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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www IRS gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
COVENANT HOUSE

Doing business as
COVENANT HOUSE INTERNATIONAL

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5 PENN PLAZA 3RD FLOOR

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10001

D Employer identification number
13-2725416

E Telephone number
(212) 727-4057

G Gross receipts $ 108,608,341

F Name and address of principal officer
KEVIN RYAN
5 PENN PLAZA 3RD FLOOR
NEW YORK, NY 10001

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW COVENANTHOUSE ORG

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

L Year of formation 1972

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

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**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	25
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	172
6	Total number of volunteers (estimate if necessary)	**6**	54
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**	76,172

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	65,405,495	63,978,445
9	Program service revenue (Part VIII, line 2g)	2,517,724	2,516,524
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,564,982	17,773,486
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,134,376	881,523
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	70,622,577	85,149,978
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	36,224,323	36,177,322
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	13,463,616	12,337,883
16a	Professional fundraising fees (Part IX, column (A), line 11e)	765,350	318,893
b	Total fundraising expenses (Part IX, column (D), line 25) ▶9,338,449		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	22,432,271	23,371,116
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	72,885,560	72,205,214
19	Revenue less expenses Subtract line 18 from line 12	-2,262,983	12,944,764

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	108,745,418	106,738,113
21	Total liabilities (Part X, line 26)	70,781,875	51,176,239
22	Net assets or fund balances Subtract line 21 from line 20	37,963,543	55,561,874

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

****** 2019-05-15
Signature of officer Date

PAMELA KOURNETAS CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
GARRETT M HIGGINS	GARRETT M HIGGINS	2019-05-15		P00543209

Firm's name ▶ PKF O'CONNOR DAVIES LLP | Firm's EIN ▶ 27-1728945

Firm's address ▶ 500 MAMARONECK AVENUE
HARRISON, NY 105281633 | Phone no (914) 381-8900

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

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 $ 26,534,690 including grants of $ 20,392,090) (Revenue $)

See Additional Data

4b (Code) (Expenses $ 11,736,105 including grants of $ 781,333) (Revenue $)

See Additional Data

4c (Code) (Expenses $ 7,594,088 including grants of $ 6,071,916) (Revenue $ 2,516,524)

See Additional Data

(Code) (Expenses $ 11,599,833 including grants of $ 8,931,983) (Revenue $)

-MOTHER/CHILDBECOMING A NEW MOTHER CAN BE AN OVERWHELMING RESPONSIBILITY FOR A TEENAGE GIRL TEEN MOMS WHO COME TO COVENANT HOUSE OFTEN HAVE BEEN THROWN OUT OF THEIR FAMILY HOMES AND FOUND THEMSELVES LIVING ON THE STREETS OR IN OTHER UNSTABLE CONDITIONS, WITH NO JOB, NO MONEY, AND NO IDEA HOW TO PARENT A NEWBORN COVENANT HOUSE STAFF AND VOLUNTEERS ARE ROLE MODELS FOR THESE YOUNG MOMS, SHOWING THEM HOW TO LOVE AND CARE FOR THEIR CHILDREN WE PROVIDE MOMS AND BABIES WITH A SAFE, STABLE PLACE TO LIVE, WHERE YOUNG MOTHERS CAN PLAN FOR THEIR FUTURE AND LEARN VITAL PARENTING SKILLS DURING FISCAL YEAR 2018, COVENANT HOUSE SHELTER PROGRAMS PROVIDED SERVICES TO MORE THAN 1,200 YOUNG MOTHERS AND THEIR BABIES -COMMUNITY SERVICE CENTERS (DROP-IN/NONRESIDENTIAL SERVICES)THE GOALS OF COVENANT HOUSE DROP-IN AND OTHER NONRESIDENTIAL PROGRAMS ARE TWOFOLD FIRST, COVENANT HOUSE DROP-IN CENTERS PROVIDE FOLLOW-UP AND AFTERCARE FOR GRADUATES OF OUR CRISIS CENTERS AND RIGHTS OF PASSAGE WHO MAY NEED SUPPORT AND ONGOING CONTACT WITH COVENANT HOUSE STAFF ONCE THEY ARE ON THEIR OWN SECOND, OUR CENTERS OFFER PREVENTIVE SERVICES FOR AT-RISK YOUTH BEFORE THESE YOUNG PEOPLE EVER LEAVE HOME COVENANT HOUSE STAFF WORK IN THE COMMUNITIES FROM WHICH OUR RESIDENTS HAVE TRADITIONALLY COME, AND SEEK TO INTERVENE BEFORE THERE IS A FAMILY BREAKDOWN DURING FISCAL YEAR 2018, COVENANT HOUSE SERVED 11,263 YOUTH THROUGH THE DROP-IN CENTERS AND OTHER NONRESIDENTIAL PROGRAMS (INCLUDING COVENANT HOUSE MICHIGAN'S FOUR-CAMPUS CHARTER SCHOOL, COVENANT HOUSE ACADEMY) SERVICES INCLUDE COUNSELING, TUTORING, PARENTING, AND EDUCATIONAL AND VOCATIONAL SERVICES -OUTREACHCOVENANT HOUSE OUTREACH PROGRAMS ACROSS OUR FEDERATION EMPLOY DIFFERENT METHODS TO LOCATE AND RESPOND TO THE NEEDS OF YOUTH LIVING ON THE STREETS OR IN UNSTABLE CONDITIONS IN SOME CITIES, COVENANT HOUSE OUTREACH VANS CRUISE THE STREETS EACH NIGHT, UNTIL THE EARLY HOURS OF THE MORNING IN OTHERS, TEAMS OF COUNSELORS AND VOLUNTEERS CONDUCT OUTREACH ON FOOT OR BICYCLE WHILE THE APPROACHES MAY VARY, ALL OUTREACH WORKERS ARE EQUIPPED TO PROVIDE THE YOUNG PEOPLE THEY ENCOUNTER WITH SANDWICHES, HOT CHOCOLATE OR OTHER BEVERAGES, INFORMATION, FIRST AID KITS, AND, MOST IMPORTANT, HOPE OUTREACH WORKERS TYPICALLY ENGAGE WITH A YOUTH MORE THAN ONCE, OVER MANY NIGHTS, WORKING TO EARN THEIR CONFIDENCE AND TRUST IT MAY BE WEEKS OR MONTHS BEFORE A YOUNG PERSON DOES MORE THAN TAKE A SANDWICH AND DISAPPEAR BACK INTO THE NIGHT THE KEY IS THAT THEY KNOW WHO THE OUTREACH WORKERS ARE AND THAT THEY ARE OUT THERE IF THE YOUNG PEOPLE NEED THEM DURING FISCAL YEAR 2018, COVENANT HOUSE OUTREACH STAFF ENGAGED WITH 16,426 YOUTH ON THE STREET -MEDICAL SERVICESIN FISCAL YEAR 2018, COVENANT HOUSE PROVIDED FULL HEALTH ASSESSMENTS, PHYSICAL EXAMS, AND MEDICAL TREATMENT FOR 47,350 YOUTH THE YOUNG PEOPLE ARE SERVED BY DOCTORS, NURSES, PHYSICIAN ASSISTANTS, AND OTHER HEALTH PROFESSIONALS WHO ARE EITHER COVENANT HOUSE STAFF OR STAFF FROM LOCAL TEACHING HOSPITALS WITH WHOM COVENANT HOUSE HAS COOPERATIVE AGREEMENTS ALL ARE EXPERTS IN THE SPECIAL MEDICAL NEEDS OF ADOLESCENTS AND YOUNG ADULTS IN ADDITION TO SERVICES RELATED TO PHYSICAL HEALTH, OUR YOUNG PEOPLE ARE ALSO PROVIDED WITH MENTAL HEALTH SERVICES ABOUT A THIRD OF OUR RESIDENTS ARE COPING WITH MENTAL HEALTH ISSUES THAT REQUIRE A RANGE OF THERAPIES AND CARE, FROM ART AND MUSIC THERAPIES, EVEN EQUINE THERAPY, TO PSYCHIATRIC CARE, COUNSELING, AND REFERRALS TO SPECIALIZED CARE -PERMANENT SUPPORTIVE HOUSINGIN RECENT YEARS, MANY COVENANT HOUSES SITES HAVE OPENED PERMANENT SUPPORTIVE HOUSING PROGRAMS TO OFFER YOUNG PEOPLE A MORE PERMANENT HOUSING DESTINATION BEYOND ROP THESE PROGRAMS GIVE YOUNG PEOPLE A PERMANENT SOLUTION TO HOMELESSNESS, AND WRAPAROUND SERVICES TO ENSURE SUSTAINABILITY DURING FISCAL YEAR 2018, COVENANT HOUSE SERVED 237 YOUTH IN PERMANENT SUPPORTIVE HOUSING PROGRAMS -WEBSITETHE COVENANT HOUSE INTERNATIONAL WEBSITE IS HTTPS //WWW COVENANTHOUSE ORG THE SITE CONTAINS INFORMATION AND RESOURCES FOR YOUTH EXPERIENCING OR AT RISK OF HOMELESSNESS, AS WELL AS ADVICE FOR PARENTS AND OTHER ADULTS PROFESSIONALLY INVOLVED IN THE CARE OF CHILDREN AND YOUTH THE SITE ALSO CONTAINS INFORMATION ABOUT COVENANT HOUSE SITES, PROGRAMS, AND RELATED ACTIVITIES, INCLUDING OUR WORK AS CHILD ADVOCATES, AND EMPLOYMENT OPPORTUNITIES WITH THE AGENCY THE WEBSITE ACCEPTS DONATIONS VIA CREDIT CARD DESCRIPTION EXPENSES GRANTS REVENUEMOTHER/CHILD 4,486,247 3,571,824 COMMUNITY SERVICE CENTERS 4,379,840 3,216,793 OUTREACH 1,369,841 1,071,701MEDICAL 1,363,905 1,071,665 TOTALS 11,599,833 8,931,983

