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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning 07-01, 2012, and ending 06-30, 2013	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization CH PENNSYLVANIA UNDER - 21 Doing Business As COVENANT HOUSE PENNSYLVANIA Number and street (or P O box if mail is not delivered to street address) Room/suite 31 EAST ARMAT STREET City, town or post office, state, and ZIP code PHILADELPHIA, PA 19144 F Name and address of principal officer JOHN DUCOFF AS OF 012014 SAME AS C ABOVE
D Employer identification no. 23-3003176	E Telephone number (215) 951-5411
G Gross receipts \$	H(a) Is this a group return for affiliates? ☐ Yes ☒ No
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527	H(b) Are all affiliates included? ☐ Yes ☐ No
J Website WWW.COVENANTHOUSEPA.ORG	H(c) Group exemption number
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other	L Year of formation 1999 M State of legal domicile PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. OUR MISSION IS TO SERVE SUFFERING CHILDREN OF THE STREET, AND TO PROTECT AND SAFEGUARD ALL CHILDREN WE PROVIDE CRISIS CARE INTERVENTION FOR KIDS WHO ARE ABANDONED, ABUSED, DELINQUENT, DESTITUTE AND/OR NEGLECTED.
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a) 3 18
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 16
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 51
	6 Total number of volunteers (estimate if necessary) 6 15
	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	
Revenue	8 Contributions and grants (Part VIII, line 1h) 3,379,638 3,790,502
	9 Program service revenue (Part VIII, line 2g) 0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 242 5
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 236,697 13,662
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,616,577 3,804,169
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 232,493 262,741
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,603,593 2,688,212
	16a Professional fundraising fees (Part IX, column (A), line 11e) 18,000
	b Total fundraising expenses (Part IX, column (D), line 25) 151,390
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,028,943 860,134
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 3,865,029 3,829,087
	19 Revenue less expenses Subtract line 18 from line 12 (248,452) (24,918)
	20 Total assets (Part X, line 16) 7,011,569 6,819,636
Fund Balances or Net Assets or	21 Total liabilities (Part X, line 26) 3,063,238 2,896,223
	22 Net assets or fund balances Subtract line 21 from line 20 3,948,331 3,923,413

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	FRED JOHNSON JR. Signature of officer	03-14-2013 Date			
	FRED JOHNSON JR, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LAURA KIELCZEWSKI	Preparer's signature <i>Laura Kielczevski</i>	Date 5/14/2014	Check ☐ if self-employed	PTIN P00740769
	Firm's name GRANT THORNTON LLP	Firm's EIN 36-6055558			
	Firm's address 666 THIRD AVENUE NEW YORK, NY 10017-4057	Phone no 212-599-0100			
	May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No				

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

- 1 Briefly describe the organization's mission
OUR MISSION IS TO SERVE SUFFERING CHILDREN OF THE STREET, AND TO PROTECT AND SAFEGUARD ALL
CHILDREN. WE PROVIDE CRISIS CARE INTERVENTION FOR KIDS WHO ARE ABANDONED, ABUSED, DELINQUENT,
DESTITUTE AND/OR NEGLECTED.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 2,305,372 including grants of \$) (Revenue \$)
SHELTER AND CRISIS CARE - OUR CRISIS CENTER IS A 51-BED RESIDENCE LOCATED IN THE GERMANTOWN
SECTION OF PHILADELPHIA. THE CRISIS CENTER IS FOR YOUTH 21 AND UNDER WHO ARE IN NEED OF
EMERGENCY SHELTER. ANY YOUTH, THE FIRST TIME THEY COME INTO SHELTER, ARE WELCOMED WITHOUT
QUESTION. THIS PROCESS IS CALLED OPEN INTAKE. THE CRISIS CENTER PROVIDES SHELTER, FOOD,
HEALTH, EDUCATIONAL, VOCATIONAL, CASE MANAGEMENT, COUNSELING, PASTORAL MINISTRY, LEGAL ADVICE
AND REFERRAL TO SUBSTANCE USE AND MENTAL HEALTH SERVICES. THE CRISIS CENTER IS OPEN 24 HOURS
PER DAY, SEVEN DAYS A WEEK

