDY SVP OF ADVOCACY	35 0					X		163,671	0	14,273