4d Other program services (Describe in Schedule O)

(Expenses $ 11,599,833 including grants of $ 8,931,983) (Revenue $)

4e **Total program service expenses ▶** 57,464,716

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
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*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
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*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	71		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	2		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	172		
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)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

Check if Schedule O contains a response or note to any line 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**	25		
	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**	25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ AL , AR , CA , FL , GA , HI , IL , KS , KY , MA , MD , MI , MN , MS , NH , NJ , NM , NY , NC , OK , OR , PA , RI , SC , TN , UT , VA , WV , WI , IN

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

☑ Own website ☑ Another's website ☑ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records ▶PAMELA KOURNETAS CFO 5 PENN PLAZA 3RD FLOOR NEW YORK, NY 10001 (212) 727-4057

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

Check if Schedule O contains a response or note to any line 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,272,030	281,172	418,603

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 ▶ 29

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
KAEL DIRECT LLC 5619 JAMES GUNNELL LANE ALEXANDRIA, VA 22310	PRINTING SERVICES	3,503,739
AKA PRINTING & MAILING 44 JOSEPH MILLS DRIVE FREDERICKSBURG, VA 22408	PRINTING SERVICES	2,658,116
RBS INTERNATIONAL DIRECT MARKETING LLC 528 ROUTE 13 SUITE 200 MILFORD, NH 03055	PRINTING SERVICES	1,723,336
DNR GROUP LLC 12101 WESTPORT ROAD LOUISVILLE, KY 40245	DIRECT MAIL/PRINTING SERVICES	1,503,768
SANKY COMMUNICATIONS INC 599 ELEVENTH AVENUE 6TH FL NEW YORK, NY 10036	DIRECT MAIL/ONLINE CONSULTANT	650,165

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 ▶ 33

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a** 62,227				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c** 8,822,072				
	d Related organizations **1d**				
	e Government grants (contributions) **1e** 88,846				
	f All other contributions, gifts, grants, and similar amounts not included above **1f** 55,005,300				
	g Noncash contributions included in lines 1a-1f $ 576,944				
	h Total. Add lines 1a-1f . . . . . ▶	63,978,445			
Program Service Revenue		Business Code			
	2a RENTAL INCOME FROM AFFILIATES	532000	2,516,524	2,516,524	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a–2f . . . . ▶	2,516,524			
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	1,078,697			1,078,697
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶	560,601			560,601
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	24,010,704	15,582,467		
	b Less cost or other basis and sales expenses	22,723,382	175,000		
	c Gain or (loss)	1,287,322	15,407,467		
	d Net gain or (loss) . . . . . ▶	16,694,789			16,694,789
Other Revenue	**8a** Gross income from fundraising events (not including $ 8,822,072 of contributions reported on line 1c) See Part IV, line 18 . . . . **a** 460,995				
	b Less direct expenses . . . **b** 535,631				
	c Net income or (loss) from fundraising events . . ▶	-74,636			-74,636
	9a Gross income from gaming activities See Part IV, line 19 . . . **a** 54,002				
	b Less direct expenses . . . **b** 24,350				
	c Net income or (loss) from gaming activities . . ▶	29,652			29,652
	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 ADMINISTRATIVE FEES FROM AFFILIAT	900099	340,795		340,795
	b OTHER INCOME/ REFUND CHECK	900099	25,111		25,111
	c				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶	365,906			
	12 Total revenue. See Instructions . . . . . ▶	85,149,978	2,516,524	0	18,655,009

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 or note to any line 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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	32,741,601	32,741,601		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	3,435,721	3,435,721		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,224,413	725,848	423,308	75,257
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	167,596	104,590	45,939	17,067
7 Other salaries and wages	7,554,563	4,747,362	1,993,903	813,298
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,876,335	1,619,047	157,777	99,511
9 Other employee benefits	849,432	732,502	73,326	43,604
10 Payroll taxes	665,544	408,890	182,167	74,487
11 Fees for services (non-employees)				
a Management	30,000	30,000		
b Legal	2,460		2,460	
c Accounting	227,989	8,620	219,369	
d Lobbying				
e Professional fundraising services See Part IV, line 17	318,893			318,893
f Investment management fees	39,549		39,549	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,981,984	3,298,459	668,485	2,015,040
12 Advertising and promotion	43,100	19,123	438	23,539
13 Office expenses	312,339	200,607	95,967	15,765
14 Information technology	230,427	199,834	26,964	3,629
15 Royalties				
16 Occupancy	1,744,430	1,118,528	504,653	121,249
17 Travel	226,774	192,292	17,819	16,663
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	59,835	50,590	7,134	2,111
20 Interest	563,718	559,367	4,351	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,936,140	2,047,733	696,319	192,088
23 Insurance	77,766	308	77,458	
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 UBI TAX PAYMENT	16,095		16,095	
b POSTAGE	6,785,797	3,010,734	69,021	3,706,042
c PRINTING	3,231,059	1,433,562	32,864	1,764,633
d BANK CHARGES AND FEES	706,303	699,242	7,061	
e All other expenses	155,351	80,156	39,622	35,573
25 **Total functional expenses.** Add lines 1 through 24e	72,205,214	57,464,716	5,402,049	9,338,449
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)	619,833	568,181	0	51,652

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	239,239	1	1,112,784
	2	Savings and temporary cash investments	3,370,068	2	3,290,932
	3	Pledges and grants receivable, net	8,782,341	3	9,236,770
	4	Accounts receivable, net	160,022	4	136,517
	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 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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	308,146	9	397,118
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 70,711,001			
	b	Less accumulated depreciation — 10b: 26,243,580	43,452,745	10c	44,467,421
	11	Investments—publicly traded securities	37,726,831	11	34,065,034
	12	Investments—other securities See Part IV, line 11	3,285,360	12	3,267,956
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	3,278,364	14	2,656,212
	15	Other assets See Part IV, line 11	8,142,302	15	8,107,369
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	108,745,418	16	106,738,113
Liabilities	17	Accounts payable and accrued expenses	4,978,824	17	4,736,427
	18	Grants payable		18	3,347
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	2,249,200	21	333,603
	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	16,976,931	23	17,042,294
	24	Unsecured notes and loans payable to unrelated third parties	14,500,000	24	0
	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	32,076,920	25	29,060,568
	26	**Total liabilities.** Add lines 17 through 25	70,781,875	26	51,176,239
Net Assets or 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	15,045,794	27	31,975,406
	28	Temporarily restricted net assets	16,217,300	28	16,868,820
	29	Permanently restricted net assets	6,700,449	29	6,717,648
		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	37,963,543	33	55,561,874
	34	Total liabilities and net assets/fund balances	108,745,418	34	106,738,113

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	85,149,978
2	Total expenses (must equal Part IX, column (A), line 25)	2	72,205,214
3	Revenue less expenses Subtract line 2 from line 1	3	12,944,764
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37,963,543
5	Net unrealized gains (losses) on investments	5	61,801
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	4,591,766
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	55,561,874

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 13-2725416

Name: COVENANT HOUSE

Form 990, Part III, Line 4a:

SEE SCHEDULE O - CRISIS CENTERS (SHELTER AND CRISIS CARE)-CRISIS CENTERS (SHELTER AND CRISIS CARE)YOUTH IN CRISIS NEED HELP IMMEDIATELY, AND COVENANT HOUSE'S CRISIS CENTERS ARE OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR YOUNG PEOPLE FIND OUR SHELTERS IN MANY WAYS ONLINE, VIA FAMILY OR FRIENDS, OR THROUGH LOCAL AGENCIES, INCLUDING STATE-ASSIGNED SOCIAL WORKERS AND SCHOOL GUIDANCE COUNSELORS THEY ARE GENERALLY BETWEEN AGES 16 AND 21 YEARS OF AGE WHEN THEY FIRST COME TO US (BETWEEN 12 AND 17 IN LATIN AMERICA), AND NO YOUTH IS EVER TURNED AWAY WHENEVER IT IS SAFE AND POSSIBLE TO SHELTER THEM ALL ARE WELCOME, NO QUESTIONS ASKED, EXCEPT "WHAT DO YOU NEED?" THE STREET TAKES SO MUCH FROM THESE YOUNG PEOPLE THEIR MONEY, HEALTH, DIGNITY, AND THEIR ABILITY TO TRUST, EITHER THEMSELVES OR OTHERS THAT IS WHY COVENANT HOUSE'S OPEN INTAKE POLICY IS SO CRITICAL SPECIALLY TRAINED STAFF ADDRESS A YOUNG PERSON'S IMMEDIATE NEEDS FOR SHELTER, CLEAN CLOTHES, A SHOWER, HOT FOOD, AND A WARM BED THEN THE COUNSELORS WORK WITH THE YOUTH TO DEVELOP THE BEST PLAN FOR THAT YOUNG PERSON'S FUTURE DURING FISCAL YEAR 2018, COVENANT HOUSE CRISIS CENTERS PROVIDED SHELTER TO 7,777 YOUTH AND CHILDREN ON AVERAGE, YOUNG PEOPLE STAY IN THE CRISIS SHELTERS FOR ABOUT 30 DAYS, AND MAY STAY A LONGER OR SHORTER PERIOD OF TIME, DEPENDING ON THEIR CIRCUMSTANCES THEY RECEIVE INDIVIDUAL AND GROUP COUNSELING, JOB READINESS TRAINING, SUPPORT TO CONTINUE THEIR EDUCATION, AND HELP SECURING EMPLOYMENT AND HOUSING, AS WELL AS HEALTH CARE, LEGAL SERVICES, PASTORAL COUNSELING, AND ADVOCACY

Form 990, Part III, Line 4b:

SEE SCHEDULE O - PUBLIC EDUCATION PROGRAM-PUBLIC EDUCATION & PREVENTIONTHOUGH COVENANT HOUSE IS PRIMARILY KNOWN AS A PROVIDER OF SOCIAL SERVICES FOR YOUNG PEOPLE FACING HOMELESSNESS AND HUMAN TRAFFICKING, WE PLACE GREAT IMPORTANCE ON OUR ROLE AS SPOKESPERSONS NOT ONLY FOR THE YOUTH WE SERVE BUT FOR ALL YOUNG PEOPLE AT RISK MANY COVENANT HOUSE SITES ENGAGE IN PUBLIC EDUCATION AND PREVENTION ACTIVITIES, WHICH INCLUDE STAFF PRESENTATIONS TO YOUNG PEOPLE OR COMMUNITY GROUPS ABOUT THE SERVICES THE SITES PROVIDE AND TRAINING FOR PROFESSIONALS WHO WORK WITH OUR TARGET POPULATION A MAJOR COMPONENT OF COVENANT HOUSE'S PUBLIC EDUCATION AND PREVENTION WORK INCLUDES STAFF PRESENTATIONS IN SCHOOLS AND AT COMMUNITY EVENTS THESE PRESENTATIONS PROVIDE CRITICAL INFORMATION TO STUDENTS AND COMMUNITY MEMBERS ABOUT THE MANY ISSUES FACED BY YOUNG PEOPLE EXPERIENCING HOMELESSNESS, INCLUDING ABANDONMENT AND REJECTION, INVOLVEMENT IN STREET LIFE, AND HUMAN TRAFFICKING THEY GENERATE AWARENESS AND LET YOUTH WHO MIGHT BE FACING THESE ISSUES KNOW THERE IS A PLACE TO GO FOR HELP ANOTHER ASPECT OF OUR PUBLIC EDUCATION AND PREVENTION WORK IS TO PROVIDE TRAINING TO GROUPS WHO WORK WITH OUR TARGET POPULATION THESE TRAININGS HAVE TWO MAIN AUDIENCES DIRECT CARE STAFF AND OTHER PROFESSIONALS ENGAGING WITH YOUNG PEOPLE THROUGH THEIR WORK IN FISCAL YEAR 2018, COVENANT HOUSE SITES REACHED 55,255 YOUNG PEOPLE THROUGH PUBLIC EDUCATION AND PREVENTION PROGRAMS IN ADDITION TO OUR ADVOCACY EFFORTS, COVENANT HOUSE ALSO ENGAGES IN PUBLIC EDUCATION BY PERIODICALLY PUBLISHING AND DISSEMINATING BOOKS WHICH TELL THE STORIES OF THE YOUNG PEOPLE WHO COME TO US FOR HELP THE OBJECTIVE OF THESE PUBLICATIONS IS TO COUNTERACT THE OFTEN NEGATIVE STEREOTYPES MANY PEOPLE HOLD OF YOUTH EXPERIENCING HOMELESSNESS, AND SENSITIZE THE PUBLIC TO THE NEEDS AND ASPIRATIONS OF THIS VERY VULNERABLE SEGMENT OF SOCIETY COVENANT HOUSE PUBLICATIONS OFFER ADVICE TO PARENTS ON HOW TO RELATE TO A CHILD THEY BELIEVE MAY BE THINKING OF RUNNING AWAY, AND OPTIONS FOR YOUNG PEOPLE WHOSE PROBLEMS AT HOME MAY CAUSE THEM TO CONSIDER THIS ALTERNATIVE THIS PUBLIC EDUCATION EFFORT ALSO TAKES THE FORM OF OCCASIONAL SPECIAL EVENTS, SUCH AS THE NOVEMBER CANDLELIGHT VIGIL SPONSORED BY COVENANT HOUSE SITES IN THE UNITED STATES AND CANADA THE PURPOSE OF THE VIGIL IS TO DRAW MEDIA COVERAGE AND PUBLIC ATTENTION TO THE PLIGHT OF YOUTH FACING OR AT RISK OF HOMELESSNESS, AND SUGGEST WAYS IN WHICH THESE YOUNG PEOPLE CAN BE HELPED

Form 990, Part III, Line 4c:

SEE SCHEDULE O - RIGHTS OF PASSAGE-RIGHTS OF PASSAGECOVENANT HOUSE'S RIGHTS OF PASSAGE (ROP) IS A UNIQUE TRANSITIONAL LIVING PROGRAM THAT ADDRESSES THE LONG-TERM NEEDS OF THE YOUNG PEOPLE WHO COME TO US FOR CARE THE PROGRAM, WHICH IS IN PLACE IN AT COVENANT HOUSE SITES ACROSS THE UNITED STATES AND AT OUR TWO CANADIAN AFFILIATES, ANSWERS A PRESSING NEED MANY OF OUR OLDER YOUTH, AGES 18-24, FEEL AS THEY ENDEAVOR TO BECOME INDEPENDENT, SELF-SUSTAINING, AND PRODUCTIVE MEMBERS OF THEIR COMMUNITIES DURING FISCAL YEAR 2018, ROP SERVED A TOTAL OF 1,197 YOUNG PEOPLE ONCE ACCEPTED INTO ROP, YOUTH LIVE IN SEMI-INDEPENDENCE FOR UP TO 24 MONTHS, WORKING, IMPROVING THEIR LIFE SKILLS, EDUCATION, JOB READINESS, AND, MOST IMPORTANT, PREPARING TO BE TRULY INDEPENDENT IN A HOME OF THEIR OWN RIGHTS OF PASSAGE PROVIDES YOUNG PEOPLE WITH THE OPPORTUNITY TO SET GOALS FOR THEMSELVES AND WORK HARD TO ACHIEVE THEM IN ROP, YOUNG PEOPLE RECEIVE PLENTY OF GUIDANCE, ENCOURAGEMENT, AND EXPERT ADVICE THEY COMPLETE THEIR EDUCATION AND HOLD DOWN A JOB, GAIN FINANCIAL LITERACY SKILLS, SAVE MONEY, AND LEARN TO DO THEIR OWN SHOPPING, COOKING, AND CLEANING YOUTH HAVE ONGOING ACCESS TO OUR COUNSELING SERVICES THROUGHOUT THEIR RESIDENCY OUR VOCATIONAL PROGRAM GUIDES THEM TOWARD CAREER-PATH JOBS, TEACHING THEM INTERVIEWING SKILLS, EASING THEIR TRANSITION INTO THE WORKPLACE, AND FOLLOWING UP WITH EMPLOYERS YOUTH LEARN HOW TO KEEP TO A HOUSEHOLD BUDGET, FIND AN APARTMENT, AND MANAGE THEIR TIME IN ROP, YOUNG PEOPLE ACQUIRE THE TOOLS THEY NEED TO MAKE THE IMPORTANT TRANSITION TO INDEPENDENT LIVING