4b (Code) (Expenses \$ 184,750 including grants of \$) (Revenue \$)
STREET OUTREACH - OUR OUTREACH TEAM PROVIDES STREET OUTREACH SERVICES (FOOD, DRINK, BLANKETS,
HATS, GLOVES AND SCARVES, COUNSELING AND REFERRALS) TO YOUTH WHO ARE ON THE STREET OR UNABLE
TO COME INTO SHELTER. THEY WORK TO DEVELOP TRUSTING RELATIONSHIPS WITH YOUTH IN AN EFFORT TO
ENCOURAGE THEM TO UTILIZE THE SERVICES AT THE CRISIS CENTER DUE TO THE NATURE OF LIVING ON
THE STREET AND THE DANGEROUS SITUATIONS THAT ARISE, IT IS NOT ALWAYS SAFE FOR YOUTH TO
INTERACT WITH THE OUTREACH STAFF AND ALL EFFORTS ARE MADE TO KEEP BOTH THE STAFF AND YOUTH
SAFE. THE OUTREACH TEAM COLLABORATES WITH OTHER AGENCIES AND ORGANIZATIONS TO HELP MEET THE
YOUTHS' IMMEDIATE NEEDS WHILE ON THE STREET. THEY CAN TRANSPORT YOUTH TO COVENANT HOUSE AS
WELL AS OTHER AGENCIES.

4c (Code) (Expenses \$ 159,352 including grants of \$) (Revenue \$)
EDUCATION AND VOCATION - WITHIN THE CENTER A BASIC EDUCATIONAL ASSESSMENT IS PROVIDED TO EACH
YOUTH WHO REQUESTS SERVICES. THIS ASSESSMENT HELPS TO DETERMINE IF YOUTH ARE ABLE TO WORK,
RECEIVE VOCATIONAL TRAINING, PURSUE HIGH SCHOOL OR GED CLASSES, OR ATTEND COLLEGE. ONCE THE
ASSESSMENT IS COMPLETE, STAFF AND YOUTH WORK TOGETHER TO IDENTIFY THE APPROPRIATE SERVICE
REFERRALS FOR THE YOUTH. THE STAFF WORK CLOSELY WITH EACH YOUTH TO COMPLETE ANY REFERRAL
FORMS AND TO FOLLOW UP WITH AGENCIES. COVENANT HOUSE PENNSYLVANIA IS WELL CONNECTED AND
COLLABORATES WITH VARIOUS EDUCATIONAL AND VOCATIONAL PROGRAMS THROUGHOUT THE PHILADELPHIA
AREA.

4d Other program services. (Describe in Schedule O)

(Expenses \$ 588,195 including grants of \$) (Revenue \$)4e Total program service expenses **▶** 3,237,669

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
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		
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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
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		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
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		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, 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		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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 18		
If there are material differences in voting rights among members of the governing body, or			
If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6	X	
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	X	
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	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 ☐ Other (explain in Schedule O)

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 during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **FRED JOHNSON, JR. (215) 951-5411 31 EAST ARMAT STREET PHILADELPHIA, PA 19144**

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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
		I n d i v i d u a l	T r u s t e e	O f f i c e r	K e y e m p l o y e e	H i g h e s t c o m p e n s a t e d	F o r m e r				
(1) ADAM SCHRAN DIRECTOR	1.40	X						0	0	0	
(2) BERNARD M TRACEY CM DIRECTOR	1.40	X						0	0	0	
(3) CORDELLA HILL -EMPLOY ENDED 012014 EXECUTIVE DIRECTOR - NON VOTING	40.00	X		X				102,792		9,133	
(4) DANIEL I MURPHY ESQ DIRECTOR	1.40	X						0	0	0	
(5) DIANE MILAN DIRECTOR COVENANT HOUSE INT'L	40.00	X							222,548	13,856	
(6) JAMES R BELANGER DIRECTOR	1.40	X									
(7) JOSEPH C SWIFT DIRECTOR	1.40	X						0	0	0	
(8) KEVIN RYAN - NON VOTING PRESIDENT COVENANT HOUSE INT'L	40.00	X		X				0	257,546	28,160	
(9) LAWRENCE MCALEE CPA TREASURER	1.40	X		X				0	0	0	
(10) LEO CARLIN DIRECTOR	1.40	X						0	0	0	
(11) MARY BETH H GRAY ESQ DIRECTOR	1.40	X						0	0	0	
(12) MARY GRIESSER DIRECTOR	1.40	X						0	0	0	
(13) MATHEW TAYLOR ESQ DIRECTOR	1.40	X									
(14) MICHAEL S SMITH DIRECTOR	1.40	X						0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and 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
		Director	Officer	Key employee	Highest compensated employee	Former officer	Former director	Former key employee			
(15) ROBIN COWARD-KNIGHT DIRECTOR	1.40	X							0	0	0
(16) SUSAN CLAMPET-LUNDQUIST DIRECTOR	1.40	X							0	0	0
(17) TERRANCE P DELANEY CPA VICE CHAIRPERSON	1.40	X		X					0	0	0
(18) W FRANK MCGRANE CHAIRPERSON	1.40	X		X					0	0	0
(19) W SCOTT BALESTIER DIRECTOR	1.40	X							0	0	0
(20) WILLIAM SULLIVAN DIRECTOR	1.40	X							0	0	0
(21) FRED JOHNSON JR CHIEF FINANCIAL OFFICER	30.00			X					70,188		4,610
(22) JOHN DUCOFF AS OF 012014 INTERIM EXECUTIVE DIRECTOR				X							
(23)											
(24)											
(25)											
1b Sub-total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)									172,980	480,094	55,759

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

1

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

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

4	X	
---	---	--

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		X
---	--	---

Section B. Independent Contractors

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	134,779		
	d	Related organizations	1d	2,539,000		
	e	Government grants (contributions)	1e	519,412		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	597,311		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		3,790,502		
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5		5
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real	(ii) Personal		
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ 134,779 of contributions reported on line 1c) See Part IV, line 18	a	156,790		
	b	Less direct expenses	b	156,790		
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a			
	b	Less cost of goods sold	b			
	c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code				
11a	OTHER INCOME	900099	13,662		13,662	
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		13,662			
12	Total revenue. See instructions		3,804,169	0	0	13,667

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).

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 .				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	262,741	262,741		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	159,274	136,116	23,158	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,923,176	1,565,339	266,320	91,517
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .	58,880	50,048	7,066	1,766
9 Other employee benefits	358,298	306,359	41,308	10,631
10 Payroll taxes	188,584	155,970	23,815	8,799
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	36,660		36,660	
d Lobbying				
e Professional fundraising services. See Part IV, line 17 .	18,000			18,000
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . .	107,385	91,910	10,100	5,375
12 Advertising and promotion				
13 Office expenses	81,110	72,753	2,705	5,652
14 Information technology				
15 Royalties				
16 Occupancy	115,743	112,122	3,002	619
17 Travel	19,937	18,741	787	409
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	51,213	51,213		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	277,313	275,368	1,412	533
23 Insurance	47,319	37,433	8,082	1,804
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a STAFF RECRUIT AND DEVELOP	26,074	21,534	2,785	1,755
b OTHER PURCHASED SERVICES	44,162	39,900	4,262	
c EQUIPMENT	21,728	19,182	1,000	1,546
d				
e All other expenses	31,490	20,940	7,566	2,984
25 Total functional expenses. Add lines 1 through 24e .	3,829,087	3,237,669	440,028	151,390
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	325,120	1	480,455
	2 Savings and temporary cash investments	23,423	2	28
	3 Pledges and grants receivable, net	151,296	3	94,956
	4 Accounts receivable, net	13,250	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	9,967	9	38,849
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 9,073,841		
	b Less accumulated depreciation	10b 2,881,933	6,469,221	10c 6,191,908
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	19,292	15	13,440
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,011,569	16	6,819,636	
Liabilities	17 Accounts payable and accrued expenses	298,531	17	283,091
	18 Grants payable		18	
	19 Deferred revenue	18,750	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	2,591,200	24	2,540,800
	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	154,757	25	72,332
	26 Total liabilities. Add lines 17 through 25	3,063,238	26	2,896,223
Net Assets of Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,780,935	27	3,804,594
	28 Temporarily restricted net assets	167,396	28	118,819
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	3,948,331	33	3,923,413
	34 Total liabilities and net assets/fund balances	7,011,569	34	6,819,636

Part XI Reconciliation of Net AssetsCheck 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	3,804,169
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,829,087
3	Revenue less expenses Subtract line 2 from line 1	3	(24,918)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,948,331
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,923,413

Part XII Financial Statements and ReportingCheck 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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
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? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

CH PENNSYLVANIA UNDER - 21

Employer identification number

23-3003176

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vii)**. (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-Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____ ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

EEA

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,378,686	5,965,576	3,616,994	3,729,695	3,663,272	21,354,223
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	4,378,686	5,965,576	3,616,994	3,729,695	3,663,272	21,354,223
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,619,381
6 Public support. Subtract line 5 from line 4						18,734,842