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

(A) Name and Title	(B) Average hours per week (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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS M MCGEE BOARD CHAIR	1 00 1 00	X		X				0	0	0
DAVID ACKER DIRECTOR	1 00	X						0	0	0
LAUREN AGUIAR DIRECTOR	1 00	X						0	0	0
PHILIP J ANDRYC DIRECTOR	1 00	X						0	0	0
STEPHANIE ASBURY DIRECTOR	1 00	X						0	0	0
RACHEL BROSNAHAN DIRECTOR	1 00	X						0	0	0
JAMES M BURNS DIRECTOR UNTIL DEC 2017	1 00	X						0	0	0
ANDREW P BUSTILLO DIRECTOR UNTIL DEC 2017	1 00	X						0	0	0
JOHN F BYREN DIRECTOR UNTIL DEC 2017	1 00	X						0	0	0
JEFFREY S CALHOUN DIRECTOR	1 00	X						0	0	0

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(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRIAN M CASHMAN DIRECTOR	1 00	X						0	0	0
CHRISTOPHER P CLARKE DIRECTOR	1 00	X						0	0	0
DENIS COLEMAN DIRECTOR	1 00	X						0	0	0
JON S CORIZINE DIRECTOR	1 00	X						0	0	0
PAUL A DANFORTH DIRECTOR UNTIL DEC 2017	1 00	X						0	0	0
DARIUS DE HAAS DIRECTOR	1 00	X						0	0	0
JOHN DICKERSON DIRECTOR	1 00	X						0	0	0
DAVID EKLUND DIRECTOR	1 00	X						0	0	0
GAIL A GRIMMETT DIRECTOR UNTIL SEPT 2017	1 00	X						0	0	0
MARK J HENNESSY DIRECTOR	1 00 1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL J INGRASSIA DIRECTOR	1 00	X						0	0	0
CAPATHIA Y JENKINS DIRECTOR	1 00	X						0	0	0
TRACY S JONES WALKER DIRECTOR UNTIL DEC 2017	1 00	X						0	0	0
JANET M KEATING DIRECTOR	1 00	X						0	0	0
AUDRA A MCDONALD DIRECTOR	1 00	X						0	0	0
ANNE M MILGRAM DIRECTOR	1 00	X						0	0	0
JULIO A PORTALATIN DIRECTOR	1 00	X						0	0	0
L EDWARD SHAW JR DIRECTOR	1 00	X						0	0	0
BRO RAYMOND SOBOCINSKI DIRECTOR	1 00	X						0	0	0
JOHN W SLATTERY DIRECTOR UNTIL SEPT 2017	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY T SULLIVAN DIRECTOR	1 00	X						0	0	0
STRAUSS ZELNICK DIRECTOR	1 00	X						0	0	0
KEVIN RYAN PRESIDENT & CEO	23 00 12 00			X				226,144	0	54,866
DANIEL MCCARTHY TREASURER/CFO	32 00 3 00			X				284,287	0	38,663
DEIRDRE CRONIN SECRETARY/COO	33 00 2 00			X				270,164	0	48,429
JILL VORNDRAN CHIEF DEVELOPMENT OFFICER	35 00				X			282,284	0	36,722
DIANE MILAN-SCOTT EVP PROGRAM OPERATIONS	31 00 4 00					X		244,486	0	36,589
LESLIE MCGUIRE SVP, OPERATIONS & SITE SUPPORT	35 00					X		214,499	0	19,533
JAMES DRURY SVP, SITE LIASION	35 00					X		205,532	0	31,360
MARGARET HEALY SVP LATIN AMERICA AND SITE LIASION	35 00					X		195,571	0	35,450

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

(A) Name and Title	(B) Average hours per week (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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS MONAGHAN SVP INDIVIDUAL GIVING & CORPORATE PARTNERSHIPS	35 00					X		190,638	0	35,271
THOMAS J POTENZA FORMER SECRETARY/SVP ADMIN	35 00 0 00						X	158,425	0	34,253
JAMES M WHITE FORMER SEC /EVP, STRAT PLANNING	0 00 35 00						X	0	281,172	47,467

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
COVENANT HOUSE

Employer identification number
13-2725416

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

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

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

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	56,993,289	62,474,689	62,878,358	64,886,636	63,978,445	311,211,417
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	56,993,289	62,474,689	62,878,358	64,886,636	63,978,445	311,211,417
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						311,211,417

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	56,993,289	62,474,689	62,878,358	64,886,636	63,978,445	311,211,417
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,919,357	1,616,477	1,424,224	1,564,897	1,639,298	10,164,253
9 Net income from unrelated business activities, whether or not the business is regularly carried on	375,677	75,100				450,777
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	177,832	57,897	249,548	552,107	365,906	1,403,290
11 **Total support.** Add lines 7 through 10						323,229,737

12 Gross receipts from related activities, etc (see instructions) **12** 7,306,023

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 2017 (line 6, column (f) divided by line 11, column (f))	**14**	96 280 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	**15**	95 160 %

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** 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 VI 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 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI)						
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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS - 2013 AMOUNT $ 177,832 2014 AMOUNT $ 22,340 2015 AMOUNT $ 79,521 2016 AMOUNT $ 65,310 2017 AMOUNT $ 25,111 VENDOR DISCOUNT - 2014 AMOUNT $ 35,557 2015 AM OUNT $ 2,664 2016 AMOUNT $ 54,459 INSURANCE PROCEEDS - 2015 AMOUNT $ 143,363 REFUND/ CREDIT - 2015 AMOUNT $ 24,000 LLC OTHER INCOME - 2016 AMOUNT $ 432,338 ADMINISTRATIVE INCOME FROM AFFILIATES - 2017 AMOUNT $ 340,795

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

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

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

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

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

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☑ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		36,050
c Total lobbying expenditures (add lines 1a and 1b)		36,050
d Other exempt purpose expenditures	62,827,216	84,464,488
e Total exempt purpose expenditures (add lines 1c and 1d)	62,827,216	84,500,538
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000

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

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

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

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	106,278	39,000	36,250	36,050	217,578
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

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

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

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

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART II-A, BOX A	COVENANT HOUSE, INC BELONGS TO AN AFFILIATED GROUP WITH THE FOLLOWING AFFILATES AFFILIATES DIRECT LOBBYING EXPENSE COVENANT HOUSE, INC $0 UNDER 21, INC/COVENANT HOUSE NY $36,050 TESTANMENTUM $0 COVENANT INTERNATIONAL FOUNDATION $0 CONVENANT HOUSE WESTERN AVENUE $0 AFFILIATED GROUP TOTAL $36,050 REFER TO SCHEDULE R FOR FURTHER DETAILS FOR ADDRESS AND EIN

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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2017

Open to Public Inspection

Name of the organization
COVENANT HOUSE

Employer identification number
13-2725416

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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" on 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 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

		Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table	
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, for escrow or custodial account liability? ☑ 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" on 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	7,737,476	7,079,354	7,599,992	7,454,928	6,346,879
b Contributions					
c Net investment earnings, gains, and losses	884,300	658,122	-520,638	145,064	1,108,049
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	8,621,776	7,737,476	7,079,354	7,599,992	7,454,928

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 59 170 %
- c Temporarily restricted endowment ▶ 40 830 %

The percentages on 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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		6,210,408		6,210,408
b Buildings	31,423	50,839,659	18,426,312	32,444,770
c Leasehold improvements		3,758,480	3,758,284	196
d Equipment		2,790,247	2,647,157	143,090
e Other		7,080,784	1,411,827	5,668,957
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				44,467,421

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) OTHER ASSETS	111,029
(2) DUE FROM AFFILIATES	1,247,411
(3) SECURITY DEPOSITS	19,155
(4) ACCRUED REVENUE	5,000,028
(5) LOANS RECEIVABLE FROM AFFILIATES	1,729,746
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	8,107,369

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO AFFILIATES	4,549,079
ANNUITIES PAYABLE	4,936,438
PENSION BENEFITS LIABILITY	15,295,089
CONDITIONAL ASSET RETIREMENT OBLIGATION	414,374
DEFERRED RENT	1,196,027
CAPITAL LEASE OBLIGATIONS	19,023
CONSTRUCTION DEPOSIT	2,650,538
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	29,060,568

2. Liability for uncertain tax positions 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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	89,380,316
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	61,801		
b	Donated services and use of facilities	2b	18,500		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	5,156,142		
e	Add lines **2a** through **2d**			2e	5,236,443
3	Subtract line **2e** from line **1**			3	84,143,873
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	39,549		
b	Other (Describe in Part XIII)	4b	966,556		
c	Add lines **4a** and **4b**			4c	1,006,105
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	85,149,978

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	72,046,051
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	18,500		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	564,376		
e	Add lines **2a** through **2d**			2e	582,876
3	Subtract line **2e** from line **1**			3	71,463,175
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	39,549		
b	Other (Describe in Part XIII)	4b	702,490		
c	Add lines **4a** and **4b**			4c	742,039
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	72,205,214

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	CHI ACTS AS AN AGENT AND HELD INVESTMENTS FOR ITS AFFILIATES TOTALING IN THE AMOUNT OF $33 3,603 THE AGENCY ACCOUNTS PRIMARILY RELATE TO THE INVESTMENTS OF ITS AFFILIATES FOR WHICH CHI HOLDS AND OVERSEES THE FUNDS FOR EACH OF ITS AFFILIATES UNTIL SUCH TIME AS A CHECK RE QUEST IS SUBMITTED BY THE AFFILIATES FOR REIMBURSEMENT THIS AMOUNT IS RECORDED AS A LIABI LITY ON THE CHI'S BALANCE SHEET

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	CHI'S ENDOWMENT IS INTENDED TO FUND THE ORGANIZATION'S PROGRAM SERVICE ACTIVITIES AND TO S ECURE FUTURE GROWTH THE PERMANENT ENDOWMENT'S PRINCIPAL IS HELD FOR INVESTMENT AND ONLY T HE EARNINGS ARE DISBURSED TO FUND ACTIVITIES UPON APPROPRIATION BY COVENANT HOUSE'S BOARD OF DIRECTORS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE PARENT RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED MANAGEMENT HAS DETERMINED THAT THE PARENT HAD NO UNCERTAI N TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION AND/OR DISCLOSURE THE PARENT IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR YEA RS PRIOR TO JUNE 30, 2015

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF BENEFICIAL INTERESTS IN TRUSTS 117,078 CHANGE IN VALUE OF SPLIT-INTERE ST AGREEMENTS 365,430 PENSION RELATED ACTIVITIES 4,673,634

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	REVENUE FROM COVENANT HOUSE HOLDINGS LLC (CHH) 966,556

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	WRITE-OFF OF UNCOLLECTIBLE REVENUES 564,376

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	EXPENSES FROM COVENANT HOUSE HOLDINGS LLC (CHH) 702,490

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
COVENANT HOUSE

Employer identification number
13-2725416

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	4	326			3,599,804
b Total from continuation sheets to Part I					0
c **Totals** (add lines 3a and 3b)	4	326			3,599,804

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	PROGRAM SUPPORT	1,209,956	WIRE			
(2)			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	729,018	WIRE			
(3)			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	700,000	WIRE			
(4)			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	796,747	WIRE			

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*	☑ Yes	☐ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☑ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
PART I, LINE 2	ALL AMOUNTS PAID BY COVENANT HOUSE OUTSIDE THE UNITED STATES ARE TO AFFILIATED ORGANIZATIONS THAT RESIDE IN FOREIGN COUNTRIES THESE TRANSACTIONS ARE DISCLOSED ON THIS FORM 990, SCHEDULE R COVENANT HOUSE MANAGEMENT MONITORS THE USE OF THESE FUNDS BY REQUIRING EACH SUBSIDIARY TO SUBMIT AN ANNUAL BUDGET, REFORECASTS, INTERNAL AND EXTERNAL AUDITS

Return Reference	Explanation
PART I, LINE 3	ACCRUED BASIS OF ACCOUNTING WAS THE METHOD USED TO ACCOUNT FOR EXPENDITURES

Return Reference	Explanation
FORM 990, SCHEDULE F, PART IV	COVENANT HOUSE, INC HOLDS VARIOUS ALTERNATIVE INVESTMENTS THE RESPONSES IN PART IV ARE BASED ON THE OWNERSHIP INTEREST HELD IN VARIOUS FOREIGN INVESTMENTS DURING THE TAX YEAR BUT DOES NOT MEAN COVENANT HOUSE, INC HAS A FILING REQUIREMENT FOR FORM 8865 COVENANT HOUSE HAS BEEN IN THE PROCESS OF LIQUIDATING ITS TOTAL INTEREST IN THESE ALTERNATIVE INVESTMENTS SINCE 2009 THESE FUNDS HAD CERTAIN LIQUIDATION RESTRICTIONS WHILE THE PROCESS HAS TAKEN LONGER THAN EXPECTED, THE PROCESS TO LIQUIDATE THESE FUNDS CONTINUES COVENANT HOUSE, INC IS NOT REQUIRED TO FILE FORM 8865 BECAUSE IT DOES NOT MEET THE APPLICABLE FILING THRESHOLD REQUIREMENT AND/OR OWNERSHIP REQUIREMENT COVENANT HOUSE, INC IS NOT REQUIRED TO FILE FORM 3520 BECAUSE IT DOES NOT MEET THE APPLICABLE FILING REQUIREMENT

Additional Data

Software ID:

Software Version:

EIN: 13-2725416

Name: COVENANT HOUSE

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	1	110	GRANTS TO RECIPIENTS		1,209,956
CENTRAL AMERICA AND THE CARIBBEAN	3	216	GRANTS TO RECIPIENTS		2,225,765

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS LIST 76 _ 2TCAI - 02/15/16 05 22PM WORKSHEET FORM 990 - SCH F (PART I)FUNDS OF FUNDS _ 0		164,083

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
COVENANT HOUSE

Employer identification number
13-2725416

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on 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
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising 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? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1	WILSON & ASSOCIATESINC 6 BUTLER HILL ROAD SOMERS, NY 10589	CONSULTING		No	0	34,800	-34,800
2	THOMAS GAFFNY 71 CLIFF ROAD WELLESLEY, MA 02481	CONSULTING		No	0	84,514	-84,514
3	CHANGING OUR WORLD 220 EAST 42ND STREET 5TH FLOOR NEW YORK, NY 10017	CONSULTING		No	0	166,293	-166,293
4	ALLISON ASHE 3040 SHINNECOCK HILLS DRIVE JOHNS CREEK, GA 30097	GRANTWRITER		No	0	33,286	-33,286
5							
6							
7							
8							
9							
10							
Total		▶				318,893	-318,893

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" on 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 SLEEP OUT (event type)	(b) Event #2 ANNUAL GALA (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	7,178,236	1,554,843	549,988	9,283,067
	2 Less Contributions	7,178,236	1,294,843	348,993	8,822,072
	3 Gross income (line 1 minus line 2)		260,000	200,995	460,995
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		25,701	15,473	41,174
	6 Rent/facility costs		165,125	118,482	283,607
	7 Food and beverages		153,625		153,625
	8 Entertainment		36,933	12,577	49,510
	9 Other direct expenses		7,715		7,715
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				535,631
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-74,636

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			54,002	54,002
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			21,586	21,586
	4 Rent/facility costs				
	5 Other direct expenses			2,764	2,764
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes 90 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				24,350
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				29,652

9 Enter the state(s) in which the organization conducts gaming activities NY

a Is the organization licensed to conduct gaming activities in each of these states? ☑ Yes ☐ No

b If "No," explain

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

b If "Yes," explain

11 Does the organization conduct gaming activities with nonmembers? ☑ Yes ☐ No

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

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	100 000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ LENORE HAAS VP OF FINANCE

Address ▶ 5 PENN PLAZA 3RD FLOOR
NEW YORK, NY 10001

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ PAMELA SANDONATO VP DEVELOPMENT

Gaming manager compensation ▶ $ 6,554

Description of services provided ▶ OVERSIGHT OF GAMING OPERATION, WITH THE FOLLOWING RESPONSIBILITIES, BUT NOT LIMITED TO, RECORDKEEPING, MONEY COUNTING, HIRING AND FIRING OF WORKERS, AND MAKING THE BANK DEPOSITS FOR THE GAMING OPERATION

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☑ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
FORM 990, SCHEDULE G, PART I	THE FUNDRAISERS DISCLOSED ON SCHEDULE G DID NOT SOLICIT FUNDS ON BEHALF OF COVENANT HOUSE SERVICES RENDERED WERE MORE CONSULTING IN NATURE, INCLUDING ADVICE ON ESTABLISHING WEBSITE, DEVELOPING A CONSISTENT MESSAGE, MAINTAINING REPUTATION, GRANT RESEARCH, GRANT WRITING AND PROPOSAL PRESENTATION ACCORDINGLY, COVENANT HOUSE IS REPORTING $0 IN GROSS RECEIPTS FROM THESE SERVICES IN COLUMN (IV) OF SCHEDULE G, PART I
FORM 990, SCHEDULE G, PART II	CHI CONDUCTS FUNDRAISING ACTIVITIES FOR ITS OWN PROGRAMS AND THE PROGRAMS OF ITS AFFILIATES DURING FISCAL YEAR 2015, CHI BEGAN TO RECORD THE CONTRIBUTIONS IT COLLECTS FOR THE SLEEP OUT EVENTS HELD BY ITS AFFILIATES AS PART OF ITS SPECIAL EVENTS CHI THEN MADE A GRANT TO EACH AFFILIATE TO PROVIDE THEM WITH THE SLEEP OUT INCOME THAT WAS RAISED BY EACH LOCATION AS A RESULT, CHI REPORTS A SIGNIFICANT AMOUNT OF CONTRIBUTIONS AND GRANT EXPENSES ON ITS BOOKS TO RECORD THESE TRANSACTIONS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
COVENANT HOUSE