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	4,378,686	5,965,576	3,616,994	3,729,695	3,663,272	21,354,223
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	162	566	184	242	242	1,396
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)		5,607	3,728	5,525	170,452	185,312
11 Total support. Add lines 7 through 10						21,540,931
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	86.97	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	99.95	%
16a 33 1/3% support test - 2012. 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 - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐			
17a 10%-facts-and-circumstances test - 2012. 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 - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐			

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

CH PENNSYLVANIA UNDER - 21

Employer identification number

23-3003176

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

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

Schedule D (Form 990) 2012

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

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

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

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

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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

4 Describe in Part XIII 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		278,027		278,027
b Buildings		7,681,198	1,824,045	5,857,153
c Leasehold improvements		231,151	231,151	
d Equipment		761,702	704,974	56,728
e Other STMDLE		121,763	121,763	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				6,191,908

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total (Column (b) must equal Form 990, Part X, col (B) line 12)

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total (Column (b) must equal Form 990, Part X, col (B) line 13)

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATE	13,440
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total (Column (b) must equal Form 990, Part X, col (B) line 15)

13,440

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO PARENT	72,332
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	72,332

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

1	Total revenue, gains, and other support per audited financial statements	1	3,960,959
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	156,790
e	Add lines 2a through 2d	2e	156,790
3	Subtract line 2e from line 1	3	3,804,169
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,804,169

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

1	Total expenses and losses per audited financial statements	1	3,985,877
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	156,790
e	Add lines 2a through 2d	2e	156,790
3	Subtract line 2e from line 1	3	3,829,087
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,829,087

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Other revenues non included on Form 990 (Part XI, line 2d)

THE AMOUNT INCLUDED IN PART XI - LINE 2D REPRESENTS THE FUNDRAISING EXPENSES INCURRED WITH

ORGANIZATION'S SPECIAL EVENTS AND FUNDRAISING ACTIVITIES FOR THE YEAR.

Part XIII Supplemental Information (continued)**02. Other expenses not included on Form 990 (Part XII, line 2d)**

THE AMOUNT INCLUDED IN PART XII - LINE 2D REPRESENTS THE FUNDRAISING EXPENSES INCURRED

WITH THE ORGANIZATION'S SPECIAL EVENTS AND OTHER FUNDRAISING ACTIVITIES FOR THE YEAR.

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

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

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

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

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

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

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

JUNE 30, 2013, THE ORGANIZATION'S TAX YEARS ENDED JUNE 30, 2010 THROUGH JUNE 30, 2013 FOR

FEDERAL TAX JURISDICTION REMAIN OPEN TO EXAMINATION.

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

2012

**Open to Public
Inspection**

Name of the organization

CH PENNSYLVANIA UNDER - 21

Employer identification number

23-3003176

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

- | | |
|---|---|
| a ☐ Mail solicitations | e ☒ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☒ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
1 WILLIAM DINGFELDER, PH.D 431 MARY WATERSFORD ROAD	INDEPENDENT GRANT		X		18,000	(18,000)
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					18,000	(18,000)

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

Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		NOBS (event type)	FASHION SHOW (event type)	3 (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	186,529	29,706	75,334	291,569
	2 Less Contributions	43,107	16,338	75,334	134,779
	3 Gross income (line 1 minus line 2)	143,422	13,368		156,790
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	33,153	4,092		37,245
	7 Food and beverages	48,338			48,338
	8 Entertainment	30,582			30,582
	9 Other direct expenses	28,346	1,948	10,331	40,625
	10 Direct expense summary Add lines 4 through 9 in column (d)				(156,790)
	11 Net income summary. Combine line 3, column (d), and line 10				

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))
1 Gross revenue				
2 Cash prizes				
3 Noncash 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 line 1, column d, and line 7				

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: _____

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

CH PENNSYLVANIA UNDER - 21

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

2012

Open to Public
Inspection

Employer identification number

23-3003176

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. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC 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)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

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

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

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

EEA

Schedule I (Form 990) (2012)

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.
Part III can be duplicated 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
1 FOOD CLOTHES AND MEDICINE FOR YOUTH	350	262,741		ACTUAL COSTS	MEDICAL, FOOD AND CLOTHES
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.**1. Monitoring procedures (Part I, line 2)**

COVENANT HOUSE PENNSYLVANIA UTILIZES A SOFTWARE SYSTEM (ETO) TO MONITOR ALL ACTIVITY (GRANT AND OTHER ASSISTANCE) FOR THOSE YOUNG

PEOPLE BEING SERVED AND RECEIVING SHELTER AND OTHER RELATED SERVICES AT OUR FACILITIES.