Employer identification number
13-2725416

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 . . . . . ▶ 13

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	COVENANT HOUSE PROVIDES FINANCIAL SUPPORT AS WELL AS MANAGEMENT AND ORGANIZATIONAL SUPPORT FOR ITS AFFILIATED ORGANIZATIONS, IT ALSO CONDUCTS FUNDRAISING ACTIVITIES NOT ONLY FOR ITS OWN PROGRAMS, BUT FOR THE PROGRAMS OF ITS AFFILIATES CONTRIBUTIONS RECEIVED BY THE PARENT ARE GENERALLY NOT SPECIFICALLY RESTRICTED BY DONORS TO SPECIFIC AFFILIATES BRANDING DOLLARS PROVIDED TO EACH AFFILIATE ARE MONITORED BY COVENANT HOUSE TO ENSURE THAT THE AFFILIATE IS USING THESE FUNDS TO RUN ITS CHARITABLE PROGRAMS COVENANT HOUSE MANAGEMENT MONITORS THE USE OF THESE FUNDS BY REQUIRING EACH SUBSIDIARY TO SUBMIT AN ANNUAL BUDGET, REFORECASTS, INTERNAL AND EXTERNAL AUDITS

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COVENANT HOUSE ALASKA 755 A STREET ANCHORAGE, AK 99501	13-3419755	501(C)3	696,399	0			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE CALIFORNIA 1325 NORTH WESTERN AVENUE HOLLYWOOD, CA 90027	13-3391210	501(C)3	2,698,078	0			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COVENANT HOUSE FLORIDA 733 BREAKERS AVENUE FORT LAUDERDALE, FL 33304	59-2323607	501(C)3	2,529,712	0			PROGRAM SUPPORT/NATIONAL SLEEPOUT EVENTS
COVENANT HOUSE GEORGIA 1559 JOHNSON ROAD NW ATLANTA, GA 30318	13-3523561	501(C)3	1,393,976	0			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING JR BLVD DETROIT, MI 48208	38-3351777	501(C)3	945,012	0			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE MISSOURI 2727 NORTH KINGSHIGHWAY BLVD ST LOUIS, MO 63113	43-1821599	501(C)3	834,171	0			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COVENANT HOUSE NEW JERSEY 330 WASHINGTON STREET NEWARK, NJ 07102	13-3537710	501(C)3	4,225,227	0			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE NEW ORLEANS 611 NORTH RAMPART STREET NEW ORLEANS, LA 70112	58-1669937	501(C)3	1,843,781	0			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COVENANT HOUSE PENNSYLVANIA 31 EAST ARMAT STREET PHILADELPHIA, PA 19144	23-3003176	501(C)3	2,358,680	0			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE TEXAS 1111 LOVETT BLVD HOUSTON, TX 77006	76-0050882	501(C)3	2,055,701	0			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COVENANT HOUSE WASHINGTON 2001 MISSISSIPPI AVENUE SE WASHINGTON, DC 20020	13-3537709	501(C)3	1,971,265	0			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
UNDER 21 COVENANT HOUSE NEW YORK 460 WEST 41ST STREET NEW YORK, NY 10036	13-3076376	501(C)3	10,172,027	0			PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COVENANT HOUSE ILLINOIS 5 PENN PLAZA NEW YORK, NY 10001	81-2061485	501(C)3	1,012,323	0			PROGRAM SUPPORT/NATIONAL SLEEPOUT EVENTS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
COVENANT HOUSE

Employer identification number
13-2725416

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement 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 directors, trustees, officers, including 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	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on 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 in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-2725416

Name: COVENANT HOUSE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1KEVIN RYAN PRESIDENT & CEO	(I)	225,605	0	539	19,213	35,653	281,010	0
	(II)	0	0	0	0	0	0	0
1DANIEL MCCARTHY TREASURER/CFO	(I)	282,321	0	1,966	27,171	11,492	322,950	0
	(II)	0	0	0	0	0	0	0
2DEIRDRE CRONIN SECRETARY/COO	(I)	269,502	0	662	21,267	27,162	318,593	0
	(II)	0	0	0	0	0	0	0
3JILL VORNDRAN CHIEF DEVELOPMENT OFFICER	(I)	281,852	0	432	19,175	17,547	319,006	0
	(II)	0	0	0	0	0	0	0
4DIANE MILAN-SCOTT EVP PROGRAM OPERATIONS	(I)	243,454	0	1,032	25,625	10,964	281,075	0
	(II)	0	0	0	0	0	0	0
5LESLIE MCGUIRE SVP, OPERATIONS & SITE SUPPORT	(I)	214,285	0	214	0	19,533	234,032	0
	(II)	0	0	0	0	0	0	0
6JAMES DRURY SVP, SITE LIASION	(I)	205,235	0	297	6,320	25,040	236,892	0
	(II)	0	0	0	0	0	0	0
7MARGARET HEALY SVP LATIN AMERICA AND SITE LIASION	(I)	182,157	0	13,414	24,000	11,450	231,021	0
	(II)	0	0	0	0	0	0	0
8THOMAS MONAGHAN SVP INDIVIDUAL GIVING & CORPORATE PARTNE	(I)	190,458	0	180	10,598	24,673	225,909	0
	(II)	0	0	0	0	0	0	0
9THOMAS J POTENZA FORMER SECRETARY/SVP ADMIN	(I)	156,711	0	1,714	24,240	10,013	192,678	0
	(II)	0	0	0	0	0	0	0
10JAMES M WHITE FORMER SEC /EVP, STRAT PLANNING	(I)	0	0	0	0	0	0	0
	(II)	281,172	0	0	23,131	24,336	328,639	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

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2017

Open to Public Inspection

Name of the organization
COVENANT HOUSE

Employer identification number
13-2725416

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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

2 Enter the amount of tax incurred by 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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
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

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) SEE PART V	SEE PART V	80,444	SEE PART V		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
FORM 990, SCHEDULE L, PART IV	NAME OF INTERESTED PERSON DANIEL RYANRELATIONSHIP BETWEEN THE INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF THE PRESIDENT & CEODESCRIPTION OF TRANSACTION DANIEL RYAN IS AN EMPLOYEE OF COVENANT HOUSE

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
COVENANT HOUSE

Employer identification number
13-2725416

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	84	541,036	SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (RAFFLE ITEMS)	X	34	35,908	COST
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 0

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

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART I, COLUMN (B) OF SCHEDULE M

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
COVENANT HOUSE

Employer identification number
13-2725416

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	COVENANT HOUSE SHELTERS, PROTECTS AND ADVOCATES ON BEHALF OF HOMELESS, TRAFFICKED, AND SEXUALLY EXPLOITED YOUTH OUR WORK IS GUIDED BY A MISSION TO SERVE YOUTH WITH ABSOLUTE RESPECT AND UNCONDITIONAL LOVE, TO HELP KIDS WHO ARE SUFFERING, AND TO PROTECT AND SAFEGUARD ALL CHILDREN IN NEED IN SUPPORT OF OUR MISSION, COVENANT HOUSE IS GUIDED BY THE FOLLOWING FIVE PRINCIPLES IMMEDIACY - COVENANT HOUSE IMMEDIATELY MEETS THE BASIC NEEDS OF YOUTH EXPERIENCING HOMELESSNESS THROUGH A NOURISHING MEAL, A SHOWER, CLEAN CLOTHES, MEDICAL ATTENTION, AND A SAFE PLACE TO SLEEP SANCTUARY - COVENANT HOUSE PROVIDES A SAFE HAVEN FROM THE HARDSHIPS OF HOMELESSNESS WE RECOGNIZE THE FUNDAMENTAL WORTH OF EVERY HUMAN BEING, AND CREATE A SAFE SETTING WHERE ALL YOUTH REGARDLESS OF LIFE EXPERIENCE OR IDENTITY ARE SERVED WITHOUT JUDGEMENT VALUE COMMUNICATION - COVENANT HOUSE LEADS BY EXAMPLE TO DEMONSTRATE THAT CARING RELATIONSHIPS ARE BASED ON LOVE, TRUST, RESPECT, AND HONESTY STRUCTURE - COVENANT HOUSE PROVIDES THE STABILITY AND STRUCTURE NECESSARY TO BUILD A POSITIVE FUTURE CHOICE - COVENANT HOUSE FOSTERS CONFIDENCE,, ENCOURAGING YOUNG PEOPLE TO BELIEVE IN THEMSELVES AND MAKE INFORMED CHOICES FOR THEIR LIVES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 10 AND PART VIII, LINE 3 AND LINE 7,	INVESTMENT INCOME DESCRIPTION DURING FY2018, CHI RECEIVED INVESTMENT INCOME IN THE AMOUNT OF $17,773,486, WHICH INCLUDES A ONE TIME TRANSACTION FOR THE SALE OF REAL ESTATE THE RE ALIZED GAIN ON THE SALE WAS $15,407,467 WHICH IS INCLUDED IN THE AMOUNT OF $17,773,486