2. Estimate calculation (Part III, column b)

THE AMOUNT IS BASED ON AN ESTIMATE FROM PREVIOUS SERVICES PROVIDED TO OUR YOUNG PEOPLE SERVED IN A PRIOR YEAR

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

CH PENNSYLVANIA UNDER - 21

Employer identification number

23-3003176

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items		
☐ First-class or charter travel		
☐ Travel for companions		
☐ Tax indemnification and gross-up payments		
☐ Discretionary spending account		
☐ Housing allowance or residence for personal use		
☐ Payments for business use of personal residence		
☐ Health or social club dues or initiation fees		
☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
☐ Compensation committee		
☐ Independent compensation consultant		
☒ Form 990 of other organizations		
☐ Written employment contract		
☒ Compensation survey or study		
☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KEVIN RYAN - NON VOT	(i)	0	0	0	0	0	0
PRESIDENT COVENANT H	(ii)	257,545	0	13,475	14,685	285,706	0
DIANE MILAN	(i)	0	0	0	0	0	0
DIRECTOR COVENANT HO	(ii)	222,548	0	12,916	940	236,404	0
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

EEA

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

▶ **Complete if the organization answered**

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

CH PENNSYLVANIA UNDER - 21

Employer identification number

23-3003176

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year
under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
Total ▶ \$												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				

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

Schedule L (Form 990 or 990-EZ) 2012

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) W FRANK MCGRANE	BOARD CHAIRPERSON	2,650,000	MORTGAGE LOAN FROM BANK		X
(2)					
(3)					
(4)					
(5)					

Part V Supplemental Information

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

01. 990 Schedule L Placeholder 1

W. FRANK MCGRANE SERVES AS A SENIOR LEVEL EMPLOYEE FOR THE BANK IN WHICH CHPA RECEIVED ITS

MORTGAGE BANK LOAN.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Employer identification number

CH PENNSYLVANIA UNDER - 21

23-3003176

01. Members or stockholder classes and rights (Part VI, line 6)

THE ORGANIZATION'S PARENT AFFILIATE (COVENANT HOUSE INTERNATIONAL) IS ITS SOLE MEMBER AND

ITSELF IS A PRIVATE, NOT-FOR-PROFIT AGENCY.

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

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

OF DIRECTORS IS AS FOLLOWS:

1. THE CHPA EXECUTIVE DIRECTOR RECRUITS POTENTIAL CANDIDATES THROUGH AN EXTENSIVE

INTERVIEW PROCESS

2 HIS/HER RECOMMENDATIONS ARE PRESENTED TO THE CHPA GOVERNANCE NOMINATING COMMITTEE ALONG

WITH THEIR BACKGROUND HISTORY.

3. IF THE GOVERNANCE NOMINATING COMMITTEE APPROVES OF THE RECOMMENDATIONS, A PRESENTATION

IS MADE TO THE FULL BOARD OF DIRECTORS FOR APPROVAL

4. UPON FULL BOARD APPROVAL, THE RECOMMENDATIONS ARE PRESENTED TO THE COVENANT HOUSE

INTERNATIONAL BOARD OF DIRECTORS WHO HAVE FINAL AUTHORITY TO APPOINT ALL CHPA BOARD

MEMBERS

03. Governing body decisions (Part VI, line 7b)

BOARD APPROVAL IS REQUIRED FOR VARIOUS ACTIONS NOT WITHIN THE EXECUTIVE DIRECTOR'S

AUTHORITY OR APPROVED IN CONNECTION WITH THE ORGANIZATION'S ANNUAL BUDGET. IN THE EVENT

CERTAIN ACTIONS NEED TO BE APPROVED BY THE BOARD OF DIRECTORS, THE ACTION ITEM WOULD BE

ADDED TO THE MEETING AGENDA AND DISCUSSION WOULD BE MADE AT THE RESPECTIVE MEETING. ONCE

THERE HAS BEEN ADEQUATE DISCUSSION OF THE ACTION ITEM A VOTE WOULD BE MADE BY THE FULL

BOARD IN SOME INSTANCES, APPROVAL WOULD BE GRANTED BY THE EXECUTIVE COMMITTEE OF THE

Name of the organization

Employer identification number

CH PENNSYLVANIA UNDER - 21

23-3003176

BOARD.

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

THE FORM 990 IS PREPARED BY CHPA'S ACCOUNTING DEPARTMENT AND THEN REVIEWED BY THE FINANCE

COMMITTEE OF THE BOARD AND AN INDEPENDENT ACCOUNTING FIRM. THE FINANCE COMMITTEE APPROVES

THE FORM 990 ON BEHALF OF THE FULL BOARD. UPON ACCEPTANCE AND APPROVAL OF THE RETURN, BY

THE FINANCE COMMITTEE, IT IS THEN DISTRIBUTED TO FULL BOARD AND FILED ACCORDINGLY

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

EACH YEAR A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS SENT TO ALL BOARD MEMBERS AND

SENIOR STAFF WHO ARE REQUIRED TO DISCLOSE ANY RELATIONSHIPS THAT WOULD BE CONSIDERED A

CONFLICT OF INTEREST. THE DISCLOSURE FORMS ARE SIGNED AND KEPT ON FILE ONSITE AND A COPY

IS FORWARDED TO COVENANT HOUSE INTERNATIONAL FOR REVIEW AND SAFE KEEPING. SHOULD THERE BE

ANY CONFLICTS OF INTEREST ON ANYONE'S PART, THE BOARD OF DIRECTORS ARE MADE AWARE OF THE

CONFLICT THE INDIVIDUAL WILL RECUSE HIM/HERSELF FOR THE PURPOSE OF VOTING, ETC.

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

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

HOWEVER, PERIODICALLY A SALARY REVIEW IS CONDUCTED TO ENSURE CONSISTENCY WITH SIMILAR

ORGANIZATIONS. SALARY ADJUSTMENTS ARE APPROVED BY THE BOARD OF DIRECTORS IN CONJUNCTION

WITH THE ORGANIZATION'S ANNUAL OPERATING BUDGET

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

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

HOWEVER, PERIODICALLY A SALARY REVIEW IS CONDUCTED TO ENSURE CONSISTENCY WITH SIMILAR

ORGANIZATIONS. SALARY ADJUSTMENTS ARE APPROVED BY THE BOARD OF DIRECTORS IN CONJUNCTION

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WITH THE ORGANIZATION'S ANNUAL OPERATING BUDGET.

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

ALL GOVERNING DOCUMENTS INCLUDING ANNUAL AUDITS, TAX RETURNS AND ANNUAL REPORTS ARE MADE

AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE AND/OR UPON WRITTEN REQUEST.

09. General explanation attachment

FORM 990, PART I LINE 1 CONTINUED

COVENANT HOUSE PENNSYLVANIA IS THE LARGEST PRIVATE CHILD WELFARE AGENCY IN THE DELAWARE

VALLEY. OUR MISSION IS TO SERVE SUFFERING CHILDREN OF THE STREET, AND TO PROTECT AND

SAFEGUARD ALL CHILDREN. WE PROVIDE CRISIS CARE INTERVENTION FOR KIDS WHO ARE ABANDONED,

ABUSED, DELINQUENT OR NEGLECTED.

OUR FIVE CORE PRINCIPLES ARE:

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

PROVIDE QUALITY SERVICES TO YOUTH IN NEED IN AN IMMEDIATE FASHION

SANCTUARY: COVENANT HOUSE PROVIDES A SAFE HAVEN FROM THE HARDSHIP'S OF THE STREETS AND

EMPHASIZES THE INHERENT WORTH OF THE YOUNG PEOPLE WE SERVE.

FORM 990, PART I LINE (CONTINUED)

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

THEM. OUR PROGRAM IS STRUCTURED IN ORDER TO HELP OUR YOUNG PEOPLE FIND DIRECTION AND

SUPPORTS THEM TO ACHIEVE THEIR GOALS.

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VALUE COMMUNICATION COVENANT HOUSE ATTEMPTS TO COMMUNICATE VALUES WHICH ARE LIFE

ENHANCING AND NOT DESTRUCTIVE. WE ENTER INTO A RELATIONSHIP WITH OUR YOUTH BASED ON

HONESTY, LOVE, TRUST AND RESPECT.

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

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

HELPS THEM MAKE INFORMED DECISIONS ABOUT THEIR FUTURE.