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	THE MISSION OF COVENANT HOUSE IS TO SERVE CHILDREN AND YOUTH FACING HOMELESSNESS AND HUMAN TRAFFICKING COVENANT HOUSE'S HIGH-QUALITY PROGRAMS AND SERVICES PROVIDE YOUNG PEOPLE WIT H A BRIDGE FROM HOMELESSNESS TO HOPE OVER THE COURSE OF MORE THAN 45 YEARS, COVENANT HOUS E HAS HELPED MORE THAN 1 5 MILLION CHILDREN AND YOUTH ACROSS NORTH AND CENTRAL AMERICA TO TRANSFORM THEIR LIVES OPENED AS A DROP-IN CENTER IN NEW YORK CITY IN 1972, COVENANT HOUSE IS NOW A MOVEMENT THE LARGEST CHARITY IN THE AMERICAS DEDICATED TO HELPING YOUNG PEOPLE FIND SAFETY, SHELTER, AND OPPORTUNITY WE REACH NEARLY 89,000 YOUTH IN 31 CITIES ACROSS SI X COUNTRIES ANNUALLY COVENANT HOUSE INTERNATIONAL (CHI), AS THE CENTRAL ENTITY, MAINTAINS RESPONSIBILITY FOR OVERALL STRATEGY, POLICY, AND PROGRAMMING ACROSS ALL OUR COVENANT HOUS E SITES OUR UNION, FRAMED BY OUR INTERNATIONAL REACH AND IMPACT, POSITIONS US TO ADVOCATE WITH AND FOR YOUNG PEOPLE OUR BRIDGE FROM HOMELESSNESS TO HOPE IS BUILT ON OUR DIVERSE A RRAY OF PROGRAMS, OUR TRAUMA-INFORMED PRACTICE MODELS OF RESILIENCE AND POSITIVE YOUTH DEV ELOPMENT, AND OUR ADVOCACY FOR PUBLIC POLICIES THAT EMPHASIZE EQUITY, SAFETY, AND OPPORTUN ITY FOR CHILDREN AND YOUTH COVENANT HOUSE INTERNATIONAL RECOGNIZES THAT SAFETY IS A KEY C OMPONENT OF A THERAPEUTIC COMMUNITY AND FOUNDATIONAL TO SOCIAL WORK PRACTICE TO SAFEGUARD OUR YOUTH, CHI HAS ESTABLISHED A CHILD PROTECTION COMMITTEE CHARGED WITH CREATING A COMMO N 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 VUL NERABILITIES OF AT-RISK YOUTH, AND THE ADMINISTRATION'S CAPACITY TO SHELTER AND PROTECT YO UNG PEOPLE PROACTIVELY AND RESPOND TO INCIDENTS QUICKLY THE CHILD PROTECTION SYSTEM IS OU R COMMITMENT TO SERVE YOUTH IN A SECURE ENVIRONMENT AND HOLD OURSELVES ACCOUNTABLE FOR THE IR SAFETY YOUTH COME TO US IN A STATE OF CRISIS, AND PROVIDING THEM WITH A SAFE ENVIRONME NT IN WHICH TO HEAL IS A FUNDAMENTAL PART OF OUR RESPONSE TO THEIR TRAUMA AND AN ESSENTIAL PRACTICE IN OUR FIELD OVER THE YEARS, AS MORE AND MORE YOUNG PEOPLE TURNED TO COVENANT H OUSE FOR HELP AND WE OPENED SITES ACROSS THE UNITED STATES AND IN CANADA AND LATIN AMERICA , IT BECAME EVIDENT THAT YOUNG PEOPLE FACING HOMELESSNESS NEED NOT ONLY CRISIS CARE BUT A WHOLE ARRAY OF SERVICES IF THEY ARE TO SUCCESSFULLY LEAVE THE STREETS TODAY, COVENANT HOU SE OFFERS A COMPREHENSIVE SET OF PROGRAMS THAT PROVIDE A FULL RANGE OF SERVICES TO YOUNG P EOPLE WHO ARE EXPERIENCING OR AT RISK OF HOMELESSNESS THESE PROGRAMS INCLUDE OUTREACH, CR ISIS CENTERS, MEDICAL SERVICES, TRANSITIONAL LIVING, PERMANENT SUPPORTIVE HOUSING, MOTHER/ CHILD SERVICES, DROP-IN AND NONRESIDENTIAL SERVICES, AND PUBLIC EDUCATION AND PREVENTION S ERVICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	COVENANT HOUSE AMENDED BY-LAW DURING FY18 TO EXTEND TERM LENGTHS AND ESTABLISH TERM LIMITS OF FIVE THREE YEAR TERMS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT A COPY OF THE DRAFT FORM 990 IS PRESENTED TO THE AUDI T COMMITTEE OF THE BOARD AND ONCE APPROVED, IT IS DISTRIBUTED TO THE ENTIRE BOARD PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUIRES ANNUAL DISCLOSURE AND AFFIRMATION OF THE CONFLICT OF INTEREST PO LICY BY ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES, WHICH IS MONITORED ANNUALLY BY THE BOAR D'S AUDIT COMMITTEE THE DISCLOSURE STATEMENT REQUIRED EACH OFFICER, DIRECTOR, AND KEY EMP LOYEE TO DISCLOSE ANY BUSINESS OR PERSONAL INTERESTS, DIRECT OR INDIRECT, THAT THE PERSON MAY HAVE IN AN ORGANIZATION THAT COMPLETES WITH OR DOES BUSINESS WITH COVENANT HOUSE INTER NATIONAL (CHI) OR ANY OTHER ORGANIZATION BUSINESS/ AGENCY AFFILIATED WITH CHI IF A CONFLI CT IS DETERMINED TO EXIST, IT MUST BE REPORTED AND ADDRESSED TO THE SATISFACTION OF THE OR GANIZATION ANY OTHER PERSON HAVING A CONFLICT, AND ATTENDING SAID MEETING, SHALL RETIRE F ROM THE ROOM IN WHICH THE BOARD OR COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN THE F INAL DELIBERATIONS OR DECISIONS REGARDING THE MATTER UNDER CONSIDERATION ANY INTERESTED D IRECTOR SHALL ALSO ABSTAIN DURING SUCH VOTE THE MINUTES OF THE MEETING OF THE BOARD OR CO MMITTEE SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT DURING THE FINAL DISCUSSION OR VOTE AND DID NOT VOTE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT/CEO'S, OTHER OFFICERS', AND KEY EMPLOYEES' COMPENSATION ARE DETERMINED BY TH E EXECUTIVE COMMITTEE ACTING AS THE COMPENSATION COMMITTEE WORKING IN CONJUNCTION WITH COM PARABILITY DATA SUCH AS SALARY SURVEYS WITH SIMILARLY SIZED NON-PROFITS PERIODICALLY THE ORGANIZATION HIRES AN INDEPENDENT CONSULTANT TO REVIEW COMPARABLE SALARIES FOR THE PRESIDE NT/CEO, OTHER OFFICERS AND KEY EMPLOYEES GENERALLY THE BOARD EVALUATES COMPENSATION ANNUA LLY THE DETERMINATION IS BASED ON THE PERFORMANCE EVALUATION THAT FACTORS INTO ACCOUNT EF FECTIVENESS, PERFORMANCE, AND ACHIEVEMENT OF GOALS RECORDS OF EXECUTIVE COMMITTEE'S COMPE NSATION DECISIONS ARE WRITTEN BY THE BOARD CHAIR AND MAINTAINED IN THE PRESIDENT'S FOLDER - HUMAN RESOURCES DEPARTMENT RECORD THIS PROCESS WAS LAST UNDERTAKEN IN FISCAL YEAR 2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	COVENANT HOUSE MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE WWW COVENANTHOUSE ORG COVENANT HOUSE MAKES ITS FORM 1023, GOVERNIN G DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATMENTS AVAILABLE FOR PUBLIC INSP ECTION UPON REQUEST AND AT MANAGEMENT'S DISCRETION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION RELATED ACTIVITIES 4,673,634 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 365,430 CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUST 117,078 WRITE-OFF OF UNCOLLECTIBLE REVE NUES -564,376

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS FOR SELECTING AN INDEPENDENT ACCOUNTANT AND ESTABLISHING A COMMITTEE THAT ASSU MES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT HAS NOT CHANGED FROM PRIOR YEARS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
COVENANT HOUSE

Employer identification number
13-2725416

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

(a) Name, address, and EIN (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) COVENANT HOUSE HOLDINGS LLC 5 PENN PLAZA 3RD FLOOR NEW YORK, NY 10001 45-5493820	HOLDING CO	AK	966,556	18,882,385	CONVENANT HOUSE

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(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	(g) Section 512(b)(13) controlled entity? No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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

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

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R, PART V, LINE 1A	COVENANT HOUSE INTERNATIONAL RECEIVED RENTAL INCOME AND ROYALTIES, WHICH ARE SPECIFIED PAYMENTS, FROM ITS CONTROLLED SUBSIDIARIES THESE PAYMENTS WERE MADE AT ARM'S LENGTH AND MEETS THE FAIR MARKET VALUE STANDARD

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
755 A STREET ANCHORAGE, AK 99501 13-3419755	HUMANITARIAN	AK	501(C)3	LINE 7	COVENANT HOUSE	Yes	
1325 NORTH WESTERN AVENUE HOLLYWOOD, CA 90027 13-3391210	HUMANITARIAN	CA	501(C)3	LINE 7	COVENANT HOUSE	Yes	
733 BREAKERS AVENUE FORT LAUDERDALE, FL 33304 59-2323607	HUMANITARIAN	FL	501(C)3	LINE 7	COVENANT HOUSE	Yes	
1559 JOHNSON ROAD NW ATLANTA, GA 30318 13-3523561	HUMANITARIAN	GA	501(C)3	LINE 7	COVENANT HOUSE	Yes	
30 WEST CHICAGO AVENUE 5TH FLOOR CHICAGO, IL 60654 81-2061485	HUMANITARIAN	IL	501(C)3	LINE 7	COVENANT HOUSE	Yes	
2959 MARTIN LUTHER KING JR BLVD DETROIT, MI 48208 38-3351777	HUMANITARIAN	MI	501(C)3	LINE 7	COVENANT HOUSE	Yes	
2727 NORTH KINGSHIGHWAY BLVD ST LOUIS, MO 63113 43-1821599	HUMANITARIAN	MO	501(C)3	LINE 7	COVENANT HOUSE	Yes	
330 WASHINGTON STREET NEWARK, NJ 07102 13-3537710	HUMANITARIAN	NJ	501(C)3	LINE 7	COVENANT HOUSE	Yes	
611 NORTH RAMPART STREET NEW ORLEANS, LA 70112 58-1669937	HUMANITARIAN	LA	501(C)3	LINE 7	COVENANT HOUSE	Yes	
31 EAST ARMAT STREET PHILADELPHIA, PA 19144 23-3003176	HUMANITARIAN	PA	501(C)3	LINE 7	COVENANT HOUSE	Yes	
1111 LOVETT BLVD HOUSTON, TX 77006 76-0050882	HUMANITARIAN	TX	501(C)3	LINE 7	COVENANT HOUSE	Yes	
2001 MISSISSIPPI AVENUE SE WASHINGTON, DC 20020 13-3537709	HUMANITARIAN	DC	501(C)3	LINE 7	COVENANT HOUSE	Yes	
1325 N WESTERN AVENUE HOLLYWOOD, CA 90027 95-4395845	HOLDING CO	CA	501(C)3	LINE 12A, I	COVENANT HOUSE	Yes	
5 PENN PLAZA NEW YORK, NY 10001 13-3124706	HOLDING CO	DE	501(C)3	LINE 7	COVENANT HOUSE	Yes	
5 PENN PLAZA NEW YORK, NY 10001 23-7326634	HOLDING CO	NY	501(C)3	LINE 10	COVENANT HOUSE	Yes	
550 10TH AVENUE NEW YORK, NY 10018 13-3076376	HUMANITARIAN	NY	501(C)3	LINE 7	COVENANT HOUSE	Yes	
C/O COVENANT HOUSE 5 PENN PLAZA NEW YORK, NY 10001 13-3330953	HUMANITARIAN	CT	501(C)3	LINE 7	COVENANT HOUSE	Yes	
C/O COVENANT HOUSE 5 PENN PLAZA NEW YORK, NY 10001 13-3386635	HUMANITARIAN	IL	501(C)3	PF	COVENANT HOUSE	Yes	
C/O COVENANT HOUSE 5 PENN PLAZA NEW YORK, NY 10001 13-2874450	HOLDING CO	NY	501(C)2		COVENANT HOUSE	Yes	
C/O COVENANT HOUSE 5 PENN PLAZA NEW YORK, NY 10001 13-3549405	HUMANITARIAN	DE	501(C)3	LINE 7	COVENANT HOUSE	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
C/O COVENANT HOUSE 5 PENN PLAZA NEW YORK, NY 10001 04-2790593	HUMANITARIAN	MA	501(C)3	LINE 12A, I	COVENANT HOUSE	Yes	
2959 MARTIN LUTHER KING JR BLVD DETROIT, MI 48208 27-1855040	HUMANITARIAN	MI	501(C)3	LINE 7	COVENANT HOUSE MICHIGAN		No
20 GERRARD STREET EAST TORONTO, CANADA M5B 2P3 CA	HUMANITARIAN	CA			COVENANT HOUSE	Yes	
575 DRAKE STREET VANCOUVER, CANADA V6B 4K8 CA	HUMANITARIAN	CA			COVENANT HOUSE	Yes	
13 AVENIDA 00-37 ZONA 2 COLONIA LA MIXCO, GUATEMALA GT	HUMANITARIAN	GT			COVENANT HOUSE	Yes	
CORNER OF ARDA CERVANTES Y MORELOS TEGUCIGALPA, HONDURAS HO	HUMANITARIAN	HO			COVENANT HOUSE	Yes	
EDIFFICIO CONRAD N HILTON COSTADO E MANAGUA, NICARAGUA NU	HUMANITARIAN	NU			COVENANT HOUSE	Yes	
PLAZA DE LAS FUENTES 116 COL MEXICO DF, MEXICO MX	HUMANITARIAN	MX			COVENANT HOUSE	Yes	
C/O COVENANT HOUSE 5 PENN PLAZA NEW YORK, NY 10001	HUMANITARIAN	CS			COVENANT HOUSE	Yes	
31 EAST ARMAT STREET PHILADELPHIA, PA 19144 82-1519205	HOLDING CO	PA	501(C)3	LINE 12A, I	COVENANT HOUSE PENNSYLVANIA		No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
COVENANT HOUSE ALASKA	A	966,556	COST
COVENANT HOUSE FLORIDA	A	585,000	COST
UNDER 21COVENANT HOUSE NEW YORK	A	953,484	COST
COVENANT HOUSE TEXAS	A	11,484	COST
COVENANT HOUSE TORONTO	A	118,916	COST
COVENANT HOUSE ALASKA	A	9,000	COST
COVENANT HOUSE CALIFORNIA	A	15,000	COST
COVENANT HOUSE FLORIDA	A	9,000	COST
COVENANT HOUSE GEORGIA	A	6,000	COST
COVENANT HOUSE MICHIGAN	A	6,000	COST
COVENANT HOUSE MISSOURI	A	3,000	COST
COVENANT HOUSE NEW JERSEY	A	12,000	COST
COVENANT HOUSE NEW ORLEANS	A	15,000	COST
COVENANT HOUSE PENNSYLVANIA UNDER 21	A	9,000	COST
COVENANT HOUSE TEXAS	A	9,000	COST
COVENANT HOUSE WASHINGTON	A	9,000	COST
UNDER 21 COVENANT HOUSE NEW YORK	A	15,000	COST
COVENANT HOUSE ALASKA	B	696,399	COST
COVENANT HOUSE CALIFORNIA	B	2,698,078	COST
COVENANT HOUSE FLORIDA	B	2,529,712	COST
COVENANT HOUSE GEORGIA	B	1,393,976	COST
COVENANT HOUSE MICHIGAN	B	945,012	COST
COVENANT HOUSE MISSOURI	B	834,171	COST
COVENANT HOUSE NEW JERSEY	B	4,225,227	COST
COVENANT HOUSE NEW ORLEANS	B	1,843,781	COST

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
COVENANT HOUSE PENNSYLVANIA UNDER 21	B	2,358,680	COST
COVENANT HOUSE TEXAS	B	2,055,701	COST
COVENANT HOUSE WASHINGTON	B	1,971,265	COST
UNDER 21 COVENANT HOUSE NEW YORK	B	10,172,027	COST
COVENANT HOUSE ILLINOIS	B	1,012,323	COST
FUNDACION CASA ALIANZA MEXICO IAP	B	1,209,956	COST
ASOCIACION LA ALIANZA (GUATEMALA)	B	729,018	COST
CASA ALIANZA NICARAGUA	B	700,000	COST
CASA ALIANZA HONDURAS	B	796,747	COST
COVENANT HOUSE MISSOURI	D	1,639,746	COST
ASOCIACION LA ALIANZA (GUATEMALA)	D	90,000	COST
COVENANT HOUSE PENNSYLVANIA UNDER 21	D	2,705,000	COST