CHILD PROTECTION SERVICES

COVENANT HOUSE INTERNATIONAL ("CHI") AND COVENANT HOUSE PENNSYLVANIA ("CHPA") RECOGNIZE

THAT SAFETY IS A KEY COMPONENT IN A THERAPEUTIC COMMUNITY AND FOUNDATIONAL TO SOCIAL WORK

PRACTICE. IN RESPONSE TO THE SAFETY NEEDS OF OUR YOUTH, CHI AND CHPA HAS ESTABLISHED A

CHILD PROTECTION COMMITTEE CHARGED WITH CREATING A COMMON CORE OF SAFETY PRACTICES

DESIGNED TO REDUCE RISK THE COMMITTEE PROCESS IS DRIVEN BY THE NEEDS OF THE YOUTH WE

SERVE, OUR MISSION, AND OUR PROGRAMS. THE SAFETY MODEL'S CONCEPTUAL FRAMEWORK VIEWS RISK

MANAGEMENT AS AN INTERACTION AMONG SPECIFIC SAFETY CONCERNS, THE VULNERABILITIES OF

AT-RISK YOUTH, AND THE ADMINISTRATION'S CAPACITY TO SHELTER AND PROTECT YOUTH PROACTIVELY

AND RESPOND TO INCIDENTS QUICKLY

CHILD PROTECTIONS SERVICES (CONTINUED) -

THE CHILD PROTECTION SYSTEM IS AN ARTICULATION THAT WE WILL SERVE YOUTH IN A SECURE

ENVIRONMENT AND THAT WE WILL HOLD OURSELVES ACCOUNTABLE FOR THEIR SAFETY. YOUTH COME TO US

IN STATES OF CRISIS AND PROVIDING THEM WITH A SAFE ENVIRONMENT IN WHICH TO HEAL IS A

FUNDAMENTAL PART OF OUR RESPONSE TO TRAUMA AND AN ESSENTIAL PRACTICE IN OUR FIELD. IN

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ADDITION, CHI AND CHPA ARE ACCREDITED BY PRAESIDIUM, A NATIONAL LEADER IN ABUSE RISK

MANAGEMENT.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

▶ 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.

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

CH PENNSYLVANIA UNDER - 21

23-3003176

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

	(a) Name, address, and EIN (if applicable) 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)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 entity?	
							Yes	No
(1)	COVENANT HOUSE, 13-2725416 5 PENN PLAZA, 10001	SERVICE PROVIDER HOMELESS AT RISK	NY	501 C 3	7	N/A		X
(2)	COVENANT HOUSE ALASKA, 13-3419755 755 A STREET, 99501	SERVICE PROVIDER HOMELESS AT RISK	AK	501 C 3	7	N/A		X
(3)	COVENANT HOUSE CALIFORNIA, 13-3391210 1325 N WESTERN AVENUE, 90027	SERVICE PROVIDER HOMELESS AT RISK	CA	501 C 3	7	N/A		X
(4)	COVENANT HOUSE FLORIDA, 59-2323607 733 BREAKERS AVENUE, 33304	SERVICE PROVIDER HOMELESS AT RISK	FL	501 C 3	7	N/A		X
(5)	COVENANT HOUSE GEORGIA, 13-3523561 1559 JOHNSON ROAD NW, 30315	SERVICE PROVIDER HOMELESS AT RISK	GA	501 C 3	7	N/A		X
(6)	COVENANT HOUSE MICHIGAN, 38-3351777 2959 MARTIN LUTHER KING JR BLV, 48208	SERVICE PROVIDER HOMELESS AT RISK	MI	501 C 3	7	N/A		X
(7)	COVENANT HOUSE MISSOURI, 43-1821599 2727 NORTH KINGSHIGHWAY BLVD, 63113	SERVICE PROVIDER HOMELESS AT RISK	MO	501 C 3	7	N/A		X

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

Schedule R (Form 990) 2012

**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

2012

Open to Public
Inspection

Employer identification number

CH PENNSYLVANIA UNDER - 21

23-3003176

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

(a) Name, address, and EIN (if applicable) 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)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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	Section 512(b)(13) controlled entity?	
						Yes	No
(1) COVENANT HOUSE NEW JERSEY, 13-3537710 330 WASHINGTON STREET, 07102	SERVICE PROVIDER HOMELESS AT RISK	NJ	501 C 3	7	N/A		X
(2) COVENANT HOUSE NEW ORLEANS, 58-1669937 611 NORTH RAMPART STREET, 70112	SERVICE PROVIDER HOMELESS AT RISK	LA	501 C 3	7	N/A		X
(3) COVENANT HOUSE TEXAS, 76-0050882 1111 LOVETT BLVD, 77006	SERVICE PROVIDER HOMELESS AT RISK	TX	501 C 3	7	N/A		X
(4) COVENANT HOUSE TORONTO, 20 GERARD STREET EAST,	SERVICE PROVIDER HOMELESS AT RISK	HOMELESS AT RISK		CA	N/A		X
(5) COVENANT HOUSE VANCOUVER, 575 DRAKE STREET,	SERVICE PROVIDER HOMELESS AT RISK	HOMELESS AT RISK		CA	N/A		X
(6) COVENANT HOUSE WASHINGTON, 13-3537709 2001 MISSISSIPPI AVENUE, S.E., 20020	SERVICE PROVIDER HOMELESS AT RISK	DC	501 C 3	7	N/A		X
(7) COVENANT HOUSE WESTERN AVENUE, 95-4395845 1325 N WESTERN AVENUE, 90027	HOLDING COMPANY CH CALIFORNIA PROPERTY	CA	501 C 3	7	N/A		X

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

Schedule R (Form 990) 2012

EEA

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

CH PENNSYLVANIA UNDER - 21

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Employer identification number

23-3003176

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

(a) Name, address, and EIN (if applicable) 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)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 entity?	
						Yes	No
(1) CH INTERNATIONAL FOUNDATION, 13-3124706 % 5 PENN PLAZA, 10001	HOLDING COMPANY CASA ALIANZA	NY	501 C 3	7	N/A		X
(2) ASOCIACION LA ALIANZA, (GUATEMALA) 13 AVENIDA 00-37,	SERVICE PROVIDER HOMELESS AT RISK	GT			N/A		X
(3) CASA ALIANZA DE HONDURAS, CORNER OF ARDA CERVANTES,	SERVICE PROVIDER HOMELESS AT RISK	HO			N/A		X
(4) CASA ALIANZA NICARAGUA, EDIFICIO CONRAD N HILTON,	SERVICE PROVIDER HOMELESS AT RISK	NU			N/A		X
(5) FUNDACION CASA ALIANZA MEXICO, PLAZA DE LAS FUENTES 116 COL,	SERVICE PROVIDER HOMELESS AT RISK	MX			N/A		X
(6) TESTAMENTUM, 23-7326634 % 5 PENN PLAZA, 10001	HOLDING COMPANY COVENANT HOUSE	NY	501 C 3	7	N/A		X
(7) UNDER 21 COVENANT HOUSE NY, 13-3076376 460 WEST 41 STREET, 10036	SERVICE PROVIDER HOMELESS AT RISK	NY	501 C 3	7	N/A		X

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

Schedule R (Form 990) 2012

EEA

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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?		(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	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COVENANT HOUSE INTERNATIONAL	C	2,650,000	NONE
(2) COVENANT HOUSE INTERNATIONAL	E	2,650,000	NONE
(3)			
(4)			
(5)			
(6)			

EEA

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Federal Supporting Statements

2012 PG01

Name(s) as shown on return

FEIN

CH PENNSYLVANIA UNDER - 21

23-3003176

FORM 990, SCHEDULE D, PART VI, LINE 1E
INVESTMENTS - OTHER

STATEMENT #D1E

DESCRIPTION OF INVESTMENT	COST/BASIS (INVESTMENT)	COST/BASIS (OTHER)	DEPR	BOOK VALUE
VEHICLES	0	121,763	121,763	0
TOTAL	0	121,763	121,763	0

Statement of Program Service Accomplishments**2012 01**

Name(s) as shown on return

Your Social Security Number

CH PENNSYLVANIA UNDER - 21

23-3003176

FORM 990, PART III(A)

PROGRAM SERVICE CODE**PROGRAM SERVICE EXPENSES**

\$588195

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE

\$0

PROGRAM SERVICES REVENUE

\$0

EXPLANATION

RIGHTS OF PASSAGE - OUR RIGHTS OF PASSAGE PROGRAM IS A 20 BED TRANSITIONAL LIVING PROGRAM LOCATED IN THE KENSINGTON SECTION OF PHILADELPHIA. THE RIGHTS OF PASSAGE PROGRAM PROVIDES TRANSITIONAL HOUSING SERVICES FOR UP TO 18 MONTHS TO YOUTH, 21 AND UNDER, INCLUDING INDIVIDUAL COUNSELING AND HELP WITH COMPLETING THEIR EDUCATION, FINDING JOBS AND PERMANENT HOUSING.